

# Enter and View report

Tixover House Care Home

3 November 2017



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# 1. Introduction

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## 1.1. Details of visit

Details of visit:	
Service Address	Tixover House Care Home, Tixover Grange, Tixover, PE9 3QN
Service Provider	Owner: Barchester Healthcare
Date and Time	3 November 2017 11:00 - 13:30
Authorised Representatives	Christine Stanesby, Daphne Murphy, Janet Seden, Bart Taylor-Harris.
Contact details	01572 720381

## 1.2. Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, and staff for their contribution to the Enter and View programme.

## 1.3. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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# 2. What is Enter and View?

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Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but,

equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

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## 3. Purpose of Visit

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- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 3.1. Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Tixover House Care Home on 3<sup>rd</sup> November 2017 was part of this series of visits.

### 3.2. Methodology

Approximately two weeks before the Enter and View visit the Enter and View team leader met with the acting manager of Tixover House Care Home. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit. A team from Healthwatch Rutland visited over a two-hour period starting at 11:00 on 3 November 2017.

The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, using the framework prepared in advance of the series of care home visits.

Following the visit, a meeting had been arranged with the acting manager where key observations were shared.

### 3.3. Summary of findings

- a) Tixover House is currently undergoing extensive refurbishment work that will create a secure area designed for those with dementia and update the whole home.
- b) The number of residents has been reduced during the refurbishment period and the manager and staff seemed to have minimized any impact on residents.
- c) Twenty two of the current twenty three residents have some form of issue relating to lack of mental capacity, mainly dementia.
- d) The acting manager spoke highly of staff, of their support, and of the training and development facilities provided by the Barchester Group.
- e) We were told of an activities programme which includes links with another Barchester group home in Ketton.
- f) Unfortunately, families were not told of our visit. An email, addressed to the manager, who is ill, had not reached the acting manager.

### 3.4. Results of visit



Tixover House Care Home occupies a two storey 1960's building, originally constructed as part of a residential school. The care home is registered for 48 residents but currently has 23. All but one of the residents has dementia. The assistant manager told us that the numbers were purposely low because extensive renovation work is being undertaken that will both upgrade the heating system and create a dementia unit, "Memory Lane" facility as well as result in the complete refurbishment of the building. We did not observe any negative impact upon the

residents due to the refurbishment work. All areas we visited were newly decorated in neutral colours, carpeted and furnished. The home has private and local authority fee paying residents; it is registered for nursing and dementia and respite care.

### Approach/Exterior

Tixover House Care Home is in a rural location. Close to it, but for the most part not associated with it, are a number of retirement homes. There is no public transport to the immediate area. Access is by a single track road with passing places.



The main entrance is accessed through a level car parking area that does not contain any spaces marked as being reserved for disabled people. There are large double sliding automatic doors with level access into a lobby area and beyond. Access is gained to the rest of the building by use of a bell as the door is secured with a security keypad. In the entrance lobby is a signing in book, which the team was asked to use, plus information about the latest CQC report, complaints procedures etc. We also observed an undated “You said...We did” notice that seemed to indicate

areas of dissatisfaction that had been addressed by the owners. When we arrived, and rang the internal bell, we were met quickly. External areas, near to the main entrance, are monitored by CCTV.

### Reception

The entrance area contains coffee and tea making facilities, plus a small fridge that contained milk. We were told visitors are encouraged to use this facility. In addition,



Tea/coffee making in entrance area



Notices in entrance area

there are noticeboards giving information about weekly activities and

upcoming events. One notice board contains thank you cards and letters from family members. Off this area are the admin offices, a TV lounge, a dining sitting area and access to residents' rooms. Members of the E&V team were shown to the TV room, which had been set aside for their use during the visit.

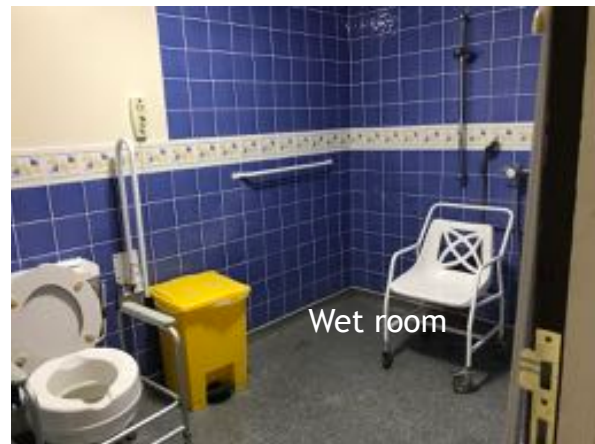
### Layout and general environment



Bathroom

The home occupies two floors. In addition to staircases there is a single lift linking ground and first floors.

Most



Wet room

residents' rooms have toilet and wash basin facilities. Bathing and showering facilities are shared. Bathrooms have chair lifts to assist residents getting in and out of the bath. Shower areas are designed as wet rooms.

Residents' rooms are accessed by corridors linking them to the communal areas. They contained a lockable cupboard for toiletries etc. We were told that residents are able to bring their own furniture.

On the ground floor there are some of changes of level which are ramped. A ramp in the dining/sitting room giving access to the sunroom rises more than 1 metre.

The dining/sitting room is accessed from the entrance hall by double glass doors, both of which were open during our visit. The area contains a servery, a number of tables and chairs that are used for dining and other activities and some easy chairs. The sun lounge, accessed by a ramp from this area, contains a number of easy chairs, a piano (which we were told is not functioning), fish tank with tropical fish and sliding patio doors with views across open countryside. The patio doors like other windows around Tixover are equipped



Sun Lounge

with devices that prevent them being opened sufficiently to allow egress. The TV room, also off the main entrance is similarly furnished with lounge furniture.

### **Activities**

The acting manager told us that there is an activities co-ordinator and an assistant who plan, monthly, for large scale activities and weekly for smaller scale activities. These are flexible in implementation to meet the needs of the residents. We were told that arrangements are made for a local volunteer choral group “The Rutland Reminders” to visit weekly and sing songs from the residents’ earlier years and that this is very popular.

We were also told that jazzy and stimulating music in the morning and classical/soothing music in the afternoon is played in the dining room.

The Home has a mini bus, as has the other Barchester group care home in Ketton (Chater Lodge) and both care homes cooperate in arranging visits.

Two students from Stamford school visit each week.

In addition to the tropical fish kept in the sun lounge Tixover House has a resident cat.

### **Residents/families**

We were told that families and friends visit regularly. We did not see any during our visit. The acting manager explained that she had not received an email from the E&V team lead containing a letter and poster advertising the visit. This was sent to the manager’s email address. Most residents have a lack of capacity and while conversations to ascertain their views were undertaken the team was aware that the accuracy of some answers was affected by their condition.

### **Meals**

Meals are cooked on the premises, using fresh ingredients, by a cook and assistant who share the week’s cooking. The acting manager told us that residents were able to exercise choice at mealtime as they are shown samples of both dishes available. This was done because residents are often unable to retain information for long. We observed a lunch time during our visit and saw some residents being told of the choice of

Lunch choice





dishes but not shown samples while others were shown samples. We were told that all staff are involved in assisting residents at meal times. We observed staff assisting residents. We also observed a resident sitting with an untouched bowl of soup in front of her.

Staff told us that they ate the same food as residents.

We were told that residents can eat in their own rooms if they wish and that snacks are always available in the dining room.

### **Medical/care**

Primary medical care is provided by the Wansford Surgery. A doctor and nurse practitioner each visit once a month. The surgery has normally provided a dispensary service. The Barchester group recently entered into a contract with Boots for the provision of these services and this had some impact upon the relationship between the surgery and Tixover House.

Optician services are provided by “Vision Call”. The assistant manager praised this service, which has included training for staff about the impact of visual impairments for residents.

Dental services require a journey into Oakham or Stamford. We were told that this can be an issue for residents with dementia.

The emergency ambulance service was praised by the acting manager for its rapid response times.

We were shown a care home call system that included LCD displays and a system that measured response times. All rooms are equipped with call buttons and/or cords. LCD displays alert staff to where help is needed.

The manager told us that residents’ meetings are held 3 monthly as are meetings with relatives. Staff meetings are held monthly. Email is used to communicate with residents’ families. We were told that staff also meet families when they visit.

### **Staff**

The manager told us that with the current number of residents on a normal day there would be: a nurse, a senior manager, 3 carers, 2 or 3 house-keepers, a chef and assistant chef. The Barchester group have a system which allocates staffing levels according to the needs of residents. The acting manager praised this system, which she said always ensured an appropriate staffing level.

We were told that it is a challenge to maintain a proper staffing establishment due to the rural location of Tixover. With the exception of nursing staff there are currently no agency employees but there is a vacancy for an assistant chef. The

current agency provided nursing staff have been at the home for over 2 years. There is an intercom system throughout the building. This was used frequently, during our visit to give information to staff.

A whistle blowing process is provided by an external agency and a free phone helpline is advertised.

A member of staff who showed team members round described her training opportunities, now at NVQ level 3. The acting manager told us about the training and development opportunities provided by the Barchester group, which she described as very good.



### Dementia Specific



New lounge dining area in “Memory Lane” dementia unit

Twenty two of the twenty three resident currently have some form of dementia. The “Memory Lane” currently being created will better meet the needs of these resident with its own lounge/dining area, secure courtyard gardens and colour scheme designed to assist those with dementia. There will be secure access between this unit and the rest of the home so allowing security measures to be relaxed in the main home and so giving residents without

significant mental capacity issues easier access to outside space.

### 3.5.Recommendations

- The Barchester group are encouraged to continue to develop: their systems of support for their homes, and training and development for the staff employed in them.

- The system for monitoring email accounts should be reviewed to ensure potentially important emails are not overlooked.
- Care should be taken to ensure that the policy of showing residents the choice of food available is consistently implemented.

### **3.6. Service provider's response**

The provider is asked to provide a response here. This response will be included in the final published report

The email system is ok, all email should be addressed to myself as the manager or to Tixover house. This will ensure that all emails are picked up.

The showing of meal choice is consistent with residents that are unable to decide through verbal communication. For example residents with dementia are shown food choices and residents that have no dementia are asked verbally.