Strong Life Care (Tuxford) Limited

Tuxford Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We performed the unannounced inspection on 31 July & 5 August 2015. Tuxford Manor is run and managed by Strong Life Care Ltd. The service provides care and support for 45 people. On the day of our inspection 35 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

When we last inspected the service on 31 July 2014 we found the provider had not taken proper steps to ensure people who used the service were protected from the risk of receiving inappropriate or unsafe care, and people were not protected from the risks of inadequate nutrition. The provider sent us an action plan telling us they would

Summary of findings

make these improvements by 24 September 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

During this inspection we found there were suitable arrangements in place to ensure people who used the service were safe. They were protected from abuse and medicines were managed safely. There were appropriate risk assessments in place and the registered manager shared information with the local authority when needed. The staffing levels were sufficient and staff underwent appropriate pre-employment checks.

People were supported by staff who had the knowledge and training to provide safe care and support. They were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. People who lived at the home did not have unnecessary restrictions placed upon them.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. They were cared for in a respectful manner by staff who behaved in an inclusive and open way.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

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.

People felt safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and staff responded to people's needs in a timely manner.

Good

Is the service effective?
The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions, and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good

Is the service caring?
The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
The service was responsive.

People were supported to report any complaints and concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to take part in a wide and varied range of social activities within the home and the broader community.

Good

Is the service well-led?
The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Good

Summary of findings

There were systems in place to monitor the quality of the service.

Tuxford Manor Care Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 unannounced inspection took place on 31 July 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with 12 people who were living at the service and seven relatives who were visiting their relations. We spoke with nine members of staff and the registered manager.

We looked at the care records of four people who used the service, six staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

There were suitable arrangements in place to ensure people who used the service were safe. The people we spoke with told us they felt safe living at the home, the environment was calm and relaxed, one person told us, “I don’t give it much thought because I am content here." A relative of a person living at the home told us, “There is physical security and staff are attentive.”

People told us they felt able to speak with any member of care staff if they had concerns about their safety, but no one had needed to do so. One person who lived at the home told us they would go and see “the boss in the office” if they had a concern.

People could be assured staff had the knowledge and skills to protect people who lived at the home from neglect and abuse. Staff we spoke with had received safeguarding training and demonstrated they had a good knowledge of how to recognise abuse and understood the process for responding to and reporting any incident of abuse. One member of staff told us, “It’s my responsibility to report (abuse) to my line manager. "Staff in the home had reacted swiftly and appropriately to a recent incident where someone was at risk of harm. One member of staff described how they had followed the correct process to ensure the person concerned was safe. The member of staff told us they were fully supported by the registered manager during the process.

We spoke with the registered manager who clearly demonstrated their commitment to ensuring the safety of people who lived in the home. The registered manager had acted appropriately and informed the local authority and us when they had any concerns. We saw evidence that the registered manager had acted upon advice provided, they had kept clear records of incidents to evidence the actions they had taken to ensure people’s safety and to help prevent any future incidents.

We saw that the entrances to the home were secure and anyone wanting to enter could only enter the home through using a coded keypad or door bell. The gardens were secure, with raised flower beds to allow people to garden safely. All fire exit doors were alarmed so staff would know if these were opened by anyone trying to enter or leave the building.

Staff were provided with guidance on how to promote people’s safety. Each person’s care plan contained risk assessments and action plans which gave staff detailed instructions about each person’s needs. These included what support each person needed to promote their pressure area care, nutritional intake and reduce any risk of falling. Appropriate charts were with each individual care record showing the care and support required had been provided, and all of the records we examined were completed and up to date.

People were supported to safely take part in activities, such as shopping within the local community. Care staff assessed the risks people may face through maintaining their independence, and produced risk assessments to show how people could be supported as safely as possible. For example staff and other health care professionals had prepared a risk assessment to enable one person to maintain their independence with their mobility.

Environmental audits were undertaken and risk assessments were in place to ensure the physical environment was safe for people. People who lived at the home had individual evacuation plans which were kept together at the entrance of the home for ease of use in an emergency, and staff were aware of these plans.

People at the home were happy with the staffing levels. One person told us, “There is always someone (care staff) if you want them." A relative told us, “When I’ve been here there is always enough staff." A member of staff told us, “Staffing levels are ok and I feel supported.”

We examined the (staff) rota and spoke to the registered manager, who told us she monitored the staffing levels daily, keeping both the deputy manager and herself supernumerary. This enabled them to cover any short notice absences from work should this be required. The staff rota showed staffing levels were maintained, with enough staff to cover the shifts required without staff working an excessive amount of hours above their contracted hours. The registered manager and the deputy manager shared an on call rota at weekends should staff require support or advice.

Staff records showed staff had been recruited safely and had undergone a pre-employment screening procedure, as

Good

Is the service safe?

part of the recruitment process, including checks carried out by the Disclosure and Barring Service (DBS). The DBS carries out checks to ensure people are suitable to work within the care sector.

The people who lived at the home were happy with the way they received their medicines. We observed a medicine round and saw staff supported people taking their medicines safely. Staff were aware of their role in administering medicines safely, they received training in safe handling and administration of medicines that included a practical assessment by the registered manager or deputy manager, with regular follow up supervision. Medicine audits were undertaken regularly, the ordering system was efficient and medicines were stored safely and appropriately.

Good

Is the service effective?

Our findings

When we last inspected the service we found people's nutritional needs were not always being met, there was limited choice at mealtimes and nutritional charts were not always completed. During this inspection we found the nutritional needs of the people living at the home were being met. People we spoke with were happy with the food on offer, and told us there was plenty of it. One person told us, "The food portions are often too big for me, and I certainly don't need all the snacks I am offered in between meals." Another person told us, "The food is good." Some people, through choice, had a late breakfast in the dining room. People were served as soon as they sat down and did not have to wait for a particular time, this showed the staff were focused on the individual's needs. Staff told us that people could have any of their meals in their rooms if they wished but most people went into the dining room.

We observed lunch being served, people sitting together were served together which gave the impression of a socialable event for people. People were offered choices of food and. those who needed help eating their meals were assisted by staff, who sat with them giving them time to eat or gave them appropriate aids to assist them. People were able to eat what they wanted when they wanted it, during our inspection we saw the kitchen staff preparing a sandwich for a person who had a late breakfast and did not want a hot meal. People were offered both hot and cold drinks during their meal, and throughout the day we saw a variety of hot and cold drinks being offered to people, this showed the staff responded to individual's nutritional needs and preferences.

People could be assured that staff both understood and met their nutritional needs, the kitchen staff were able to talk with us about the different dietary and nutritional needs of individuals living in the home. A folder with people's diet plans was kept in the kitchen, and all kitchen staff were able to access the care plans to check for updates or information on people new to the home. We examined individual daily nutrition charts and these were well maintained and up to date.

People told us they were happy with how staff provided them with the care and support they needed. One person told us, "Most of the staff know what to do without me having to ask them." A relative told us they could not fault the care their relation had received during the time they had been in the home, and as their relation's needs changed the staff had increased the care they gave to match the person's needs.

People could be assured they were cared for by staff who had the necessary training to undertake their roles. Staff underwent induction training at the start of their employment. This included safeguarding adults, moving and handling, infection control, fire safety and food hygiene. We spoke to a new member of staff who told us their colleagues had welcomed them into the team and they had been well supported and supervised by their colleagues, senior care staff and the management team. The provider was supporting different members of staff to undertake further training appropriate to their roles, care staff were undertaking professional qualifications and support/ancillary staff had undertaken training specific to their roles.

The provider used an e-learning package to support staff and took advantage of appropriate study days provided by the local authority for staff working in social care, such as tissue viability and managing diabetes. One member of staff told us they were just completing an e-learning course on dementia, and confirmed they had received their annual appraisal with the deputy manager the week before. The deputy manager had an annual plan to manage staff appraisals and was able to evidence her process for preparing staff for their annual appraisal. It was clear talking to relatives, staff working on the floor and the management team, that training staff and motivating them to provide good care was a priority for the management team.

People at the home were supported to make their own decisions wherever possible. We asked people if staff gained consent when they were providing care, one person who lived at the home told us that staff told them what they were doing, before they did anything. The person told us, "They (the staff) check I am happy with what they are doing." We observed when a senior member of staff gave a person their medicines, they made sure the person knew what they were being given and asked if they were happy to take it.

The registered manager and staff were all aware of and followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or

Good

Is the service effective?

disability. The care plans showed the level of support people needed to make decisions. Assessments were carried out to determine people's mental capacity, and where it was found people lacked capacity the correct processes were followed to make decisions in their best interests.

The registered manager told us she had applied to the local authority for Deprivation of Liberty Safeguards (DoLS) assessments for 25 people who lived in the home, one of which had been completed. DoLS are part of the Mental Capacity Act 2005, the safeguards protect the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Staff we spoke with showed a good understanding of the MCA and DoLS. One member of staff we spoke with told us wherever possible they allowed people to make decisions for themselves, and they used the information in the care plans to help them. The member of staff was able to tell us where in the care plan they would find the information they needed. The registered manager told us the local authority had provided a study session for staff on the MCA recently. In addition the registered manager had also put together a presentation on the session so she could consolidate the training staff had been given.

People could be assured their health needs would be met whilst living in the home, people we spoke with told us their GP came in to see them, some on a routine basis others came when they requested a visit. A diary of who required a visit from a health professional was kept and senior care staff managed these appointments, overseen by the registered manager or deputy manager on a daily basis. Relatives told us staff at the home managed access to health professionals well. One relative told us their relation required a dentist and staff had dealt with this quickly arranging for a dentist to come to the home.

On the day of our inspection we spoke with a visiting healthcare professional. They told us staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to promote people's health and wellbeing their advice was followed in practice.

The registered manager told us a chiropodist attended the home on a six weekly basis for people who required this service. They also had the services of an optician who had undertaken assessments of people who lived in the home and offered on-going support. Care records we viewed supported this information.

Good

Is the service caring?

Our findings

The people who lived at the home and their relatives told us the staff who worked at the home were caring. One person told us they liked living at the home very much and had no complaints they said, “Everyone is nice here.” Two relatives told us Staff were caring and listened to them.

Our observations supported that staff were caring, we witnessed a number of exchanges which showed staff interacted with people in a caring and respectful way. During the day people moved around the home and we saw one person sat having a cup of tea in the home’s administrator’s office. This showed people were comfortable and had good relationships with the staff who cared for them.

We noted there were a number of examples of how the registered manager and the staff team worked to build positive relationships. At lunchtime people sat in small groups, and many people chose to sit with the same people each mealtime. The home facilitated a coffee morning each week for relatives and people who lived at the home. We joined the group during our visit, it was a well-attended group and encouraged different relatives and people who lived at the home to mix with each other. There was a monthly quiz night held, the registered manager told us this was also well-attended by people who lived in the home, relatives and staff. There was a small bistro area with a coffee making machine and snacks in the entrance area of the home, which we saw was well used by people who lived at the home and their relatives during our inspection.

People’s cultural needs and wishes were assessed when they moved to the home, and a regular religious service was held in the home which was well supported. The registered manager had recently facilitated a request from a relative for their relation to receive a religious activity in accordance with their faith.

People who lived in the home were encouraged to make decisions about their care one person we spoke with preferred to spend their time in their room watching television. Staff told us they made the person aware of the activities that took place, which allowed them to choose whether they wished to take part.

People could be assured they would be given supported to make to make decisions should this be needed. The registered manager told us people were supported to access advocacy services. They told us there was one person who lived in the home who used an advocacy service, and this had been recorded appropriately in their care plan. An advocate is a trained professional who supports, enables and empowers people to speak up.

People we spoke with told us that staff respected their privacy and dignity. One person told us, “Yes they are very careful and always knock and call because I am a little deaf.” Another person told us they preferred female care staff, this was noted in their care plan and they told us this wish was catered for. There was signage on doors to show when care was being delivered, and staff told us they always closed doors and curtains when delivering personal care.

The training matrix showed staff had privacy and dignity training, and the registered manager told us the home had a privacy and dignity champion. Their role was to observe practice and challenge any issues relating to privacy and dignity. They were supported in this role by the registered manager and the deputy manager.

People told us they had access to privacy if they needed it, there were a number of small quiet areas in the home for people to use. One person told us,” I can go to my room if I want to (be quiet).”

Good

Is the service responsive?

Our findings

When we last inspected the service on 31 July 2014 we found people's care was not always planned and delivered in a way that was intended to ensure their safety and welfare. Documentation was not always complete and up to date, this meant we could not be sure that care given was appropriate to people's needs. Since the last inspection the provider had introduced an electronic care record system and as a result record keeping was greatly improved. Considerable investment in time had gone into setting up and maintaining the care records and to ensure staff had the knowledge and skills to maintain up to date records This investment was evident to us as the care records we accessed reflected the up to date needs of the people who lived in the home.

The registered manager told us the installation of the electronic system enabled them to be more responsive to people's care needs, as she and the deputy manager were able to see throughout the day that care records such as nutrition charts, pressure area care charts and daily care records were up to date. Any regular monitoring for individuals such as regular weight checks or appointments were flagged up daily on the system.

People were encouraged to express their views on their care, their care plans had detailed information about their individual needs, and the plans had been signed by either the person who lived at the home or their relative. One relative we spoke with told us they had been involved in planning their relation's care. The care plans had a family review section to keep them up dated with their relations' care, documenting who was present and when it was updated.

People could be assured staff understand and would be responsive to their care needs. The staff we spoke with were able to discuss the needs of the people who we pathway tracked, and people we spoke to felt their individual preferences were known by staff. For example one person had an erratic eating pattern, staff knew this and ensured their needs were catered for so they were given enough to eat.

The care plans were individualised and described how people were to be supported. They also contained risk assessments which were reviewed on a regular basis to ensure people's changing needs could be identified and responded to in a timely manner. Staff also told us as well as being able to access the care records easily there was a daily handover allowing them to discuss any changes to people's needs with each other.

There were a number of social activities undertaken in the home and regular trips out were provided for people who wanted them. We saw a social activities notice board with forthcoming events advertised. Over the two days of our inspection we saw people join an art class, flower arranging, quiz games and attend a coffee morning. The activities coordinator undertook one to one activities with people who didn't want to join in with the bigger groups.

The staff at the home worked to ensure there were a wide range of activities on offer to stimulate and meet the needs of people who lived in the home

The staff in the home had incubated some chicken eggs and two chickens lived in the garden as a result. Other activities the home facilitated were movement to music, pet therapy, hoopla games and bingo. The staff had undertaken a five mile sponsored walk around the village pushing a number of people from the home in wheelchairs, stopping at the local pub for lunch. Different groups were invited into the home such as the local children's dance group, and businesses coming at different times of the year to sell clothes and gifts. There was a hairdressing room and there was a small non-profit making toiletry shop for people who lived in the home.

The home employed two activities coordinators who worked a total of 40 hours, and people at the coffee morning told us there were activities most days, with a quiz at least twice a week that staff start off and people living at the home continue unaided. One person who lived at the home when talking about the activities coordinator, told us, "[Name] is the best!" we were told by relatives attending the coffee morning the activities coordinators put a lot of effort into their jobs.

The people we spoke with told us they would be able to say if they had any concerns but none of them had needed to. One relative told us they had been kept informed about some issue concerning their relation and that they had no concerns about their relation's care. Another person told us, "I would speak up if I saw something that wasn't right." People we spoke with told us the registered manager had an open door policy, and any issues or concerns were dealt with straightaway.

Good

Is the service responsive?

Staff were clear that if they saw an aspect of care they weren't happy about they would report this to the senior staff and they were confident any issues would be addressed. The complaints procedure was displayed in the home's entrance and people received a copy in their welcome pack when being admitted to the home. Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation's policies and procedures.

Good

Is the service well-led?

Our findings

People who lived in and visited the home had confidence in the management team. They felt they could approach the registered manager, the deputy manager and the provider, who visited the home approximately twice a week. We were told the provider knew the people who lived in the home, greeted them by name, and always went into the communal areas to chat to people. One relative told us," the new owner is accessible they have given us their direct contact details."

The registered manager and deputy manager were a visible and accessible presence in the home, people told us the office door was always open. The registered manager undertook regular walk rounds in the home and often joined the coffee morning for a chat with everyone.

Staff told us the registered manager and the deputy manager were extremely supportive. The registered manager was very aware of the day to day issues in the home, for example some people had commented how their care could be improved and the registered manager had acted upon this.

Staff were aware of the organisation's whistle blowing policy and complaints procedure, we found the management team were responsive and diligent when dealing with the safety of people living in the home, and were aware of their responsibilities for reporting significant events to the Care Quality Commission (CQC).

Staff told us they enjoyed working in the home and throughout our inspection we saw staff working well together, laughing appropriately and behaving in an inclusive manner with people who lived in the home and their visitors.

There were up to date records of supervision and appraisals with evidence of a continuous rolling plan. Staff told us they received regular supervision and there was evidence of this in their personnel files. One staff member told us they had had an appraisal in recent weeks, and had been able to discuss their future development with the deputy manager. The registered manager told us the meetings were also a way of discussing the roles and responsibilities with staff ensuring they knew what was expected of them and what on-going training individual staff required to develop and keep up-dated.

The registered manager held regular staff meetings keeping up to date records of the meetings. These records showed the registered manager was open with staff and had developed an inclusive style of working in the home. One member of staff told us, "Some places I have worked the management are stand offish, but not here, they are very open."

There were records of relative and residents' meetings which were well advertised throughout the home. A number of relatives told us they attended the meetings and found them useful as they kept them informed of what was going on in the home. People who lived in the home and their relatives had been given the opportunity to complete satisfaction surveys, a number of people told us they had completed the surveys. We saw the results of these surveys in the home's records, the topics included their opinions on the environment, how welcome people felt when coming to the home, the level of activities, standard of care given to people, the food and communication. The results of the survey were favourable with people being satisfied or very satisfied with the management of the home.

The registered manager also used other methods to monitor the quality of the services in the home. We saw the records of audits that had been undertaken relating to the environment, care plans and medicines with action plans addressing areas for improvement. The registered manager and deputy manager had used a dementia quality mark audit tool supplied by the local authority to look at how they could improve care. This was followed by an action plan and we were able to view the evidence showing they had acted upon the action plan. Systems were in place to record and analyse adverse incidents, such as falls, to minimise the risks to people in the home. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.