

Strong Life Care (Tuxford) Limited

# Tuxford Manor Care Home

## Inspection report

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Date of inspection visit:

16 January 2020

17 January 2020

Date of publication:

15 May 2020

## 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

### About the service

Tuxford Manor is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 46 people in one adapted building.

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

People received excellent opportunities to participate in different activities. The service demonstrated how they consistently met the characteristics of providing excellent care. People were at the heart of the service and the registered manager and staff were fully committed to providing high-quality person-centred care. The staff always responded to people's changing needs and strived to provide excellent care and support.

People were protected from risk to their health and wellbeing as comprehensive risk assessments were in place. People were protected from the risk of abuse as staff were highly skilled in the safeguarding procedure and how to recognise abuse. Safe recruitment processes were followed and people who used the service were involved in this process. Medicines were administered and stored in a safe way. Good practice was in place to protect people from the risk of infection. Lessons were learned and monitored when things went wrong.

People had their diverse needs identified and met by competent staff. People were supported to have a balanced diet. Staff collaborated with other healthcare professionals and made referrals when people required professional input. The service was adapted around people's needs and preferences. They were encouraged to be involved in the decoration of the premises. The provider and their staff team were working in line with the principles of the mental capacity act (MCA).

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

People were supported by kind and compassionate staff. People expressed their views and opinions without discrimination. The service promoted independence and respected people's privacy at all times.

There was an open and transparent culture within the service and the providers vision and values were clearly understood and upheld. The registered manager and management team worked in partnership with others and strove to ensure the service was the best it could be. Comprehensive auditing and monitoring programmes had been completed and excellent governance was embedded within the service. There was a strong emphasis on continuous improvement and the thoughts of the people using the service, relatives, staff, stakeholders and members of the local community were continually sought and listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At the last inspection the service was rated as Good (published 19 August 2017).

#### Why we inspected

This was a planned inspection to assess if the service was still meeting the requirements of the Health and Social care Act 2014.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Tuxford Manor Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection took place over two days and was carried out by an inspector, assistant inspector and a specialist nurse advisor.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority that monitors the care and support people receive and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people living at the service and two relatives. We spoke with the registered manager, deputy manager, four members of the staff team, the operation manager, compliance manager and the providers representative. We observed support being provided in the communal areas of the service. We reviewed a range of records. This included five people's care records and multiple people's medicines records. We looked at staff files in relation to their recruitment and supervision, along with records relating to the management of the home. We also reviewed a variety of care policies and procedures developed and implemented by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found at the inspection visit. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. Comprehensive risk assessments were carried out to enable them to be managed successfully.
- Management had implemented a risk tool which identified each person's level of risk. This demonstrated who required increased supervision from staff in the risk area. For example, if a person had a catheter, was a diabetic or on an anticoagulant (anticoagulants are medicines that help prevent blood clots). We could identify the known risks for this person at a quick glance.
- There was clear guidance and strategies to reduce risk. For example, if a person was anxious or distressed it was recorded how staff should support the person and minimise any risk.
- Where a person was at risk of falls the provider used innovative ways to help reduce the risk. For example, staff researched a project 'pimp up your walking frame.' This aimed to reduce falls and confusion for people living with dementia. We saw an example of this during our visit. The outcome for the person was positive and they had a reduction in falling in the home.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us, and relatives confirmed, they felt safe living in the home. One person said, "I cannot fault this place." A relative said, "We are thrilled with everything, [Name] is really well looked after."
- Staff were well trained in safeguarding procedures and understood how to raise and handle a safeguarding concern. They were highly skilled at recognising abuse and people at risk of abuse.

### Staffing and recruitment

- Safe recruitment and monitoring staffing levels was used to keep people safe.
- People were involved in the recruitment process, which was robust and included safety checks to ensure staff were suitably employed. People completed reviews about new staff throughout the induction process and a staff member would not pass their probation unless a balanced and positive testimony was received from a person who used the service.
- People told us there was enough staff. One person said, "I am never neglected and do not have to wait long." Relatives agreed staffing levels were okay. One relative said, "There are variable staffing numbers."
- Staff told us there were no safety concern for staffing numbers. Staff said, "It's fine. ....it all goes on the dependencies." Another member of staff said, "One extra pair of hands would help. ....but then another day you are falling over each other."
- The registered manager told us they used a dependency tool assessment monthly or when people's needs changed. The information is then fed into the system and staffing levels are calculated, but they use their

discretion at busier and quieter times.

#### Using medicines safely

- People received their medicines as prescribed at the right time and in a safe way.
- Medicines records were clear and reviewed regularly by senior management.
- Staff received training in safe medicines administration and this was followed by a competency check.
- Equipment used to store medicines were clean and tidy. Fridge and room temperatures were monitored every day and within range of NICE guidelines. When staff had to store 'samples' they followed good practice by having a separate fridge for samples.

#### Preventing and controlling infection

- People were protected from infection. Staff followed good practice to ensure prevention and control of infection. Where we found concerns with an area that had flaking paint the provider audit had also identified this issue. The provider had taken action to address this. We checked on our second day of inspection and the issue had been addressed.
- Personal protective equipment (PPE) such as gloves and aprons were readily available in people's rooms and we saw staff using these appropriately. For example, one staff member put on PPE to check and empty a catheter bag.
- There was an infection control champion to ensure staff followed relevant guidelines and the providers policy and procedure to ensure people were protected from the risk of infection. Tuxford Manor was passionate in reducing infections and hospital admissions. They used innovative measures to help keep people well. This included hydration stations, react to red, antibiotic guardians and clinical care meetings.

#### Learning lessons when things go wrong

- Lessons learned was used as a standard reflection tool throughout the auditing and monitoring systems throughout the home.
- Action plans were devised when lessons learned had been identified. The outcomes were then shared with staff, people and visitors to the home. which provided an open and transparent culture and shows people that their views were acknowledged and acted upon. We saw examples of issues found and action that had been taken and outcomes shared on the notice board during our visit.
- Where we raised minor concerns during the inspection the management responded immediately and put processes in place to stop it happening again.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's diverse needs were identified at the assessment stage and focused on the individual. The service used 'Care Doc' system (Care Doc is an electronic system to hold care plans) to record clear concise information. Records were accurate and reflective.
- Where people's oral health had been assessed there were robust monitoring processes in place to ensure people received appropriate mouth care.
- Staff had recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership and religion. These were all covered in the assessment record.
- The service had won a react to red award in 2019, this meant they were effective in monitoring people skin integrity. Staff monitored people's skin, every time they provided personal care, but did not always record it. Staff told us this would be addressed.

Staff used best practice Staff support: induction, training, skills and experience

- Staff were very knowledgeable about people and had an understanding about their past lives. One person said, "The staff know what they are doing." Another person said, "The staff are marvellous"
- Staff received a comprehensive induction into the service, and the training they needed to support people had been completed. Staff spoke highly of the training provided. Their competency was checked during supervision and discussions had taken place if required to identify any issues or concerns. Staff told us the training was pretty good. Another staff member said, "It is good" [training]. Lots of training is face to face and assessed by booklets."
- The provider holds a 'Career Progression and Development Surgery' for all staff. Staff can discuss training requirements, progression opportunities, also get support with their interviewing skills and CV's to help them progress within the company. Staff told us they were fully supported by the provider.
- We spoke to a training professional who was visiting the home to assess staff for a social care qualification. They told us all staff who had undertaken this qualification were on target and had been observed as confident and competent in their role. Staff were fully supported by the provider.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet and could exercise genuine choice with meals. One person told us they get a good choice of food at breakfast. Another person said, "It is terrific, I choose what I want and get big portion sizes."
- The provider consistently monitors peoples dining experience. A mealtime champion sits with people and

samples meals in real time and feeds back on staff interactions and quality of meals. This made sure people had a quality experience at meal times. Care plans detailed specialist diets and how to manage choking risks. Staff demonstrated knowledge of these risks to us.

- The registered manager gave an example where staff went above and beyond to support a person in hospital to make sure they received sufficient to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs. We saw documents from other professionals commending the service for care provided and support given to people. The collaboration enabled people to receive the correct treatment in good time, so people could remain at Tuxford Manor and mitigate hospital admissions.
- Care plans contained details of referrals and advice from healthcare professionals. For example, one health care professional commented on how a person's wellbeing had improved
- There were a high number of champions within the service who actively supported staff and people to make sure they experienced good healthcare outcomes leading to an outstanding quality of life.

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

- The service was designed around people's needs and wishes. The provider used innovative ways to help people to be as independent as possible. Murals of Tuxford village were on the walls around the home and this helped people recognise the area they lived, so made them feel more comfortable and settled.
- People were encouraged to share their views on decorating or furnishing the premises. The registered manager did a daily walk around to make sure the environment was well maintained and safe for people.

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 when this is in their best interests and legally authorised under the MCA. 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.

- MCA assessments and DoLS applications were very personalised and identified best interest decisions where required. DoLS applications had been submitted for people who needed them.
- Staff demonstrated a good understanding of mental capacity. One staff said, "I know what DoLS are, I know people have yearly reviews to check that 'nothing has changed', I know that you cannot have one with capacity". Another member of staff said, "We always give people the choice when we can, but sometimes best interests decisions have to be made for them."
- We saw on people's care plans and records discussions had been documented about people's capacity that best interest meetings had taken place for the people that required decisions made in their best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and compassionate staff.
- There was a strong, visible person-centred culture. People told us staff take time to have a chat. One person said, "We get on together. Have a laugh and a joke. They [staff] are very caring. Not just doing a job." All staff spoken with told us they would be comfortable with their family member living at the home. One staff said, "I trust the staff...I have already told my mum she is coming here."
- Relatives told us there were no restrictions on visiting times. One relative said, "I can visit whenever I want to."
- We observed staff being respectful and treating people well. We saw staff and people having a joke and laughing together in a friendly manner.

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

- People were supported by staff to be involved with their care and treatment. One person said, "I can make decisions about when to get up and go to bed". One staff said, "I encourage people to do things so that they do not lose their abilities, for example, one person washes as much of themselves as they can." This meant people were making decisions about their care and treatment.
- Resident meetings were documented. These meetings ensured people's voice could be heard. The service provided a resident representative to support people express their views. This meant people could share their views and opinions without discrimination.
- The service provided a translator service for people who required documents and information in another language. For example, they provided signage around the home in a language for a person whose first language was not English.
- The provider acted as an advocate for people they supported in many ways, but also signposted them to external agencies who provided advocacy services. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- The service promoted independence by encouraging people to do as much as possible for themselves. People moved at their own pace, with staff giving them clear instructions so they could walk or do tasks independently.
- Staff demonstrated respect for people's privacy. There was a prayer room where people could pray or if chosen could have quiet time.

- Throughout the inspection staff treated people with kindness and compassion with very positive interactions. The provider had a 'Dignity Do list' to identify to staff and visitors the actions they take reflected how they treat people. For example, 'always enable people to maintain maximum independence and choice.' 'Take action to eliminate people's loneliness and isolation.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an embedded culture of person-centred care. Visiting professionals confirmed the service focused on providing person-centred care and achieved exceptional results. For example, pimp up my Zimmer frame to help reduce falls for people. Implemented a risk list to respond and manage risks in real time.
- People received excellent opportunities to participate in a number of social activities relevant and meaningful to them. One person was a cricket enthusiast having played the game semi-professionally in their home town. The Cricket Club invited this person to their home games for the 2020/21 season. This made the person very happy doing something they really liked to do.
- Staff engaged and interacted with people in a positive way. This meant people benefited from an active lifestyle, avoided isolation and improved their wellbeing.
- The activities person was creative and promoted social inclusion. For example, they arranged for the 6th form from a local academy to support people with chair exercises. This was to keep people active and ensured they got enough exercise which in turn improved their mobility. The activities staff researched a therapy 'Pat the dog', which took place once a week. This type of therapy can bring great comfort and joy to people giving them a little extra boost emotionally.
- A group of people were peeling vegetables for the lunch time meal. The providers representative told us they encouraged people to be fully involved in food preparation, as this was something they liked to do. People were fully involved and clearly enjoyed the activity. The providers representative also told us the home engaged fully with the local community for local food produce. This meant they had built ongoing links and networks with the community.
- We observed interactions between people getting together and forming friendships within the home. Two people were having a good chat and were clearly enjoying each other's company.
- Coffee mornings for past and present families and residents had taken place and were a great success. One person told us, "We still get visitors from relatives of people who died several years ago." This meant people were encouraged and continued to build relationships.
- People were supported to make contact with their family. The operations manager told us the service encouraged people to embrace IT. They supported people to video call their relatives who may live abroad. Encouraged online shopping and hold activities using a games console and Karaoke systems to provide entertainment to all who lived at the home. Frequent contact with family and involvement with activities empowers and reduces the feeling of loneliness and isolation for people.
- The service held an absent friends Memorial Day – where they release balloons for people in memory of a friend. This gave people the opportunity to say goodbye or remember friends and family that had past.

- A spiritual champion role and a prayer room was created allowing people, staff and visitors a quiet space to reflect or pray. The spiritual Champion supported people with their spiritual beliefs. They provided access to information on all main religions for staff, local contacts, special celebrations, dietary requirements and fasting details so staff can always offer care that related to people's particular needs. Church services were provided once a week along with holy communion for those who wanted to participate. This told us staff had an excellent understanding of people's cultural and diverse beliefs which may influence their decisions on how they wanted their care and treatment supported.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptional care that was very personalised and reflected their needs. People had been consulted and fully involved in the planning of their care. Staff used a document called 'A little about me.' This document was used to record detailed information about a person and their needs. The record helped to identify how the provider used de-escalation of distraction techniques for people that required them, in order to prevent the use of chemical intervention such as medication. The record also identified what made people happy or sad and what could trigger behaviours that may challenge others. This meant staff could give a rapid response when people's needs changed.
- Staff knew residents extremely well and could tell us about individual people's care and preferences. They worked exceptionally hard to meet people's needs and focus on the individual, however complex.
- Since our last inspection the provider had reviewed all care plans to ensure they were person-centred. Implementing a computerised record keeping system called 'Care Doc' which made care plans clear and concise. This meant people's care was clearly planned, decisions were made in real time and care was delivered as accurate as possible to meet people's needs.
- Staff felt confident using the system. Information was updated in real time and provided staff with guidance and information that enabled them to provide personalised care to individuals.
- The management team gave excellent examples of care planning and how they met people's needs and preferences. For example, it was identified a structured and robust plan was needed for the summer heat wave. Staff had identified an increase in UTI's and increased confusion. They implemented a system of a red jug or beaker for people at risk of dehydration. Introduced hydration stations at key points throughout the home which included fresh fruit, choice of drinks, Ice pops and Jelly. They worked closely with the commissioners of care and other professionals. One healthcare professional said, "Staff were proactive and very responsive to recommendations. They sought guidance when needed and contacted us if they had any concerns about people's conditions". This meant people were protected from the risk of infections and dehydration when increased risks were identified.
- The service initiated a full medication review for a person. The 'little about me' and 'life story' documents prompted staff to ask the right questions to identify learned behaviours and change them to a more positive outcome for the person. Staff supported the person to make new friends, develop an activity plan and give the person self-worth. Relatives gave massive praise to the staff team for the improvement their relation had made since moving to the home. This showed us the service went the extra mile to find out about people and what they did in their past to help develop their support needs on a daily basis.

End of life care and support

- The service was particularly skilled at helping people and their families or carers to explore, record and document in care plans their wishes about care at the end of their life. This enabled them to plan how they will be met so that they feel consulted, empowered, listened to, and valued.
- The provider developed and implemented 'My wishes.' This record was developed so that the home could provide meaningful and effective palliative care. 'My wishes' incorporated people's favourite smell. If they wanted a religious visit or how they wanted their pillow. Where appropriate DNACPRs (Do not resuscitate)

were in place. This meant people's wishes were fully considered as part of their end of life care plan.

- Staff understood what it meant for a person to be on end of life care. One staff said, "We try and make people feel comfortable", "We have an unwritten rule that they are never alone. Even when family are not there." Staff gave examples when they had provided end of life care for some people, however no one was on end of life at the time of the inspection.
- We saw testimonials from families who had experienced the homes end of life support for their relatives. One said, "Excellent service from start to finish. Made my mother's end of life so much easier. Really good staff with very helpful attitudes." This told us people had received outstanding end of life care, as people had experienced a comfortable dignified and pain-free death.
- Where people had diverse needs, these were also supported by all the staff. For example, the staff and management team supported people from the LGBT community. One person had been with their life long partner for a number of years. The service gave the couple private quality time together; when the person was at the end of their life. The service then supported their partner as they were struggling with their loss.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Throughout the inspection we observed staff communicating with people in a range of verbal and non-verbal communications, which people fully understood and responded to positively.
- The service was creative and innovative in supporting people to live well independently. There was good access to WIFI around the service which enabled people to use their internet devices with ease and continue to keep in contact with family and friends whenever they wished.
- The service followed the standards for accessible information sharing. They provided information in other formats, such as large print or pictorial form. Staff verbally translated information if people had difficulty understanding what the information was about. People could view their care plan and see it in a different format or use the computer to support them access the information.
- Notice board specific for infection control, safeguarding and identifying champions were allocated around the home. This was to highlight where people could find the information they wanted.
- The service had access to the providers translator service to ensure that anyone whose first language was not English could understand information that was shared with them.

#### Improving care quality in response to complaints or concerns

- People and staff had the opportunity to feedback or raise concerns in staff and resident meetings.
- The complaints procedure was available for people, relatives and visitors. People and relatives were confident they could raise a concern and it would be listened to and dealt with.
- At the time of our inspection there had been three minor complaints received. We saw these had been addressed in line with the providers complaints policy and appropriately investigated and responded to with the satisfaction of the person who raised the complaint.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and registered manager had implemented many initiatives and innovations since our last inspection. For example, pimp up my Zimmer frame to help reduce falls for people. Introduced a computerised record keeping system to ensure records were kept up to date and secure. Worked on the care plans to make sure they were person centred, focused on the individual's limitations. Care plan champions were members of staff identified for their exceptional care planning skills, and they were responsible for making sure care plans were the best they could be. It was clear the provider had worked hard to sustain and drive improvement for the quality of the service.
- The registered manager was extremely clear about their role and had the full support from the senior management team on the daily running of the home. The registered manager was hands on and was knowledgeable of people's needs. They were very proactive in monitoring performance of staff and ensured they provided a high-quality service. It was clear people were at the heart of this service.
- We received overwhelming positive comments about the management of the service from people who use the service, their relatives and other care professionals. For example, one relative said, "it seems very well run." Staff had confidence in the management. They told us if they had to raise issues and concerns the registered manager dealt with them promptly. Visiting Health care professionals told us they had a good working relationship with the management and that they were proactive and responsive to ensure people received exceptional care and support.
- There were comprehensive governance systems to monitor and manage the quality of the service. For example, staff group supervision, quality spot checks and resident check lists. All of these were developed to ensure staff obtained and received information about people's main key points. This meant staff were fully aware of the persons key information to help support their need from the outset. The registered manager walked around the home daily and incorporated a dignity of care check to ensure people were being treated appropriately. People told us they had seen the manager completing checks around the home.
- The Management team were very proud of the staff for doing good work and improving people's lives. They gave staff recognition with staff member of the month awards. This was to drive incentive and boost morale. Staff confirmed morale was excellent. One staff member said, "[morale] "fantastic...Everyone works so well as a team." This told us they were a strong collaborative team.
- The provider had an excellent oversight of the service. Management provided a weekly and monthly update to the provider. For example, surveys, audits and analysis of information. Governance processes were tailored specifically to the service and time spent analysing the quality of the service thoroughly and effectively helped to maximise this oversight.



- Lessons learned were developed and implemented which had been a key innovation in the reflective practices for the provider. For example, resident at risk scoring to spot the very first signs of infections.
- Through resident and relative meeting, they identified people preferred a bistro / coffee lounge in a small area of the home. People were involved in the choice of decoration and the majority won. We saw pictures of people being involved in this project. People enjoyed being part of the process and having a sense of ownership. This gave people somewhere to meet family, make new friends and have a drink and a cake.
- The service participates in an active volunteer programme where they invite volunteers to attend the home. They also provided placements for students who were gaining knowledge for their college work when studying health and social care. This included attending the providers mandatory training which supported their knowledge base.
- The operation manager told us, the service used every opportunity to discuss near misses, put robust systems in place to prevent, and learn as a team for pretty much everything. They said, "We have seen staff come forward with some amazing ideas by using our lessons learned approach and actively encourage all staff from all departments to be a part of moving the service forward, giving them a sense of involvement and empowerment." All the above told us there was a strong organisational commitment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. There were clear values that supported the delivery of constant high-quality, person centred care.
- The provider had received 5\* reviews on a care home search website. For example, one person commented on how welcoming the home felt and the management being very supportive. There were comments on staff performance and how hard they worked and how attentive and caring they were to people. Reviewers commended the home on people being well looked after and people being stimulated to reduce isolation. Another person commented, "The level of care that all the residents receive is first class. All the staff, from office to carers and cleaners are very approachable. Nothing is a problem. They said, "Relative was happy in an environment where all their needs were met 110%." People and staff had no reservations in recommending the home. These comments were mirrored by other people and their relatives and what we saw during our inspection. This told us the service promoted a positive culture.
- Governance was well-embedded into the running of the service. There was a strong framework of accountability as a high number of comprehensive auditing and monitoring programmes were in place.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home and on the providers website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- People and their relatives told us the home were accommodating and happy to make changes where needed. This meant the service provided was adaptable and flexible for people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service fully considered people's equality characteristics by empowering people to be involved and explored their experiences in real time. There were weekly newsletters to keep people up to date on the service provided and what was going on in the home. Quality questionnaires to monitor the quality of the service and ensure people received exceptional care.

- The provider had forged good links with the community, they sponsored a local cricket team. The cricket club invited people from the home to attend a home game. People enjoyed the experience very much as this reminded them of games they had watched in the past.
- The service raised funds for local charities, they were very inclusive with the service users and families in relation to fund raising events and supporting good causes, such as, MacMillan cancer support and guide dogs for the blind. The provider implemented innovative methods for a sponsored bike ride within the home. They arranged for an exercise bike to be set up for people, family, staff and visitors to participate in raising money for local charities and a day out for people. People also gave support and provided refreshments to participants to ensure everyone was involved.
- The service worked towards offsetting the homes carbon foot print. They were proactive in reducing waste and collecting for recycling.
- Staff felt the management team were supportive and promoted good practice. The service had participated in a number of accreditation schemes and had been awarded for their best practice, such as react to red sustained for 4 years, winner in three award categories at the Best Dementia Care Awards in January 2020 and British care awards 2019. All this told us they had sustained care practice to a high standard.

#### Continuous learning and improving care

- The management team were passionately committed to drive improvement. The provider implemented best HR practices across the Group and specifically at Tuxford Manor. As a result, they had been 0% Disciplinary, Grievance issues and less than 1% Employee Absence rates. This has led to increased employee engagement and an increased level of morale of the staff, which in turn gives positive outcomes for people as they received continuity of care.
- Lessons learnt, and improvements were made since the last inspection to ensure the continuity of care was embedded. The operation manager overseen and signed off monthly audit forms to make sure improvements were sustained and shared with other service locations throughout the organisation. This was to monitor what worked and what didn't so each location could adopt good practice. There was a strong emphasis on continuous improvement. We saw ample evidence where the service had learnt from incidents and concerns which were a key influence for improvements made.
- Weekly meetings ensured strategies were in place to discuss incidents and concerns.
- The antibiotic treatment tracker was used to track illness progress and effectiveness of treatment. The antibiotic champions were registered on the antibiotic guardian website, attended additional training and made pledges related to antibiotic therapy. The results were analysed and retained where themes and trends were identified an action plans was put in place to minimise reoccurrence.
- The management team also implemented a 'Clinical Abbreviations list,' which was developed and shared to all of the homes in the group so that the senior carer's undertaking pre-admission assessments could understand the medical description, thus making decisions more easily. This was also used to help staff understand the confusing discharge letters received from hospitals. This meant staff understood people's medical conditions and medicines prescribed. The impact on the person meant they received the right medicines and support.

#### Working in partnership with others

- The service worked in partnership with other professionals to support the provision of high-quality care. We received positive feedback from the local authority that included how well the service worked with them and that the service responded well when recommendations were made.
- The service has a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Leaders, managers and staff strive for excellence through consultation, research and reflective

practice. For example, lessons learned and potential practice improvements for each audit completed to ensure the service provided was continuously developed and improved upon the previous month. This was then shared with other homes so that they were aware of what worked, what doesn't work and where if any changes needed to be made. The other service then would adopt this practice.

- The service has a systematic approach to working with other organisations to improve care outcomes to make sure people received the best possible care.