

## Ivonbrook Properties

# Ivonbrook Care Home

### Inspection report

Eversleigh Rise  
Darley Bridge  
Matlock  
Derbyshire  
DE4 2JW

Date of inspection visit:  
13 July 2022

Date of publication:  
12 August 2022

Tel: 01629735306

Website: [www.ivonbrook.co.uk](http://www.ivonbrook.co.uk)

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ivonbrook Care Home is a residential care home providing personal care for up to 40 people. The service provides support to older people. At the time of our inspection there were 35 people using the service across three separate wings, each of which has separate adapted facilities.

People's experience of using this service and what we found  
People were safely cared for by trained staff.

There were enough staff working at the service to meet people's needs.

Staff were employed using safe recruitment procedures.

Medicines were stored and administered safely.

The building was clean, tidy and well maintained. Staff understood and followed infection prevention control procedures.

Staff were well supported in their roles, by managers who had a positive vision for the service, and sought out opportunities for development.

People's feedback was gathered and listened to, and changes made to suit people's needs.

Audits and checks were in place to find any errors, and action was taken as required.

Staff felt communication was good, and received the information they required to do their jobs safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 21 February 2019).

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staff recruitment. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivonbrook Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Ivonbrook Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Ivonbrook Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Ivonbrook Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with 10 people, five care staff, the chef, the registered manager, and the area manager. We also looked at various documents including people's care plans, medicines records, staff recruitment information, and audits and checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe living within the service. One person said, "I cut myself the other day, only a small cut, I dropped my walking stick on my leg, it was treated as a major event, I got it sorted."
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been undertaken to ensure that risks were managed safely, and people were not restricted. Regular reviews of risk assessments and care planning meant that any changes in people's needs were kept up to date.
- Staff were encouraged to follow risk assessments and keep up to date with procedures. For example, falls procedure information was displayed on a wall to remind staff of what to do in the event of a fall.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and staff felt there were generally enough staff on shift to keep people safe. One person told us, "If you press that, [call bell] they appear from out of the woodwork. I hardly use it; I use it for an emergency. I go and find staff if I need them and they usually come quickly." A staff member said, "There's enough staff. Three on each unit. One senior and two carers. Buzzers are answered quickly."
- The call bell system in use did not currently allow for electronic monitoring or audits, however the registered manager told us a newer system was soon to be implemented which would document call bell response times.

- Staff were recruited using safe recruitment practices. Staff files contained all the necessary pre-employment checks. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- It was not always clear what specific time of day medicines were given, as this was not being recorded. The registered manager told us this would be reviewed and recorded. Staff we spoke with were aware of the need to give some medicines at specific time intervals and told us this was always adhered to.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The providers visiting procedures followed the current government guidelines.

#### Learning lessons when things go wrong

- Staff responded to accidents and incidents, and learning was shared to reduce the chance of issues recurring. We saw a clear record was kept when incidents occurred, and investigations took place to ensure lessons were learnt. Staff reported that communication was excellent within the service, which enabled lessons to be learnt from any mistakes made.



# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had good knowledge of the people using the service, and had a clear and positive vision for the home. One person told us, "It's a happy atmosphere, we have a laugh too."
- The registered manager and provider sought out external training schemes to provide staff with a high level of quality training, which helped them to understand the experiences of the people using the service. For example, specialist dementia training, and a movement and exercise scheme aimed at reducing the risk of falls.
- Staff told us they felt their work environment was positive and open, which enabled them to be motivated and provide quality care to people. One staff member told us, "I think there's a good vibe. [Registered managers name] is a good manager, she's very positive."
- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance, and medication administration records. We saw that when errors were discovered, improvements were actioned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and positive approach to driving improvement at the service.
- The registered manager acted when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their responsibilities and the leadership structure in place. One staff member told us, "It's organised here. I get all the information I need at handover."
- The registered manager was aware of their regulatory requirements and notified CQC and other agencies of any incidents which took place at the home as required.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People felt listened to and engaged with regarding the service and how it worked. One person told us, "I made a suggestion that we should have Lancashire hotpot, three weeks later we got it."
- Efforts were made to ensure that family members were involved in people's care when appropriate. Records were kept of interactions and feedback from family members, to ensure staff were kept up to date.
- Team meetings were held across all levels and areas of the service, which allowed staff to raise any points or concerns. Staff we spoke with felt able to voice any ideas or concerns within this forum.

#### Working in partnership with others

- External health and social care professionals were engaged with and welcomed into the service as and when required. This included nursing staff when people had specific medical requirements to manage. Weekly calls were held with a GP to keep in touch with people's health needs.