

Barchester Healthcare Homes Limited

Tixover House

Inspection report

Tixover Grange
Tixover, Stamford
Rutland
Lincolnshire
PE9 3QN

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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

About the service:

Tixover House is a registered care service providing care for up to 48 older people. It is situated close the village of Tixover in Rutland. On the day of our inspection visit there were 42 people using the service.

What life is like for people using this service:

Some people used the service from time to time when they came for short stays. A person who returned to the service had not had their latest needs documented which meant staff had no care plan to follow. They had not been supported in line with their preferences.

The provider's complaints procedure was not consistently followed. A complaint received in December 2018 had not been responded to strictly in line with the complaints procedure.

People told us that they felt safe living at Tixover House. People were cared for by enough staff who understood how to keep people safe from harm and abuse. People told us that they received their medicines on time.

People were supported by an experienced staff team who had the relevant training and support to meet people's needs. Staff supported people with their nutritional needs and to access health services when they needed them.

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

Staff were kind and treated people with dignity and respect. People were supported to make their own choices and were encouraged to be as independent as possible. Staff understood people's preferences and care was delivered in line with people's wishes and needs.

The management team and staff shared the same values and aims and objectives for the service. The registered manager carried out health and safety checks of the premises and equipment. Accidents and incidents were recorded and action taken where necessary to keep people safe.

At this inspection we found the evidence continued to support the rating of good for key questions Safe, Effective, Caring and Well-led but not for Responsive which we have rated as requires improvement. The overall rating is Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at last inspection: Good (report published on 11 August 2016).

More 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.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings findings below.

Good ●

Tixover House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors, an assistant inspector 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Tixover House a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from a local authority that pays for the care of some of the people living at Tixover House.

During the inspection visit we spoke with eight people using the service and four relatives. We also spoke

with the registered manager, a care manager (who oversees residential care), a care worker, an activities coordinator and the cook. We made observations of how staff supported people.

We looked at four people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from abuse

- People told us they felt safe at the home. They said they felt safe when staff supported them. We saw staff safely support people, for example when they used hoists to transfer people. A relative said, "[Person] is safe being moved around by the staff."
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Staff knew how to monitor people's safety and reduce the risk of accidents.
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use.
- People's care plans included detailed risk assessments that had information for staff about how to safely support people without restricting their independence.
- Risk assessments detailed how to support people with personal care needs so that they could do as much for themselves as possible without falling or injuring themselves.
- People had personal evacuation plans for use in emergencies, such as a fire. An up to date fire risk assessment was in place. The home had a maintenance person who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing levels

- There was a sufficiently large pool of staff employed to ensure there were always enough staff. Staff were not rushed and they responded quickly when people used their call alarms. A relative told us, "The staff are really good, they never get flustered."
- The registered manager used the provider's assessment tool to calculate staffing levels based on the levels of care people required. This ensured enough staff were always on duty.
- We compared the staff rota with information about staff training and found that sufficient numbers of trained staff were consistently on duty. Staff annual leave was effectively managed so that there were always enough staff available.
- The same staff supported people who lived with dementia because the registered manager considered it important that those people were supported by 'familiar faces'.
- The provider had safe recruitment procedures that ensured that only staff suited to work at the service were employed. All required pre-employment checks were carried out including criminal record checks which were reviewed every three years.

Using medicines safely

- People were supported to have their medicines at the right times.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager or a nurse to ensure they were being managed safely.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection. People told us staff washed their hands before and after supporting them and that they wore gloves and aprons.
- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry.
- Cleaners had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, after a staff member made an error when supporting a person with their medicines an investigation was carried out. The reasons for the error were identified. The staff member was supported through retraining how not to repeat the error and all staff involved in the administration of medicines were reminded of the correct practice. The same error had not been repeated.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or care manager assessed people prior to admission to ensure their needs could be safely and effectively met.
- Relatives gave feedback that family members who came for short stays at Tixover House had enjoyed their stays so much that stays were either extended or made permanent.
- People told us that they were well looked after. A person said, "They've always looked after me well. I couldn't ask for better care."
- Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

Staff skills, knowledge and experience

- People and relatives were invited to participate in the staff recruitment interviews.
- Staff received training that equipped them with the skills knowledge they needed to support people. This was because training was developed around the needs of people. Staff had training about dementia and other conditions people lived with. Staff were trained to use special equipment such as PEG tubes which are used to feed people intravenously. This meant people received safe and effective care.
- The registered manager evaluated the effectiveness of training through 'walk-about observations', talking with people and reviewing their care records to check they were experiencing good care and desired outcomes.
- Nursing staff were registered nurses who kept their registrations with the Nursing and Midwifery Council up to date.
- The provider operated an employee of the month scheme to acknowledge and reward the hard work of staff.

Supporting people to eat and drink enough with choice in a balanced diet.

- There was a strong emphasis on people eating and drinking well. People had a choice of freshly made meals that were nutritious and prepared and served in ways that met their cultural, religious and health needs. People had a choice of main meals and could ask for alternatives which were cooked fresh for them.
- We saw that people enjoyed a pleasant dining experience. Meals were presented in ways that looked appetizing. Staff supported people who required support with eating their meal and they made the experience a pleasant one. No food was returned uneaten. People had second helpings if they wanted.
- Nurses used a nutritional screening tool to assess people's dietary needs. This considered people's weight, ability to eat, skin type, medicines, appetite and psychological state. Where required, nurses involved

dieticians in developing people's nutritional care plans.

- Dieticians gave consistently positive feedback that staff had followed their advice properly.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives and access healthcare services and support

- The service had staff who were 'champions' in key areas, such as health and safety, the Mental Capacity Act 2005, infection prevention and control, nutrition and end of life care. They led by example and actively supported staff to consistently provide excellent care.
- Staff were attentive to their health needs, they identified when people were unwell and arranged for people to access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and dementia specialists when they needed them.
- Some people came to Tixover House to recover from stays in hospital before returning to their family home. The service arranged for the relevant health professionals such as physiotherapists to visit people to aid their recovery so they could return home.
- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.

Adapting service, design, decoration to meet people's needs

- People told us they liked the premises and the way the home was decorated. People's rooms were personalised with belongings from their family home. People could choose to sit in quiet or more social areas. They had access to a garden with a sensory area and extensive grounds where they could walk.
- Accessibility was good throughout the home. We saw people walking around the home enjoying the facilities. They had use of a shop where they could buy treats and personal care items.
- The home had Wi-Fi throughout so that people could access the internet and use social media to keep in touch with family and friends.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for their consent before providing them with care and support and we saw this in practice during our inspection.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The provider's policies and procedures and staff training promoted a person-centred culture. This was borne out by consistently positive feedback from 24 relatives between July 2017 and December 2018 to an independent survey. Twenty-two said that 'treatment with dignity' was excellent; two said it was good. A person wrote, 'The staff are all kind, caring yet efficient and have a sense of fun and light-heartedness that enables them to provide care and companionship commensurate to the individual needs of each resident.'
- Some people who came to the service for a short stay of a few days liked the home so much they decided to stay permanently. A relative of one of those people said this was because, 'The atmosphere of the home is so lovely.'
- Staff supported people in a way that made them feel they mattered. We heard a staff member say to a person, "I'd like to help you to the dining table if I may. You know you are special to me", the person replied, "Yes, I know." Staff supported people and their families to celebrate birthdays and family occasions at Tixover House. They arranged for the Lord Lieutenant of Rutland to attend a person's 100th birthday dressed in ceremonial regalia. Staff had time to engage in conversations with people and to share meaningful and fulfilling time with them.
- Staff cared about people and their relatives. During periods of inclement weather staff stayed overnight at Tixover House rather than risk not being able to get to work. Staff collected relatives who had no transport so they could visit people.
- People and/or their relatives completed 'getting to know me' booklets. These contained information about their life history, interests and what was important to them. This meant that staff knew what kinds of things people liked to do and talk about. We saw staff have conversations with people which people evidently enjoyed. A person who liked jigsaws was given one to complete. Staff identified that several people liked gardening and they supported them to form a gardening club. Staff told them when gardening programmes were broadcast on television and radio.
- Relatives could visit the home at any time without undue restriction. We saw relatives actively engage with their family members and other people which showed that there was a sense of community at Tixover House.

Supporting people to express their views and be involved in making decisions about their care

- Care records showed that people and/or their relatives were consulted when care plans were written.
- People expressed were involved in decisions about their care and support and they and their relatives were supported to participate in reviews of their care plans.
- The registered manager had introduced innovative ways supporting people to express their views and be involved in decisions about their care; for example, 'cheese and wine' meetings which provided a less formal setting. 'Family and friends' meetings were held every two months during early evenings to make it easier for

relatives and friends who worked to attend. At those meetings family and friends were asked to contribute ideas about activities and menus.

- The service had a person who was the 'Resident's Ambassador'. They chaired resident's meetings and was a person the registered manager referred to as the "eyes and ears of the home."
- The registered manager kept relatives informed about their family member and if necessary invited them to discuss changes to a person's care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff recruitment, training and support was underpinned by the provider's values of 'Respect. Integrity, Responsibility, Passion and Empowerment.' We saw recent feedback from a relative that said, "There is so much to say about how wonderfully you all looked after [person]. Your love, compassion and kindness have been truly amazing."
- When staff supported people, they did so discreetly and adjusted people's clothing to protect their dignity when transferring them using a hoist. Staff spoke softly to people so others could not overhear. Staff told us they asked relatives to leave people's rooms when they supported people with personal care; relatives confirmed that.
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible, for example wash and dress. People told us that on some days they did more themselves because they wanted to, but they knew they could ask staff for support if they needed it.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Requires improvement: A person's preferences were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider told us in their Provider Information Return that people's care plans were reviewed and updated monthly or more often if required. We found that to be the case apart from one instance where a person who returned to the service for a one-week stay did not have an updated care plan before their latest stay. The person had not received aspects of care in the way they preferred or required during their stay.
- Some people used the service for short stays whilst their relatives were away or unable to care for them. These are called 'respite stays'. These types of stay are referred to in the provider's policy about assessing people's needs. However, the policy did not make explicitly clear that people returning for a respite stay should have their needs and / or preferences reassessed, as happened in one person's case.
- We discussed this with the registered manager and the provider's head office staff. They told us the admission policy would be submitted for review under the provider's policy review process in September 2019 when the current policy was due a review.
- People's care plans were personalised and included the information staff needed to provide responsive care and support.
- People were supported to follow their hobbies and interests, such as baking, knitting, pottery, walking, gardening and reading. We saw feedback from a relative saying, 'Thank you for letting [person] enjoy their passion for gardening. They really seem to be very happy.'
- We saw people forming into lively discussion groups. An activities co-ordinator arranged varied activities for people including days out to places and events people wanted to go such as a vintage car show and the local Rutland Water.
- Activities at Tixover House included 'gin and tonic' meetings, themed events included a 'beach day' and a 1940's Christmas.
- The service had links with a local schools and nursery. Pupils and children visited Tixover House to meet people and some people had 'pen pal' correspondence with them.
- People with faith needs were supported to attend church services.
- The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. People's care plans included a section about how staff should communicate with people who experienced communication difficulties.

Improving care quality in response to complaints or concerns

- There was a system for logging complaints and analysing them to see if any action was needed to improve the service.
- The provider's complaints procedure was not followed in relation to a complaint. A complaint a relative made in December 2018 about a family member's respite stay was acknowledged. A full response was not made because an investigation was required. However, contrary to their procedure the service did not

inform the relative about the reason for a delay or when they could expect to receive a full response.

- People and relatives knew how to make a complaint if they felt they needed to. The complaints procedure was prominently displayed in the entrance hall and was included in people's information packs about the service.
- People and relatives would approach the registered manager if they had a complaint or a concern.

End of life care and support

- People had been asked for their wishes and preferences about how they wanted to be cared for at the end of their lives and had advance care plans in place for this.
- Relatives of people in the last stages of their life were able stay overnight at Tixover House.
- We saw feedback from relatives of deceased people which complimented staff on the quality of care they provided at the end of people's lives. A relative wrote, 'Every single member of your team was extremely caring and always went the extra mile. It made a difficult time easier to bear.'

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

□

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider promoted high quality care and support in their literature about the service and staff training. People's feedback about the service was consistently positive.
- Staff were confident about raising any concerns with the registered manager.
- Relatives were kept informed of incidents involving their family members.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify CQC of incidents at the home.
- The home had a comprehensive audit system in place. This was based on CQC guidance for providers about the fundamental standards of care. The registered manager carried out a range of audits to check that people's needs were being met and that the premises were safe.
- The care manager and deputy manager carried out observations of how staff supported people and sometimes worked alongside staff to support them to provide care to high standards.

Engaging and involving people using the service, the public and staff

- The registered manager and staff sought people's views about their care and support. Residents meetings were used to seek people's feedback which had been acted upon. For example, people asked for a 'treat shop' to be located in a communal area and their suggestions about locations for days out were supported.
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.

Continuous learning and improving care

- People, relatives and staff told us the service had improved since the registered manager took over the running of the service in the summer of 2018. The registered manager, management team and staff were all involved in a plan to improve the service.

Working in partnership with others

- The registered manager had made Tixover House an active participant in the local community. This included organising workshops about dementia for people in living in the local community to support them to have a better understanding of dementia. Local people were invited to 'afternoon tea' events and they

could also use the restaurant at Tixover House.

- The service supported local charities and users of those were supported to visit Tixover House. These links broadened people's social networks and sense of supporting people less fortunate than themselves and reflected the caring nature of the service.