

Strong Life Care (Tuxford) Limited

# Tuxford Manor Care Home

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Tuxford Manor is a residential care home registered to provide accommodation and personal care for up to 45 people, 39 people were using the service on the day of our inspection.

At the last inspection on 30 July 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to feel safe and staff continued to ensure the risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely way and systems were in place to ensure safely received their medicines.

People continued to receive care from staff who had received relevant training and staff felt well supported in relation to their training needs. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people and the staff who supported them. Staff promoted people's rights to make their own decisions and respected their choices. People were treated with dignity and respect by staff who understood the importance of this.

People's care records were not always person centred and lacked sufficient detail on people's differing needs. There were aspects of people's care that were not always linked in appropriate care plans and this meant staff may not have a full picture of a person's needs. Despite this staff showed a good knowledge of people's needs and provided appropriate support for them. People were supported to maintain their interests and knew how to make a complaint to the service as there was a clear complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There was robust quality monitoring procedures in place.

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.

<p><b>Is the service safe?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>Is the service responsive? The service requires improvement.</p> <p>People's care records were not person centred and did not always provide sufficient information for staff to provide care.</p> <p>People were provided with opportunities for social activities and were supported to maintain their interests.</p> <p>People were supported to raise issues and staff knew how to deal with concerns if they were raised.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>

# Tuxford Manor Care Home

## **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 visited the service on the 7 June 2017, this was an unannounced comprehensive inspection. The inspection team consisted of one inspector, a Specialist Advisor who has a background in care home management and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from the local health and social care organisations and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection we spoke with seven residents, four visiting relatives, one visiting health professional, five members of care staff, the chef, the operational manager, the provider and the home's manager. We looked at the care records of six people, all the medicines records for people who used the service and any associated daily records such as daily logs. We also looked at a range of records relating to the running of the service such as training records and quality audits.

# Is the service safe?

## Our findings

People who lived at Tuxford Manor told us they felt safe there. They told us the staff made them feel safe. Relatives we spoke with told us staff managed the safety of their loved one well. One relative said, "Yes, [name] safe here. The staff are very attentive." During our visit we saw that people and their relatives were comfortable with staff and there was a calm and relaxed atmosphere. We saw staff intervened quickly if people required assistance or showed signs of distress.

Staff we spoke with had a good knowledge of their role in protecting people from the risk of harm or abuse. They were able to describe the actions they would take if they had any concerns about people's safety. Staff felt they were able to discuss any concerns with the manager of the service or members of the senior management team. There were clear procedures in place for staff to follow should they wish to report anything of concern either internally or to external agencies such as ourselves at CQC or the local safeguarding team.

Whilst we found individual risk assessments did not always contain sufficient detail on particular issues, our conversations with staff showed the risks to people's safety were well managed. Staff showed a good knowledge of the individual risks to people's safety. For example, one person was at risk of skin damage, the risk assessment did not contain a detailed regime for staff to follow. However, staff were able to tell us the measures in place for the person to prevent the risk of tissue damage. The manager was already aware of the need to update some risk assessment and was in the process of doing so. During our inspection we saw that steps were taken to ensure the building was kept in a good state of repair and appropriate safety checks were regularly carried out.

The people and relatives we spoke with felt there were sufficient staff to meet their needs in a timely way. None of the people we spoke with complained about having to wait long for staff to help them. This was supported by our observations on the day of the inspection when we saw staff answering calls bells in a timely way and attending to people's needs quickly when required. Staff told us there was generally enough staff on duty and if there was sickness either they would cover shifts or staff from other services in the group would support them. We saw the manager had taken steps to ensure people were cared for by staff who were fit and proper to do so. They had undertaken the necessary safety checks before employing a member of staff obtaining references and using the Disclosure and Barring Service (DBS) to ensure any issues of concern were disclosed before employment.

People received their medicines as prescribed and at the correct time. One person told us there were, "never any problems with this" (receiving medicines). We saw appropriate systems were in place to ensure that people received their medicines as prescribed and at the correct time. Medicines were stored safely and staff received appropriate training prior to administering medicines to people.

## Is the service effective?

### Our findings

People were cared for by a staff team who received appropriate training and felt well supported. One person told us, "They (staff) know what they are doing." Relatives we spoke with also felt staff were competent in their roles. One relative who visited regularly discussed how well staff carried out particular tasks for different people. They felt this showed the staff were well trained. The staff we spoke with told us the training they received was relevant to their roles and we spoke with the manager who told us the company was in the process of changing their training programme from on line to face to face. The staff training matrix showed some staff required some training updates. Following our inspection visit the manager sent us evidence to show this had been addressed.

Throughout the inspection we saw staff asking people for their consent prior to providing care. People we spoke with told us they had the freedom to do the things they wanted to do in the way they wanted. One person said, "Well I do what I want, if I want to do something they (staff) will help me." Systems were in place to ensure that where people's capacity to make a decision were in doubt, appropriate assessments were carried out and people were supported to provide consent for the care they received. This ensured staff were acting in people's best interests.

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 were systems in place to ensure people were not deprived of their liberty unlawfully.

## Is the service caring?

### Our findings

People who lived at the service told us they had developed positive and caring relationships with the staff who supported them. One person said, "I can talk to the staff about any worries I've got. They always listen and I feel better." Another person told us, "They (staff) do anything for you – shop for you. No one is rude or nasty, they are very good." Relatives we spoke with were complimentary about the way staff cared for people. One relative said, "Very kind (staff) probably the best I have seen and I've visited many care homes with my relation in the past." During our visit we observed staff were kind and caring enjoying a laugh and joke with people when appropriate.

Staff respected the choices people made and showed a good understanding of the importance of doing so. One person said, "I clean my room myself most days, they let me do that. I get up when I like and spend my time as I like." Staff's knowledge of people's like and dislikes was good, when speaking with staff it was clear they understood the individual choices people had made and adapted the care they provided to respect people's choices. Where possible people had been involved in providing information for their care plans.

People's religious and cultural needs were assessed and provided for and whilst there was no one with diverse cultural needs living at the service, there was a weekly religious service held at the home. We were told this was popular with the people who lived there. Where people required the use of an advocate we saw this had been facilitated by the service. An advocate is a trained, independent professional who supports, enables and empowers people to speak up.

People told us they were treated with dignity and respect by staff. One person told us staff were very careful to protect their privacy when providing care. Another person told us they were able to lock their room should they wish and they had been provided with a drawer they kept locked in their room. Relatives told us staff had a respectful attitude towards their loved ones. The staff we spoke with clearly described the ways they would protect people's dignity and ensure their privacy. The manager told us they regularly observed staff practice to ensure privacy, dignity and respect for the people in their care was maintained.

## Is the service responsive?

### Our findings

The care records we viewed were not always person centred and lacked sufficient detail on people's differing needs. Some aspects of people's care were not always linked in different care plans and this meant staff may not have a full picture of a person's needs. For example one person was considered at risk of recurring infections, this was not referred to in the relevant care plans. This meant staff were not given the information they required from the plans on symptoms that could be displayed by the person or how to help the person avoid the infections. Some care plans we viewed showed some people were at risk of skin damage and whilst there were risk assessments in place for some people who were considered high risk there was no repositioning regime in place for staff to follow. This meant people may at risk of not receiving timely repositioning to prevent skin damage.

A further example of the lack of person centred information in people's care plans was in one plan for a person who could at times become challenging. Their care plan stated their behaviour could be managed and predicted, although it was not clear in the care plan what the behaviour was or how staff managed or predicted this behaviour.

Although people we spoke with felt they received person centred care and the staff we spoke with had a good knowledge of people's needs. Staff told us they used the daily handover to ensure they kept up to date with people's care needs. However staff's lack of confidence in using the care plan system, which was an electronic system, meant the care that staff gave to people was not always recorded in the way it should be. We found gaps in the daily records relating to areas such as fluid balance and repositioning of people who were at risk of skin damage. Despite this our discussions and observations of staff showed they were providing appropriate care to people who required it.

We discussed the issue with the manager and provider who told us they had provided training on the electronic care plan system. However the provider would look into further training and accepted that lack of good records and detailed information for staff in the correct areas of the care plan could lead to poor care.

The service had a dedicated activities co-ordinator and a full and varied activity programme. People were encouraged to follow their interests and hobbies. For example one person had a particular interest and the home had arranged for their magazine on the subject to be delivered to the service. People were sometimes supported on trips into the community and this helped people maintain their interests or visit places they enjoyed. A number of people were acquainted prior to coming to the service and had been encouraged to maintain these friendships through differing activities.

There was a clear complaints procedure in place and people and relatives we spoke with knew how and who to complain to should they need to. One person told us, "They (manager) always seem happy to listen to me. I've no complaints at all." People and their relatives were provided with a copy of the complaint procedure when they first started to use the service and it was also displayed in a prominent place in the home. We saw records of how complaints had been dealt with in accordance to the company's complaints policy.



## Is the service well-led?

### Our findings

People and their relatives we spoke with told us there was a positive, open and transparent culture at the service. People and relatives told us they were aware of who the manager, senior management team and providers were. One relative told us that the management team kept them up to date with things that were happening in the home they said, "They (manager and provider) communicate well with you."

The service had a registered manager who had recently moved into a senior role in the company and the present manager was in the process of applying to become the registered manager for the service. 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.

Staff we spoke with felt supported by the management team and one staff member told us it was the best senior care staff team she had ever worked with. Staff confirmed they received regular supervision and appraisals. The staff we spoke with understood their roles and what they were accountable for. They told us the management team provided clear leadership and led by example as well as listening to their views. The provider ensured that sufficient resources were available to enable the smooth running of the service as well as investing in improvements to the home. We saw there was an ongoing redecoration programme in place to ensure the service maintained a pleasant environment for the people who lived there.

People and relatives were regularly asked for their views on the quality of the service being provided. Satisfaction surveys were undertaken by the service discussing areas such as menus, environment and care. The recent redecoration of the bistro area in the service had been undertaken with consultation of the people who lived at the service. There were regular meetings for people and we were told these were positive and engaging. The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. Any issues that were identified were then acted upon, such as ensuring the medication administration records were correctly completed.