

Barchester Healthcare Homes Limited

Tixover House

Inspection report

Tixover Grange
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13 May 2016

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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 visits took place on 12 and 13 May 2016 and was unannounced on our first visit and announced for our second visit.

Tixover House is a care home that provides accommodation, support and care for up to 46 people. On the day of our visit there were 38 people using the service.

The service had a registered manager. 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.

People told us they felt safe living at Tixover House. Staff expressed a thorough understanding of the principles and procedures for safeguarding people from abuse and avoidable harm.

The provider had enough suitably skilled staff to be able to meet the needs of people who used the service. The provider had effective arrangements for the safe management of medicines. People received their medicines at the correct times.

People who used the service were supported by staff who had received relevant and regularly updated training. Staff understood the needs of people that they supported. Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff supported people with their nutritional needs by providing information about balanced diets and healthy eating. People were supported to access health services, including specialist health services, when they needed to. Staff followed any instructions or advice received from health professionals. This ensured that the healthcare needs of people who used the service were being met.

Staff were thoughtful and caring. People were able to enjoy a variety of planned activities that reflected their personal choices and interests. Staff respected people's privacy and dignity.

People's plans of care were centred on their specific needs, including detailed information for staff about how people had chosen to be supported. People who used the service, their visitors and relatives had access to the complaints procedure.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service. The provider issued questionnaires to gather the opinions and thoughts of people. The results were then collated and discussed with people and records showed that any actions needed had been undertaken and monitored.

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.

Staff understood the safeguarding procedures in place and how to protect people from abuse and avoidable harm.

The provider deployed enough suitably skilled staff to ensure that people's needs were met.

People were supported to have their medicines at the right times. The storage of medicines was safe.

Is the service effective?

Good ●

The service was effective

Staff had regular training and support to be able to meet the needs of people using the service.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards principles and procedures.

People were supported with their nutritional needs and to access health services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff understood the needs and preferences of the people they supported.

People were encouraged to express their views and their relatives or representatives were involved in the review and planning of their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs.

Staff supported people to lead active lives based around their choices and interests.

People were encouraged to voice their concerns or complaints and these were dealt with appropriately.

Is the service well-led?

The service was well led.

People were asked for their opinions about the quality of the service to assist with any changes that were necessary.

The provider had effective procedures for monitoring and assessing the quality of the service.

The registered manager understood their responsibilities.

Good ●

Tixover House

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 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.

This inspection visit was carried out over two days. The visit on 12 May 2016 was unannounced with the second visit on 13 May 2016 being announced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events that affect people who use the service. This provider is required to tell us about such events by law.

During our visit we spoke with six members of staff who worked in different areas of the service. We spoke with ten people who used the service, two visitors and two healthcare professionals. This was to gather their views of the service that was provided at Tixover House.

We reviewed a range of records about people's care and how the service was managed. This included five plans of care and associated documents including risk assessments. We also looked at four staff files including their recruitment and training records plus quality assurance audits that the management team regularly completed.

Is the service safe?

Our findings

People who used the service told us that they felt safe at Tixover House. One person told us, "They are very good, gentle with me and I do feel safe." Another person said that staff never hurried them so they felt safe when they tried to do things for themselves. One visitor said that they never worry about their relative as staff, "Make certain they are kept safe, I never worry."

Staff expressed a clear understanding and awareness of different types of abuse. The provider's safeguarding policy was easily accessible to them. Staff had received basic training in safeguarding people and this training was regularly refreshed. Staff at all levels completed this training, to support the full safety of people throughout the service. All members of staff told us that they would always speak out if they felt any person was being abused or mistreated. One told us, "We all would not hesitate to say if we saw anything not right." This meant that staff were aware of how to protect people from harm.

We reviewed people's care plans that included full assessments regarding any risks that may impact on the person's safety. Actions for staff to complete were then recorded so that risks were either reduced or eliminated. This showed us that practices were as risk free as possible for the safety of people who used the service.

The provider had ensured that people were supported by staff that had the skills and knowledge that were required for their role. They ensured that enough suitably skilled and experienced staff were available to support people. We found that enough staff were available to support people at busy times, such as meal times. This showed that staff were effectively deployed.

We looked at four staff files to check the provider's recruitment procedures. The recruitment process consisted of interview and pre-employment checks to assess a person's suitability to work at Tixover House. All required pre-employment checks were carried out before staff began work. These included references and a Disclosure and Barring Service (DBS) check. Such checks are completed to help with checking that staff did not pose any risk to people who used the service.

Only staff who were trained dealt with people's medicines. The administration records we looked at confirmed that people received the right medicines at the right times. Medicines that were taken as required (PRN medications) were also fully recorded. This meant that people were not at risk of taking too many or unsuitable medicines. Such medicines were only administered following a GP consultation.

We looked at how Tixover House stored their medicines and found there were safe arrangements for storage. We observed staff dispensing medicines and their practices were safe. For example, the trolley was locked when staff walked over to the person who was receiving their medicines. People were gently encouraged to take their medicines with full explanations of why this supported their health.

The premises were well maintained, clean and free of hazards and any obstacles. Fire exits were appropriately signed and had clear access for the safety of people. One person who used the service said,

"Everywhere is always clean, my room is too."

Is the service effective?

Our findings

People were supported by a staff team that had the appropriate skills and knowledge. A person who used the service told us, "They train a lot and they do know what they are doing." A healthcare professional told us "Staff always know what we are talking about and just what is happening." A relative said, "I think they look after them really good here, always smiling and helpful."

People were supported by a trained team of staff who had refresher training to regularly update their knowledge. Staff told us that they had completed different courses and that they like to have regular training. One staff member said, "The training is usually very good, we like finding out about the things that affect our residents. We can ask for other training too." We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specifically related to the needs of the people who used the service.

Staff told us that they had completed an induction programme when they had first started work at the service. They described how they had been given training, such as moving and handling and safeguarding, during their initial training period. Staff also received regular support and development through supervision. Supervision is a one to one meeting held with the registered manager on a regular basis. It is to discuss any issues openly and also to support the development and knowledge of the member of staff. Staff told us that they were always able to discuss any additional training they felt may be beneficial to their role. We saw that such supervision meetings had taken place regularly. One member of staff told us, "I always can talk about what I feel I need and I feel supported."

The Mental Capacity Act (MCA) 2005 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 who lack mental capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA. Records showed us that people had their capacity assessed if this was seen as necessary and the registered manager worked closely with external professionals such as GPs. For example, one assessment showed that a person lacked the capacity to understand why their medicines were essential for them to take, appropriate action had been taken for this situation.

Discussions with staff on duty at this time showed us that they understood the principles of the MCA. They told us that they would speak with the registered manager if they had any concerns regarding this or any other matter that impacted on the rights of people who used the service. Records showed that the service had worked with the local pharmacy and GP to resolve this and to access the most suitable form of

medication for this individual. Protocols were in place for staff to use when providing this person with their appropriate medicines. This showed us that the service worked with other professionals and recognised the need for best interest meetings when needed in line with MCA guidelines to meet the needs of people.

People's care plans included details of their dietary and nutritional needs and their food preferences. We saw that at meal times, all staff on duty attended to people to ensure they received a hot meal in an acceptable time. There were choices available for people and food looked and smelt appetising.

We noted that a new routine was in place at meal times. Staff went around the dining tables with a meal choice set out on a plate. This was to support people who may find it difficult to choose a meal. We noted that one person said the portion size was too big for them, another person said that they did like one of the vegetables on the plate of food that they had chosen. When we discussed this with the registered manager we were told that the meals shown were to support people to make a choice. Their individual meal was then to be served as they liked it. For example, with their chosen vegetables and a portion size that suited them. The registered manager assured us that staff had not realised this and that the new system would be explained before the next meal. We were also assured that this would be an item on the next staff meeting agenda to allow full discussion and questions.

People who required support with eating their meals received it. We saw a person being supported to eat their meal at a pace that was comfortable for them. Staff spoke quietly with them and asked before each portion of the meal was offered.

People were supported with their health needs and records showed that people accessed a variety of healthcare professionals when needed. Our discussions with two healthcare professionals confirmed that advice and support was always gained when needed. We were told that instructions were followed and staff always understood the early signs of problems. This helped to achieve the early detection of any serious condition.

Is the service caring?

Our findings

People who used the service made complimentary comments about members of staff and the support that they received at Tixover House. One person told us, "They are very caring and I like it here." Another said, "They listen if I don't want help, they ask if I am alright though. They ask me if I need help."

People's care plans included information about how they wanted to be supported. This meant that staff had access to information about what was important to people. We saw that information covered such areas as what the person liked to be called, if they preferred to have a duvet or covers on their bed and what they enjoyed for their leisure time. There was a programme of activities and one person told us "It has not always been good with things to do, but it is much better now. We are doing things again."

We observed staff fully considering the dignity and privacy of people. For example, one staff member got on their knees to speak with a person who was sitting down. This ensured that they had comfortable eye contact. It also made certain that the conversation was undertaken quietly so that other people did not over hear their discussions.

Staff continually asked before providing assistance to people and respected their choices. For example, one person was discussing their hair with a member of staff who asked a question. The person replied, "No, I don't want to now." The member of staff responded with, "As long as you are OK that's alright. See you later then."

Staff were knowledgeable about people, their family members as well as their likes and dislikes. They explained to us about how certain people liked to spend their day or how they preferred their support to be provided. When we looked at people's care plans, we found that these details were clearly recorded, showing that staff read and understood them. One visitor told us, "They [staff] do know my [name of person] and what they like to do, how they like things, it matters."

Is the service responsive?

Our findings

People who used the service told us that staff did a good job and always made people comfortable. One person said, "They know exactly what my daily routine is. They know me well." One visitor told us, "People always get care and attention; we see this each time we visit." One healthcare professional said, "Whatever we tell staff to do, we can be sure it will be followed through. They [staff] understand and follow instructions as we say."

We reviewed the plans of care and saw that the choices and needs of people were clearly set out for staff to follow. This meant that members of staff were able to provide support as it had been decided by the person concerned. Any changes in behaviours or health would also be identified and the necessary actions put into place. Our discussions with staff showed that they were fully aware of people's preferences such as what they enjoyed to pass their day. Plans of care were regularly reviewed and updated following any changes in a person's needs. A relative told us that they were involved in the review of their family member's plan of care and they knew that other people had such support from their families or friends. People had the choice of who helped them when a review was due and, their choices were respected.

There was a varied choice of meals available that were nutritional and seasonal. Care plans reflected the fact that staff encouraged a healthy eating plan while respecting the choices of the individual. At this visit there was a new system of visual prompts regarding the menu choices at meal times had been put into place as some people had found difficulty in making choices. For instance, if a person had some memory loss and was unable to know exactly what was being described for the meal. This resulted in the person being relaxed and able to enjoy their chosen meal. Staff felt that the information recorded on each plan of care was clear and sufficient for them to provide the correct support as the person had chosen.

Various days were set aside for activities that people had said they enjoyed. For example, there had been a games night, a street party, summer ball and a pub quiz. Family and friends were invited and encouraged to join in various activities. People who lived at the service confirmed this and had enjoyed sharing such times with their family and friends. We were told of a club for the gentlemen who lived at the service that was being developed, there were also drinks tasting events being undertaken for those who chose to participate. People who used the service said that social events and activities had been improved, a relative also told us that people were regularly encouraged to undertake activities that were offered.

The registered manager told us that the local Alzheimer's Society visited Tixover House for discussions and talks. This provided additional contact with the local community as well as developing further information sharing between organisations, such as the sharing of good practice when supporting people living with this condition?.

Records showed us that any concerns were taken seriously. A formal complaints procedure was in place. People we spoke with confirmed that they were made aware of how to make a complaint. One person who used the service told us, "I have not made a complaint, staff talk to me regularly and I discuss anything with them." A visitor said, "I have always talked to staff and they sort things out before they get any further. I think

that's the best way so no complaint is needed." The service notified, and worked with, appropriate external agencies to resolve any matters of concern. Actions and outcomes had been fully documented and followed through in a timely manner. These were also used to make any necessary improvements to the service.

Our discussions with staff showed that they were fully aware of people's preferences such as what a person liked to talk about, or what was happening with their relatives. A visitor also confirmed this to us and told us that staff were aware of any important events that may occur within their family. This meant the staff were able to discuss anything that an individual may like to buy for relatives on any special occasion.

Is the service well-led?

Our findings

There were systems in place to assess and monitor the quality of service that was provided. This also provided information regarding any area that needed improvement and allowed for the appropriate actions to be put into place to address these. This included regular discussions with people who used the service. The provider issued questionnaires to gather the opinions and thoughts of people. The results were then collated and discussed with people and records showed that any actions needed had been undertaken and monitored.

Regular audits had been completed by the registered manger, senior members of staff and the provider. Audits and spot checks covered such areas as falls, pressure area care, nutrition and the condition of the building and external areas.

Temperatures of heating, hot water, fridges and freezers were regularly taken and recorded. These were monitored to ensure they were meeting the currently levels required for safety. We saw from records that fire safety was up to date and regular fire drills were completed. There was also an emergency evacuation plan and risk assessments, regarding the safety of people during an emergency, were in place. Such items as mattresses, sheets and the condition of each room were also part of the regular auditing process.

The provider completed weekly and monthly observations to complete assessments and audits for the quality of the service. All spot checks included night time visits on a monthly basis as well as at weekend. This meant that the provider was aware of the routines within the service at all times. This ensured that the standards were maintained at an equal level whatever the situation. .

The management structure in the home provided clear lines of responsibility and accountability for staff at all levels. Members of staff we spoke with told us that they felt supported by the registered manager. They also felt that they had the opportunity, and were encouraged, to discuss any concerns or suggestions regarding any areas of the service. One staff member said, "We talk openly and are not worried about speaking our mind." Another told us, "I personally like it here and feel supported by senior staff and the manager" A visitor told us, "The manager is always ready to listen and have a chat." Another visitor said, "The manager seems to be doing a good job."

Regular staff meetings had been held and supervision for staff was routinely completed. The staff team were aware of the aims and objectives of the service.

The provider worked with external organisations and kept these fully informed whenever it was necessary. Any notifications were appropriately sent to other bodies. Reports were investigated and analysed. People's risk assessments for each individual who used the service were regularly reviewed and updated following any changes. This meant that information was up to date and appropriately shared. The service was working with external organisations to keep them informed of any events that my impact on people, as they are required.

We saw that incidents were fully investigated and any actions necessary were put into place as needed. The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements.