Ivy Cottage (Ackton) Ltd

Ivy Cottage

Inspection report

Ackton Lane
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Ivy Cottage is a residential care home that was providing personal and nursing care to 13 people with a learning disability at the time of the inspection.

People's experience of using this service:

People were happy living at Ivy Cottage. They were comfortable in the company of staff and others they lived with. People were supported to maintain relationships with family and friends.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service promoted independence for those who expressed a wish to move on, and encouraged people to access the community and carry out person centred activities. The provider was improving the environment and creating more opportunities for people to gain new skills. This would help ensure the principles and values were applied consistently.

People talked to staff about how to stay safe. There were enough staff to meet people's needs and the same workers provided support so people received consistent care. However, the recruitment process was not always robust. Medicines were managed safely although the auditing system did not pick up when the incorrect number of tablets were carried forward to the next medicine cycle.

Staff received support through regular training, supervision and appraisal. We have made a recommendation about meeting people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice.

People felt well cared for. The service was making improvements to the support planning process to make sure people's needs were fully reflected. They had introduced individual weekly activity planning meetings.

The manager had not been in post very long and had spent time getting to know people who used the service and staff. They were enthusiastic and had a clear vision about service improvement. Quality management systems were in place but these were not always effective because they did not identify some of the issues picked up during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to review intelligence about the service and visit again within our recommended return inspection timescales. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Ivy Cottage

Detailed findings

Background to this inspection

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

Inspection team:
One adult social care inspector carried out the inspection.

Service and service type:
This service supported people with learning disabilities and/or autism. Ivy Cottage is registered to care for 14 people; at the time of the inspection 13 people were using the service. The service was split into two; a large house where 10 people lived and a smaller unit where four people lived. The large house was bigger than most domestic style properties, and larger than current best practice guidance. The design and size of the service fitted into the residential area. There was one identifying sign where the provider had displayed a large recruitment banner on the front of the service; they agreed to remove this. There was no intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service had a manager who commenced in November 2018. They had submitted their application to register with the Care Quality Commission and this was being processed at the time of the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider had notified us about. We asked for feedback from the local authority and Healthwatch. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This is called a Provider Information Return (PIR) and helps support our inspections. The last return was sent to us in June 2018; at the inspection we asked the provider for information which was more up to date where relevant.

During the inspection we spoke with eight people using the service, five care staff and the manager. We looked around both units; seven people showed us their room.

We reviewed a range of records. These included two people's care records in detail and sections of two other people's care records, four people's medication records, two staff files around recruitment, training and supervision matrices, records of accidents and incidents, audits, and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us staff talked to them about staying safe. They said they practiced fire drills. One person said, "We go to that point outside when the fire bell goes." Another person who had started preparing some of their meals said, "Staff observe to make sure I don't burn myself."
- People's care records had risk assessments although some of these were not specific to the person and others lacked detail. The manager had already identified this as an area to improve and showed us an action plan which stated, 'all risk assessments to be reviewed and more detail to be recorded'. The target date to complete was March 2019.
- People lived in a safe environment although some potential risks had not been assessed and managed. Regular water temperature checks were carried out around the service which showed these were safe. However, the temperature of the water flow in one bath exceeded the recommended temperature, which meant people were at risk of scalding; the manager took action and addressed this immediately. Windows were not fitted with restrictors so posed a potential risk; the manager ordered restrictors for all windows once this was brought to their attention.
- Checks had been carried out by staff and external contractors to make sure the premises and equipment were safe.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. People told us they knew all the staff and received help when they asked for it. They also said there were enough staff to support them when they wanted to go out. The provider was recruiting staff because they had some vacancies; staff were covering additional shifts and sometimes agency staff were used. The same agency staff worked at the service which provided consistency.
- Checks were carried out before staff started work but the recruitment process was not always robust; this was also reported at the last inspection. Applicants did not always provide a complete employment history and the provider did not follow this up; the manager agreed to ensure any gaps in employment were addressed, and said the recruitment process would be closely monitored in future. The provider had obtained references and carried out criminal record checks.
- People who used the service were involved in the recruitment process; they had opportunity to ask candidates questions they felt were important.

Using medicines safely

- People told us they received good support with their medicines. One person said, "I went to the GP because I had dry skin and they gave me some cream and it's alright now."

•□Two people told us they managed their own medicines; records showed this was done safely.
•□Staff completed medicines training and their competency was checked.
•□Medicine records showed medicines had been administered correctly. People had protocols to guide staff around administration.
•□Systems were in place for ordering and disposing of medicines. One person had run out of a topical cream; staff agreed to follow this up.
•□The number of tablets carried forward to the next medicine cycle was sometimes incorrect; four medication files were reviewed and there was an error with two. This had not been picked up through the auditing process which meant it was not robust. The manager sent us confirmation the weekly medicine auditing form had been amended to prevent future errors.

Systems and processes to safeguard people from the risk of abuse
•□People were safeguarded from abuse, neglect and discrimination. People felt safe and were comfortable talking to staff and the manager if they had any concerns. One person said, "I feel safe and don't get hurt but sometimes my head hurts when [name of person] shouts." They told us staff helped keep things calm.
•□Staff received safeguarding training and had a good awareness of abuse and what to do to protect people.
•□Safeguarding records and notifications submitted to CQC showed the provider had responded appropriately to allegations of abuse, accidents and incidents.

Preventing and controlling infection
•□Systems were in place to prevent and control infection. Staff followed infection control procedures by wearing appropriate protective clothing and received infection control and food hygiene training.
•□The service was clean. An odour was noted in one room; the manager took action to address this.

Learning lessons when things go wrong
•□Accident and incidents were recorded and showed action was taken to reduce the risk of repeat events.
•□All accident and incident reports were monitored by the manager to determine if there were any lessons to be learned. These were then shared with the provider and at staff meetings.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were not always appropriately supported to have choice and control of their lives because the key principles were not applied. Best interest's decisions were not always recorded.
- Support plans and assessments were completed where people lacked capacity, however, these lacked detail and were not always decision specific. Capacity assessments around finances were inconsistent. The manager told us they had already identified improvements around MCA were required; they showed us an action plan which confirmed this.
- People told us they could make decisions and choices. One person told us, "I choose what I want to do. I have my own key to my room and the front door."
- The manager and staff had an appropriate understanding of the requirements of MCA and confirmed they had completed relevant training.
- The provider sought authorisation when people were deprived of their liberty; two people had an authorised DoLS and three were awaiting a decision from the supervisory body.
- Physical restraint was monitored to make sure it was safe and proportionate. However, the detail about techniques used was sometimes limited. The manager said this would be addressed.

Adapting service, design, decoration to meet people's needs
- The premises provided people with opportunities to develop their independence but these were limited because of the size and number of people sharing accommodation. The environment was decorated and furnished to a reasonable standard although touches of home were lacking. Some rooms had damaged paintwork. One person told us they wanted their room painting. The manager sent an interim plan for redecoration and personalisation, and confirmed the premises would be incorporated into the business plan which was being formulated in the next two months.
- Additional communal areas had been created to provide people with more space; people were being

encouraged to make more use of all.
•□People were comfortable in their environment and freely accessed areas of the home. One person said, "It's nice here and it has a nice garden."
•□People had their own room which they had personalised.
•□The service was split into two; four people shared the smaller unit and everyone had en-suite facilities. In the larger unit ten people shared one bathroom and two shower rooms.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care
•□People told us they attended health appointments and received support from health professionals such as GPs, opticians, and dentists.
•□Staff provided examples of how they worked effectively with others, including agencies and other professionals.
•□Records of health appointments and outcomes were recorded. One person said they had not seen a dentist for a while; records of the last appointment were not available. A recommendation by a health professional had not been met, and there was no information to show this was being followed up.
•□People had health action plans that identified their health needs but action to show how these would be met were blank. This meant people's health needs could be overlooked. The manager shared their action plan which showed they had identified care records needed to be completed consistently. We recommend the service considers current guidance on health action plans for people with a learning disability.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□The provider used a standard support plan and risk assessment format when assessing and identifying people's needs
•□People's needs were assessed before they moved into the service to make sure the service was suitable and the necessary resources were available.

Staff support: induction, training, skills and experience
•□Staff were competent, knowledgeable and had the skills to carry out their role and responsibilities.
•□All staff received relevant training which was refreshed at regular intervals. One member of staff said, "We get a lot of training; senior care workers are doing leadership training."
•□Staff received support through regular supervision and appraisal. One member of staff said, "We get good opportunities to talk and [name of manager] has an open door policy."

Supporting people to eat and drink enough to maintain a balanced diet
•□People told us they enjoyed the meals and were happy with the menus. They said they could choose alternatives if they fancied something different. One person said, "The food is good."
•□People were encouraged to make healthy food choices. Eat well information was displayed in the kitchen and fresh fruit was readily available.
•□Menus provided guidance for lunch and dinner; these were varied and balanced. Individual food records were maintained so people's nutritional needs could be monitored.
•□People were supported to make their breakfast and lunch which was a light meal such as sandwiches, soup and omelette. Staff took more responsibility in the preparation and cooking of the evening meal although people were still given opportunity to assist.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- People told us they were treated with respect. They were consistently positive about the staff who supported them. One person said, "At one time I wasn't happy but I'm happy now. Staff have helped me."
- Staff were confident people received high quality care and were treated as individuals. They gave examples of how this was achieved. One staff said, "[Name of person] is older; it's not the same as someone who is 24 so we are flexible and make sure we take this into account when providing support."
- Staff knew people well and cared for them in a person centred way.
- People's rights were protected which included those with a protected characteristic such as age, disability, race, religion or belief and sexuality. One person had attended a 'Pride' parade which celebrates lesbian, gay, bisexual, and intersex culture. Another person told us they would also be going in 2019.
- People were comfortable in the company of staff and others they lived with. One person talked openly to staff about how some people suffered discrimination because of their race; staff were very responsive and encouraged the person to share their views, and discussed how people should be treated fairly.

Supporting people to express their views and be involved in making decisions about their care
- People felt they could influence what happened to them. One person said, "I want to move to my own place. Staff and my social worker are helping me. Now I do my own medication and cooking, and have my own fridge." Another person told us they had discussed something personal with staff and had asked for this not to be shared. They said, "Staff listened."
- Staff provided examples of how people were given choice and control. One member of staff said, "Everybody has their own routine. For example, some like to get up early and others get up late; they decide and this is respected."

Respecting and promoting people's privacy, dignity and independence
- People felt respected and their independence was promoted. One person said, "I do a lot of things for myself because I can." Two people told us they were developing skills so they could live more independently. The manager said they were looking at how they could provide more opportunities for others so they could gain skills and become more independent.
- One member of staff said, "We are very person centred and value based so we make sure we support people rather than do things for them. For example, one person is partially sighted; they are very familiar with how everything is set out so they can be more independent."
- Photographs and information was displayed to help everyone understand what key values were important, such as individuality, choice, independence and confidentiality.
- People were supported to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People's care and support needs were usually identified in their care records. Some support plans had good information about people's routines. Some support plans lacked detail, for example, around supporting people with behaviours that challenged. An action plan was shared which showed improvements were being made to the support planning process.
- The manager was co-ordinating people's annual reviews.
- The service had started to develop information to meet people's communication needs although this was in the early stages. The manager showed us a sample of a personal care routine that had been developed in an accessible format for one person. They said they would be introducing similar support plans where appropriate to make sure people received information which they could access and understand. One person told us they could not read; their support plan was not provided in an easy read and pictorial format.

- The service had recently introduced individual meetings to make sure people were given more opportunities to carry out person centred activities. One person told us they were looking forward to a boating holiday and their birthday where they were going out with staff and a family member; staff confirmed both events were planned. Another person said, "Sometimes I play games like monopoly, do jigsaws or colouring. Sometimes I go to my bedroom and other times I sit with others. I go to the hairdressers and get my nails done at White Rose shopping centre."
- Some people had voluntary work placements and educational opportunities.
- People accessed the local and wider community via the home's vehicles or public transport.
- Some people had completed support plans called 'my life, my health, my wishes'. These showed what people wanted if they became really ill and at the end of life.

Improving care quality in response to complaints or concerns

- People were at ease with staff and the manager. Staff chatted to people and asked them how they were feeling. People told us they would be comfortable raising concerns. One person said, "If I'm upset I have meeting to talk about what's bothering me."
- The complaints procedure was displayed. This contained photographs of the manager and operations director so people would know who to talk to.
- No formal complaints had been received. One concern had been recently raised with the manager; they provided an overview of how they were going to respond when the concern was fully investigated.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. A recent change in managers was well received and made sure people received continuity of care. One person said, "I was worried when [name of registered manager] was leaving but [name of new manager] is really nice so I feel ok now." One member of staff said, "We get good support from the team and [name of manager]. She's a doer. We say we need this and we need that. She takes notice and follows up."
- The manager was visible and enthusiastic. They commenced in November 2018 and had spent time getting to know people who used the service and staff. They had identified some key areas to improve the service. Plans they shared with us were positive.
- Quality management systems were not always effective because they did not identify some of the issues picked up during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and staff were encouraged to share their views and put forward ideas through individual and group meetings. One person said, "We talk about the things we want to do." A member of staff said, "At a recent meeting people had made suggestions to buy some new household items" These had been purchased.
- People, significant others, professionals and employees had completed an annual survey where they had shared they views about their experience of the service; these were mostly positive.
- The manager was developing links with key organisations to benefit people using the service and improve service development.

Continuous learning and improving care

- The manager and provider demonstrated they were developing and improving their quality management systems, and keen to provide people with high quality care.
- The manager had a good understanding of their role and their legal requirements. They were familiar with good proactive guidance around services for people with a learning disability.