Ivy Cottage (Ackton) Ltd

Ivy Lodge

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

Summary of findings

Overall summary

The inspection of Ivy Lodge took place on 12 October 2017. We previously inspected the service on 10 March 2016. At that time we found the registered provider was not meeting the regulations relating to good governance and supporting staff. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked and found a number of improvements had been made.

Ivy Lodge is registered to provide accommodation and personal care for up to 10 people with learning disabilities and other complex health needs. The home is a two storey, purpose built building with separate garden areas. There are 10 private bedrooms with en-suite facilities, two communal lounges, one small quiet lounge and two communal kitchen/dining rooms. On the day of our inspection 10 people were living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and this was supported by information from relatives.

Staff were safely recruited and there were sufficient numbers of staff to keep people safe. Staff received regular training, supervision and appraisal and told us they felt supported.

Behavioural risk assessments were in place to keep people and others around them safe.

Other potential risks to people had been assessed for example, financial management, alcohol consumption and self-administering of medicines to enable people to retain their independence.

Medicines were stored and administered safely. PRN (as required) protocols were in place. People were promoted to manage their own medicines where they had the capacity to do this, but improvement was required to ensure how this was determined and carried out in accordance with the registered provider's policy and procedure for the safe management of medicines.

We recommend the registered manager review the Medications Management Policy and Procedure and where appropriate, ensure people's capacity to self-administer their medicine is recorded within care plans.

Controlled drugs were stored safely but there was not a separate register to record the receipt and administration. Once highlighted to the registered manager this was organised this immediately.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the requirements of the Mental Capacity Act 2005. Capacity was assumed and where people lacked capacity decision specific mental capacity assessments had been completed.

People were supported with their hydration and nutrition needs. The home had been awarded the highest food hygiene rating of five for good hygiene practice when handling food.

People enjoyed a wide range of activities and were encouraged to maintain life skills and have maximum control over their lives. Staff supported people to retain their independence.

Peoples' personal records were stored confidentially in a locked room.

Care plans contained person centred information including a person's likes and dislikes. Staff were aware of peoples' preferences.

Regular audits took place within the home to help monitor and drive improvements.

There were well established links with the community such as, a gardening plot in the community allotment and people took part in a variety of charity fund raising events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe.

Sufficient numbers of staff were available to keep people safe.

Risks to people and the premises were managed in a way that kept people and others safe.

Medicines were managed and administered safely, although improvements were required with the records relating to controlled drugs.

Is the service effective?

Good

The service was effective.

Staff had received ongoing training, supervision and appraisals.

The Mental Capacity Act 2005 principles were adhered to.

People were supported to meet their nutrition and hydration needs.

People received support to access health care services.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring.

People's privacy and dignity was respected.

Confidential information was securely stored.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected individual choice.

People were involved in meaningful activities.

People were supported to maintain life skills.

Complaints and incidents were reviewed, investigated and lessons learnt discussed with staff.

Is the service well-led?

Good

The service was well led.

Staff told us they felt supported by the registered manager.

Staff meetings were held on a monthly basis.

Regular audits were undertaken

Well established links were in place within the community.

Ivy Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 October 2017 and was unannounced. An unannounced inspection is where we visit the service without telling anyone. The inspection team consisted of two adult social care inspectors. Three telephone calls were made to relatives of people who use the service following the inspection.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the clinical commissioning group, and Healthwatch for information to assist us in planning. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We looked around the building and saw communal areas and people's bedrooms. We observed the care and the support people received. We spoke with five people who used the service, three relatives, the registered manager, two senior members of staff, one staff member and a healthcare professional. We reviewed three people's support plan, two staff recruitment files and a variety of documents which related

to the management and governance of the home.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Ivy Lodge. One person told us "I like living here. I feel safe" and "Staff are grand, really supportive." Another person also told us "I like living here, it's great."

One relative told us "[Name] is kept very safe. I see how staff reacts with [Name] and it reassures me" and "There are plenty of staff around usually on a one to one basis with [Name]." Another relative told us, "The accommodation is very clean."

A relative told us, "[Name] receives the medications they need. I know [Name] would be completely different if they did not."

A healthcare professional told us they had "recently visited the home and had no concerns in relation to the building, commissioned care package or the care provided to the patient."

We looked at how safeguarding incidents were managed and reported. Safeguarding adults training records confirmed staff received relevant training. Staff we spoke with were confident how to identify potential abuse and were aware how to make a safeguarding referral. This showed staff knew the steps they needed to take to keep people safe.

We found there were enough staff to keep people safe. We observed people being supported on an one to one basis. The registered manager told us staffing levels were calculated based on local authority agreements and an admission assessment was carried out before the person moved into Ivy Lodge. Staff would be recruited based on a person's individual needs. Staff we spoke with and our observations supported there were sufficient staffing levels in place to support people in a safe way.

Risk assessments look at the associated risk in carrying out an activity and contain measures to reduce potential risk. We found risk assessments were in place, for example, financial management, self-administration medications and alcohol consumption. The assessments encouraged people to take risks in order to remain as independent as possible.

We saw some people displayed behaviours that other people may find to be a challenged. Staff told us one person may become anxious and display behaviours because of our presence. The registered manager told us behavioural risk assessments had been carried out for everyone and we saw these assessments in the care plans we looked at. This meant people and others around them would be kept safe.

The registered manager told us there was a formal behaviour management training programme in place for the management of aggression or potential aggression (MAPA). A chart was used to record episodes of a person's aggression, in particular, what the person was doing, how long the incident lasted, what was done to distract or de-escalate the behaviour and any learning from the incident. Focussed meetings were held to enable staff to discuss and share learning from these incidents to enable people to be supported in the best way. This meant staff could share best practice.

We looked at how risks to the premises were managed. We looked at the records for water quality, gas safety, electrical installations, portable appliance testing, emergency lighting and fire safety and saw these had all been inspected by competent people.

The registered provider had emergency policies and procedures in place. Personal emergency evacuation plans were in place for each person. These plans detail important information to ensure a person's safety in the event of a fire or emergency evacuation.

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place.

We inspected two staff recruitment files and found safe recruitment processes had been followed. Application forms contained qualifications and previous employment history. We saw Disclosure and Barring Service (DBS checks) and employment references had been obtained. The DBS looks at information from the police national database about any warnings, cautions, reprimands or convictions and aid employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups of people.

We inspected the registered provider's Medications Management Policy and Procedure document and found this was out of date and required to be reviewed. We saw there was no evidence in one care plan that a self-medication capacity test had been completed and this was not in line with the provider's own policy.

We recommend the Medications Management Policy and Procedure is updated and care plans are reviewed to ensure that people's capacity to safely self-administer their medicines is recorded.

We looked at how medicines were managed. We found medicines were clearly labelled and securely stored in a locked cupboard. We saw daily fridge and cupboard temperature checks were taken and recorded this indicated that medicines were stored at the correct temperature.

We observed a staff member administering medicines to two people. The staff member knew how people liked to take their medicine and spoke knowledgeably regarding individual preferences. We saw medicine information available in easy to read formats and people's preferences in taking their medicines recorded in their care plans. This meant people were provided with information in an accessible format and their wishes were listened to and acted upon.

We saw some medicines, for example paracetamol, were administered on a PRN (as required) basis. We found PRN protocols in place to help ensure these medicines were appropriately administered.

We looked at medicine administration records (MARs). We saw one MAR stated a cream needed to be applied to the affected areas as directed but the body map to indicate where the cream should be applied had not been completed. We raised this with a senior member of staff at the time of our inspection who told us where the cream should be applied and stated they would rectify the documentation straightaway.

Controlled drugs (CD's) were stored in a separate medicine cabinet. We saw CDs were recorded on the MAR charts but there was not a separate register to record the receipt and administration of CD's. We brought this to the attention of the registered manager who immediately ordered a CD register for use within the home.

We saw a medicine error had been previously identified by a staff member who saw one tablet was missing

from a blister pack. The appropriate form had been completed and escalated to the registered manager for review. This meant staff had raised their concern in line with the registered provider's medication policy.

One person told us they were being helped to move into a supported living accommodation and to achieve this they explained they needed to sign their own MAR to confirm they had taken their medication. Staff then checked and signed the MAR as confirmation this had happened. We saw the person had been assessed as able to administer their own medicines. This meant the person was being appropriately supported to be able to live as independent as possible.

Good

Is the service effective?

Our findings

Our inspection on 10 March 2016 found the registered manager was not meeting the regulations in relation to assessing and monitoring the quality of service provision as staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. At this inspection we found a improvements had been made.

All the relatives we asked felt staff provided effective care. A relative told us "Staff are very skilled and knowledgeable regarding [Name]" and "Staff contact me whenever there is a change with [Name] needs." One relative said, "The staff made a referral to have [Name] checked out as they were struggling with movement and as a result, [Name] is receiving treatment to help with their condition." Another relative said "Staff attend all appointments with [Name]" and "The atmosphere at the home is pretty relaxed and can be good fun."

We asked people whether they liked the food. One person described how they wrote a weekly shopping list on the foods they would like to eat and told us "staff support me to buy food."

A relative told us, "Food is good, people do get to choose and [Name] has commented that the food is very good."

One staff member we spoke with told us they "were up to date with their training." Another staff member told us 'they "Did lots of training including the management of aggression or potential aggression training'" when they started.

We looked at the staff training matrix and saw relevant training had been completed for each member of staff in areas such as infection control, manual handling and medication competency assessments. We found evidence that where training required updating this had been planned and staff booked on to attend in line with organisational policy.

When we looked at the recruitment of two staff we found induction training had been completed. The induction training included a four day company induction and tailored training in the 15 standards relating to the Care Certificate. This meant staff received training to carry out their roles effectively.

Staff told us they received annual appraisals and supervision. We looked at the registered provider's supervision, probation and performance policy and saw staff supervisions should take place between every six-eight weeks. The registered manager told us an audit undertaken in August 2017 had highlighted a number of staff were overdue a supervision and the audit in September 2017 had stated supervisions were being brought up to date. We saw supervision requirements were discussed at a senior staff members meeting in September 2017, which had been followed up by an internal memo re-iterating the requirements three days later. We looked at the staff supervision matrix for September and October 2017 and saw supervisions were being held in line with the registered provider's policy. This meant staff received regular supervisions and support to provide them with the right skills to carry out their duties effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found applications for DoLS authorisations had been appropriately applied for and records were kept within the care plans.

The MCA also provides the legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves. Where a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so, for example, health and welfare lasting powers of attorney.

Staff we spoke with understood the principles of the MCA and provided examples of how the MCA would apply to the people they provided support to. A member of staff described the process to assess a person's capacity and if assessed to lack capacity, how a best interest meeting involving the person would be held. This showed staff were supporting people effectively.

In the care plans we looked at we found capacity was assumed and where people lacked capacity MCA assessments had been carried out. One care plan had a capacity assessment tool for the management of finances, another care plan had an assessment for alcohol dependency.

We saw people were supported with their nutritional and hydration needs. We saw one person had been assessed for weight management and a low fat diet recommended. We noted one person attended a weekly cooking course to develop their skills in food preparation. One person told us they attended slimming world as they were trying to lose weight.

On the day of our inspection we saw one person looking at recipe books in the communal lounge and talking with staff regarding diet and nutrition. We observed one person being supported in the kitchen to make fresh homemade soup using ingredients they had bought earlier in the day. This showed staff encouraged people to be independent with regards to their nutritional needs.

The home achieved a food hygiene rating of five. A food hygiene rating is awarded by the Food Standards Agency based on the hygiene standards found on the day of their inspection and can vary between one to five, with five being classed having very good standards. This showed people were being supported to maintain good hygiene practice when handling food.

People had access to health care professionals. We saw people had regular visits to doctors, dentists and opticians. In one care plan we looked at one person had refused to visit a dentist or an optician. We saw a risk assessment had been undertaken detailing the impact ongoing refusal could have on the person's wellbeing. This showed people's decisions and choices were respected. We saw another person had visited

their GP who had advised on a weight reduction plan and their care plan reflected this. This showed people living at the home received support to meet their health care needs.

The design of building was appropriate for the needs of the people who lived there. The home was split into two separated self contained fully functioning units referred to internally as house one, which had four bedrooms and house two, that had six bedrooms. Both houses had communal lounge areas and separate kitchen/dining areas. Access between the two houses was via an internal door. The building was surrounded by private gardens which were well maintained and planted with shrubs and flowers. There was a vegetable patch to one side of the garden, which was planted with rhubarb, tomato and corn plants.

Good

Is the service caring?

Our findings

We asked people and relatives whether staff were caring. One person said "I like [staff member], they are good." Another person told us "Staff are grand, really supportive."

A relative we spoke with said "I think the staff are firm but fair and interact brilliantly with [Name]". Another relative told us "Staff are wonderful." A further relative said "Personal care is carried out in a way to maintain dignity for people."

On the day of the inspection, one person told us they felt anxious because no-one had told them the home was going to be inspected as they had not tidied their bedroom. We informed the person in a way that they could understand that the inspection was unannounced. We observed a staff member reassure the person that they did not know about the inspection either. This was carried out in a friendly and caring manner.

Staff we spoke with understood the importance of maintaining people's privacy and dignity. We saw people's privacy and choices were supported.

We spent time in the communal lounge with people who used the service. We heard people and staff talking about a television programme they were watching. The conversations were held in an informal relaxed manner. It was clear that staff knew people well and conversations flowed easily.

One person was very keen to show us their bedroom and told us how much they liked looking after their goldfish. They told us how they needed to keep their room tidy and clean on a daily basis and staff would encourage them to move their rubbish.

Not all people who used the service had regular contact with their families. Where a person did not have a family member, formal advocacy services were used. An advocate is an independent person or organisation that can speak on behalf of someone and act in their best interest.

A staff member told us a person was meeting their advocate later in the day who was helping them to secure employment, after which the person would probably go to bingo. It was clear the staff member knew the person liked to be as independent as possible and was able to support their independence in a proactive manner.

The registered manager told us about a 'dignity day' Ivy Lodge held on an annual basis. People and staff had been involved in making a tree as an aid to encourage further discussion. People had been asked to write down their own thoughts what dignity meant to them onto a leaf shaped piece of paper which was then attached onto the tree. We saw people's thoughts were discussed to see how people and staff could incorporate dignity and respect into their daily lives.

People's confidential information was stored securely. We saw care plans and confidential information was kept in a locked room. This meant people's confidentiality was maintained.

The registered manager told us a person who used the service was very upset as they were struggling to come to terms with the death of a relative. The person also told us how sad they were feeling regarding their loss and how staff were supporting them. A staff member told us they continued to provide support to the person on a daily basis and would discuss how the person was feeling with them. This showed staff treated people with compassion and care and meant the person could talk openly about their sadness in a supportive environment.

Good

Is the service responsive?

Our findings

We asked relatives if they were kept informed about any changes and how improvements may be made at Ivy Lodge. Comments included "I normally receive a letter to invite me to a review meeting for [Name]. Sometimes [Name] rings me direct and lets me know" "I have been invited to discuss [Name] care."

"We can visit anytime and we do. We are always made to feel welcome and [staff name] offer to make us hot drinks and snacks when we arrive" and "The manager is very approachable and I would have no hesitation in raising concerns direct."

A relative said "Definitely feel I am listened to. The manager and staff make time to discuss things with me. No complaints at all."

The registered manager told us people were assessed prior to admission to see whether the person's needs could be met. We saw a transition plan detailing practical steps needed to facilitate a person's move. This helped staff understand a person's needs.

We looked at three care plans and saw these were up to date. The care plans contained a profile page which included information relating to a person's preference as to what name they would like to be known by, a photograph of the person and other information listed under the following headings; what you must know about me, my likes and dislikes and my religious beliefs. Support needs assessments and plans detailed individual requirements to enable staff to be able to support people effectively. Staff had signed support plans to indicate these had been read and showed staff were aware of what support a person would need.

One person we spoke with knew they had a care plan and what information was contained within the plan. We asked the person if staff and others they lived with were caring. The person told us staff had supported them with their need for quiet times and how the person would move themselves to their bedroom if they did not want to be with other people. We looked in the care plan and saw the information reflected what the person told us. This showed people were actively involved in their care planning.

People were supported to maintain life skills. We saw one person was encouraged to be involved in their laundry duties and was hanging out their washing in the garden at the time of inspection. Another person asked us whether we would like them to make one of their special coffees for us. These examples demonstrated that staff enabled people to develop daily living skills by supporting them with these tasks.

Staff communicated effectively with people who were living at Ivy Lodge and with each other. Staff were aware of people's needs and support.

People told us they liked the variety of activities available to them at Ivy Lodge. One person said "I like gardening" and "I like to go to the gym." A relative told us "[Name] does go out to the shop every day" and "[Name] is taken to the local wildlife sanctuary and to a disco night, I think this happens once a week."

The registered manager told us Ivy Lodge offered a wide range of activities for people, for example, gardening. They had two large working allotments which were located nearby. They told us people also went swimming, to bingo and the home ran their own walking club. The club held weekly walks and people were encouraged to join in. We saw a walking club poster advertising forthcoming walks on noticeboards within Ivy Lodge. This showed people being encouraged to have a fulfilling and active life.

People were kept informed of activities and events by a 'Life at the Lodge' quarterly newsletter as well as a generic registered provider's quarterly newsletter. We saw one article written by a relative of a person who had recently moved in to the home. The article described how the person and relative had chosen to move into the home and with help and support how they made the transition.

The registered manager told us there were plans to develop services by building three bungalows in the grounds of Ivy Lodge. We noted initial planning permission had been granted and the process was at consultation stage. One person who used the service told us they had been asked to be involved in the consultation by giving a formal speech at the community event that was being organised. This showed people were given the opportunity to be meaningfully involved in the development of Ivy Lodge and surrounding communities.

We looked at people's bedrooms and saw these were personalised and individually decorated. Rooms contained personal photographs and items. We saw one bedroom with a feature coloured wall and colour co-ordinating bedding.

We looked at how compliments, complaints or incidents were recorded. We saw accidents and incidents were investigated and reviewed. Compliments and thank you cards were logged, shared with staff and shared via the provider's newsletter. We looked at a staff communication book and saw a handwritten note stating staff meeting minutes were available to be read. We saw shared learning from feedback was demonstrated through cascade at staff meetings. This showed learning from events was shared and care was responsive.

Good

Is the service well-led?

Our findings

All the relatives we spoke with knew the registered manager. One relative said "I cannot praise the place enough. [Name] quality of life is 100% better now they live here." Another relative said "The support from the manager and staff has been great. It is a brilliant place."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the home. The rating, along with a link to the CQC report was also available on the registered provider's website.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff were overwhelmingly positively when we spoke with them regarding the registered manager and said the registered manager was supportive, approachable and had an open door policy at all times.

We saw staff meetings were held on a monthly basis. Records from the September staff meeting showed topics such as premises, complaints/compliments and staff concerns had been discussed. This meant staff were kept informed and up to date.

Daily staff handover conversations enabled staff to be prepared for their duties and roles for their shift.

We looked at the annual quality assurance report for 2017 and saw Ivy Lodge had received 100% positive feedback from people, relatives and health care professionals on the services provided.

Visitors were encouraged to provide feedback on their visits. We saw one visitor feedback had raised a concern. The concern was reviewed by the registered manager and the visitor had received a written letter in response.

Regular audits were undertaken by the registered manager in relation to the environment, infection

prevention and control, fire safety and health and safety in order to identify problems and make improvements. We saw a spot check was carried out at 4.55am on 18 September 2017 to check the external gates and premises were appropriately secured.

Ivy Lodge had very well established community links. The registered manager showed us a special events folder which contained details amongst others, regarding two community allotments and a recent beach party event that people who used the service had been involved with. Ivy Lodge had taken a stall in Thurnscoe Park as part of a beach party event that was being co-hosted in partnership with the local community. This helped demonstrate people were being actively supported to be involved within their local community by participating in community events as well as raising money for charity.