

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Tixover House

Tixover Grange, Tixover, Stamford, Rutland, PE9  
3QN

Tel: 01780444491

Date of Inspection: 10 April 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Mr Alan Frederick Geeves
Overview of the service	Tixover House is a care home with nursing. The service provides care, treatment and support for a maximum of 48 older persons.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found-

Is the service safe?

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We saw that the provider had made significant improvements to protect people from the risks associated with receiving care and treatment since our last visit. There had been a significant decrease in pressure sores and an improvement in the management of people at risk of malnutrition.

People were cared for in a clean and hygienic environment. We found that the environment was extremely clean and well maintained. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This means that when people have their liberty deprived in order to keep them safe, this was only done following a best interest assessment carried out by the local authority DoLS team. At the time of our visit there was nobody using the service who required a DoLS authorisation. The majority but not all staff had received training about DoLS.

Only staff who had received the required training had responsibility for managing people's medicines. We saw that safe and proper procedures were in place for the storage, administration and disposal of medicines.

The staff rota was decided by taking people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs were always met. We saw that the use of agency staff was high. Staff reported that this did have a detrimental effect on people who used the service because these staff were less familiar with people's needs and preferences and with day to day routines.

Is the service effective?

People told us that they were happy with the care that had been delivered and their needs had been met. It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs and that they knew them well. One person told us "I get on really well with staff". Another person said "Staff have a very good attitude and are very helpful"

Staff had received appropriate training to meet the needs of the people living at the home.

Is the service caring?

People were supported by kind and attentive staff. We saw that staff showed patience and gave encouragement when supporting people. People who used the service appeared relaxed and at ease with the staff supporting them. One person told us that staff were flexible and would change routines to suit their preferences.

People's health and care needs were assessed before they moved in. Each person had a care plan in place for each identified need. There was very limited evidence to show that people who used the service had been involved in the care planning and review process. Some care plans and risk assessments had not been reviewed for some time.

People's relatives told us they were always made welcome. One relative had lunch at the home every day.

Is the service responsive?

People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives.

People completed a range of activities in and outside the service regularly. The home has its own adapted minibus, which helped to keep people involved with their local community.

People knew how to make a complaint if they were unhappy. People told us that staff would listen to them and take appropriate action.

The registered manager had recently held a meeting for people who used the service, their relatives and for staff. This meeting known as a 'community meeting' provided a forum for communication and obtaining feedback.

Is the service well-led?

Staff had a good understanding of the ethos of the home and quality assurance processes were in place. The registered manager and other members of the management team were approachable and accessible to people who used the service, their relatives and to staff.

The provider's regional manager visited the service at least once a month to carry out audits. These included speaking with people who used the service. People were consulted before changes were made.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We spoke with six people who used the service and to two relatives. People told us that staff always asked for their consent before carrying out care, treatment and support. One person said "They always explain what they are doing and then ask if that is alright".

We saw that people had their capacity to make decisions assessed. This meant that if a person lacked capacity to make a decision, a best interest decision would be made. At the time of our visit there was nobody using the service who required a deprivation of liberty authorisation. The majority but not all staff had received training about the mental capacity act and deprivation of liberty safeguards.

Staff we spoke with were very clear that people who used the service must always be offered a choice. Where possible these choices were respected and upheld. We also saw evidence of this within people's care records. We saw that when people decided they wanted to get up later or go to bed later then staff respected this. We saw that staff worked flexibly so that people's choices and preferences could be accommodated.

A relative told us "My relative can have their meal at a different time if this is required. The staff are very good"

We looked at the care records for four people who used the service. Three of the four records contained detailed information about the person's cultural, social history and preferences. This information is important so that if people experience difficulty communicating, staff can refer to this information about the person.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for four people who used the service. We saw that people had their needs assessed before they moved in. Care plans were in place for each assessed need. Risk was assessed and risk management plans were in place.

The provider may like to note that two of the four care plans had not been reviewed for some time, nor had the risk assessments. This meant that care plans and risk assessments may not be reflective of people's current needs. We also found that there was limited evidence that people had been involved in the care planning process. Each person had a monthly review record but staff had not clearly recorded the methods used to involve the person who used the service or their representative.

We spoke with staff about how they met people's needs. Staff were knowledgeable about people's individual needs and preferences. We observed staff interacting with people who used the service. We saw that staff communicated effectively and were kind and respectful.

We spoke with six people who used the service and to two relatives. They told us they were happy living at Tixover. People told us they had their needs met and in the way they preferred.

We looked at staffing rosters and spoke with the registered manager about how they ensured there were enough staff on duty. Staffing numbers were decided based on the dependency levels of people who used the service. People we spoke with told us there were enough staff on duty to meet their needs. We saw that there was a high usage of agency staff. The provider may like to note that staff we spoke with told us that this did have a detrimental effect on the day to day running of the home and meant they had less time to spend with people who used the service. The registered manager was aware of this and was taking action to recruit more staff.

An activities organiser was employed. There was a range of activities on offer and these were meaningful and appropriate. People we spoke with told us they had were occupied



and had plenty of things to do.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink. We looked at menu records. A varied and nutritious menu was provided. There were two choices for each meal and other alternatives were also available. We observed the lunch time meal served during our inspection. Meals appeared appetizing and nutritious. Staff assisted people who required help in a sensitive and appropriate way. The meal time was unhurried, the atmosphere was relaxed and friendly and people who used the service appeared to enjoy the experience and were able to chat to each other and to staff throughout.

There were two dining areas and some people chose to have their meal in their room. A relative told us they had lunch with their relative each day. They told us the quality of meals was good. They had their meal in a separate lounge area. They explained that they had previously used the dining room but because of the persons cognitive impairment they found that the separate quieter area helped the person to relax and enjoy their meal. They explained that staff had been very flexible and accommodating regarding this.

People were assisted to choose their preferred meal appropriately. Menus were available on each table. For people who may have difficulty making choices because of cognitive impairment, staff presented them with two plated up meals. Snacks such as small bowls of crisps were put on the table for people who had difficulty eating because of their cognitive impairment. This meant that people could help themselves to easily accessible snacks between courses.

'Tuck boxes' containing snacks such as biscuits and crisps were available in the lounge and reception area. This meant that people could access appetizing snacks at any time of the day.

We spoke with six people who used the service and to two relatives. They told us they enjoyed the meals provided and had access to hot and cold drinks at all times. One person said "I can a cup of tea whenever I want one, I only have to ask". Another person said "I have a very poor appetite but they will cook me anything I want". Another person explained how flexible the staff were. They told us they would keep meals for them or make meals at a different time if this was required.

Each person had their risk of malnutrition assessed. Where risk was identified, appropriate

action was taken. The catering staff had a list of people at risk and their meals were fortified. People were provided with high calorie and nutritious milkshakes. People had their weight monitored appropriately. Some people had the amount of food and fluid consumed recorded each day so that their intake could be monitored.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining, recording, storage, administration and disposal of medicine. We looked at the medicine administration records and saw that these were accurate and up to date.

Medicines were stored securely and appropriately. There was separate and suitable storage for controlled medicines. There was a separate register to record the administration and stock of controlled medicine. Two people were required to sign for the administration of these medicines and we saw that staff were adhering to this rule. The provider had recently changed and improved the monitoring of controlled medicines. Stock levels were checked at each shift change by two members of staff.

The room used for storing medicines was clean, tidy and well organised. Some medicines were required to be stored in a refrigerator. We saw that staff were checking each day that the fridge was within the accepted temperature range.

All medicines received into the home were checked and signed in. This meant that staff could maintain an audit trail of medicines and check that people received the right amount of medicine and at the right times. Medicines disposed of were also signed for by two staff members.

Only staff who had received training and had been assessed as competent were responsible for the management of medicines.

At the time of our visit there was no one who used the service managing their own medicines. We spoke with staff who told us that this could be arranged where people wanted to do this and were risk assessed as safe to do so.

We spoke with six people who used the service. They told us they received the medicines they required and at the right times.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Our inspection of May 2013 found that not all staff had received the training they required or it had not been updated and refreshed. Some staff had not received ongoing supervision of their practice. During this inspection we looked at staff training records and spoke with staff about the training and supervision they received.

We saw that all staff had received induction training. Induction training is provided when staff first commence employment and ensures that they are working in line with recognised standards within the sector. The majority of staff had received all the mandatory training they required. 74% of staff had received training in the care of people with dementia and 48% had received training about the mental capacity act and associated deprivation of liberty safeguards. The registered manager told us that further training sessions had been booked for staff about dementia and the mental capacity act.

We spoke with six people who used the service and to two relatives. They told us that staff were competent and knew how to meet people's needs.

Staff we spoke with told us they had received all the training and supervision they required to do their jobs.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager had recently held a meeting for residents, relatives and staff. This meeting was known as a 'community meeting' and enabled people to give their views about care and treatment and for the provider to communicate any changes. We looked at the minutes for this meeting and saw that people had been informed about and consulted about impending changes.

Monthly regional manager visits were carried out. The regional manager always spoke with people who used the service during their visit.

We looked at records of accidents and incidents. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The registered manager reviewed all accidents and incidents and also sent a report to the provider's head office for further analysis.

We spoke with six people who used the service and to two relatives. They told us that they knew about the complaints procedure. They felt that if they had any concerns they would be listened to and appropriate action would be taken. People told us that the registered manager was highly visible around the home, accessible and approachable. Staff spoken with also told us they could approach the management team with any issue or concern and would be listened to.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.



## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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