

# Ivy Cottage (Ackton) Ltd

# Ivy Lodge

## Inspection report

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10 March 2016

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Requires Improvement ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This inspection was unannounced and the visit was carried out on 10 March 2016. The location was previously inspected in January 2014 where no breaches of legal requirements were found.

Ivy Lodge is a care home registered to provide accommodation and personal care for up to 10 people with learning disabilities. The home is situated in the village of Thurnscoe. In the surrounding area there are shops and pubs. Public transport is easily accessible. All bedrooms have ensuite toilets. Bedrooms on the ground floor are accessible for people with mobility needs. Bedrooms on the first floor are accessed by stairs. There is an open plan lounge and kitchen on the ground floor.

The service had a registered manager at the time of inspection. 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.'

During the inspection people told us they were happy with their experience of life at Ivy Lodge. Throughout the inspection we saw that staff protected people's safety and respected people's dignity and rights. One person said, "I like living here because they help me, they talk to me when I am upset".

People told us how they enjoyed a wide range of activities at the home. They told us how they were supported to take part in the local community and to get experience working. One person said, "I work in a children's centre twice a week, helping with the kids. It's what I have always wanted to do and it makes me so happy and proud".

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. However, we found that some care records were not up to date and contained incomplete assessments. Whilst there was no evidence to suggest that these had negatively impacted upon people the lack of information, review and recording within some of the key documents means that people may not be protected against the risk of receiving inappropriate care and treatment.

The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure that care and support plans enabled people to make decisions about their care and support as far as they are able.

We found that staff received a good level of training, however, there were outstanding mandatory training requirements, which the provider's own records identified.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits

were undertaken to make sure full and safe procedures were adhered to, however, we saw that some care plans were out were out of date. These needed to be reviewed to ensure they reflected current practice.

Staff and people who used the service we spoke to told us the manager always had an open door policy and the service was well led.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of the report.

## 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 were safeguarded from abuse, or the risk of abuse, and their human rights were respected and upheld.

There was enough skilled and experienced staff to meet people's care needs.

There were robust recruitment and quality assurance procedures in place to ensure people's safety.

People's medication was safely managed, and there were effective arrangements in place for ordering, storing, recording and administering medicines.

### Is the service effective?

Requires Improvement ●

The service was effective, but improvements were needed in relation to assessing and monitoring the quality of service provision.

Staff were confident that they had the skills and knowledge they needed to meet people's needs, but their training, supervision and appraisal had not been updated in accordance with the provider's policy.

People were actively involved in planning food for meal times, which they told us they enjoyed. Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences.

### Is the service caring?

Good ●

The service was caring. We found that staff spoke to people with warmth and respect and we observed people's privacy and dignity being respected throughout the inspection.

People using the service were actively supported to participate in community projects as equal members of the community.

### Is the service responsive?

Good ●

The service was responsive. There were systems in place to regularly review, but these had not always been responsive in identifying people's recorded needs and preferences, needed updating.

There was a complaints system in place and people using the service knew how to complain if they needed to.

There were arrangements in place to support people to access a range of diverse activities, employment and training opportunities.

**Is the service well-led?**

The service was well led. People using the service and staff told us that the registered manager was accessible and approachable.

People were supported to shape their own lives, make real choice, and they were at the centre of the decision making process.

There were some systems in place to assess and monitor the quality of service provided.

**Good** ●

# 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 10 March 2016 and was unannounced. The inspection was undertaken by two adult social care inspectors and one observing inspection manager.

Prior to the inspection visit we gathered information from a number of sources. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service.

We looked at documents and records that related to people's care, including five people's support plans. We spoke with four people who used the service, four members of staff and the registered manager. We looked at three recruitment files, three supervision and appraisal records, the staff training matrix and related policy documents for training, induction, supervision and appraisal. We also looked at records relating to quality audits and medicine's management.

# Is the service safe?

## Our findings

The service was safe. We spoke with four people using the service about whether they felt safe. They all told us they felt it was safe and our observations confirmed this. We spoke to one person using the service about whether they felt the home was safe they said, "It's amazing you always feel safe".

The staff we spoke with were confident in their understanding of safeguarding and the signs of abuse, including the actions they would be required to take. We checked the systems that were in place for monitoring and reviewing safeguarding concerns, accidents and injuries. We saw that the registered manager carried out regular audits of the service and parts of this audit included checking safeguarding, accidents and incidents.

People who used the service were provided with a "Keeping you Safe" booklet this included information about how to keep yourself safe, how the provider will keep them safe, and steps they could take if they did not feel safe.

During the day of the inspection we observed that there was sufficient staff on duty in order to keep people safe. Staff demonstrated a good knowledge and understanding of each person's care and support needs and this enabled them to ensure people were cared for and supported safely.

We observed people being supported on an individual basis according to their needs, which meant staff were able to meet their individual needs and support them to go out in the community. Staff we spoke with said they believed there were enough staff on duty and this enabled people to take part in a wide range of social activities including being able to accompany people on visits, trips and holidays.

We saw a structured recruitment and selection process was in place. We checked three staff files to see how this had been implemented. Staff had all submitted an application form and undertaken an interview. There were schedules of interview questions with notes of answers provided by the candidates. Interview questions covered a range of topics including Human rights, Mental Capacity Act and Safeguarding.

There was evidence of involvement in the interview process by people who use the service. We spoke to two people who had been involved in the interview process. They said they asked questions about whether people would support them to clean their rooms, go on holiday and whether they had worked in this kind of home before. We spoke with staff and they said they supported people with their interviewing techniques and they showed us a list of written questions that people had said they wanted to cover when interviewing staff. We saw from the files that each person was supported during the interview process by a member of staff who took notes of answers and also commented on body language, eye contact and communication.

Records showed that staff had training in supporting people whose behaviour might challenge others and some individuals had individual support plans that set out what support they would need to keep them and others safe.

There was a formal training programme in place for managing behaviour in the least restrictive way which was called MAPA (management of aggression or potential aggression). This meant that episodes of behaviours that may challenge others should be documented which would enable staff to review and evaluate any incidents. The charts should detail what the person was doing when the incident occurred, how long it lasted, what action was taken to de-escalate the behaviour or distract and learning from the incident. The registered manager explained that focussed meetings were held on each person so that staff can discuss and learn from each other about the best way to provide support and care for that person. This meant staff had opportunities to discuss and share best practice.

There were appropriate arrangements in place to ensure that people's medicines were safely managed and observations showed that these arrangements were being adhered to. Medication was securely stored, and records of the temperature of the medication storage room were kept. People's care records contained detail of the medication they were prescribed, any side effects and how they should be supported in relation to medicine. Where people were prescribed medication to be taken on an as required basis there were details in their files about when this should be used.

We checked records of medication administration and saw that these were appropriately kept. Records showed who had administered medicines, and any reasons for missed or refused medication were recorded. There were systems in place for stock checking medication and up to date policies and procedures for medication management were readily accessible.

We found that policy and procedures were in place for infection control. We saw that infection control audits were undertaken which showed that any issues were identified and acted upon. We found that the environment was clean and evidence showed that procedures were followed to control infection.



## Is the service effective?

### Our findings

People we spoke with told us staff respected their choices and decisions. One person we spoke with told us they were involved in discussions about their support and how they preferred things to be done. Another person told us, "I always tell them what to write in my care plan".

We looked at induction; mandatory and additional training. We looked in staff files to identify staff working in different roles and looked at the records for completion of mandatory training.

Mandatory training was provided by a combination of internally and externally accredited trainers and some e learning whilst other topics were discussed on a face to face basis with sessions held in the service. The registered manager showed us a summary record of training and we also looked at the on-line training matrix which showed each member of staff who had completed their mandatory training. The dates for completion were based on the policy of the organisation. The policy referred to the annual or three yearly refresher required by each member of staff. There were some outstanding mandatory training requirements. For example, mandatory fire training had not been completed by 50% of the staff.

The registered manager told us that Mental Capacity Act 2005, training was included in Safeguarding of Vulnerable Adults mandatory training, which was due to be completed by all staff. We also noted that there were five staff that were overdue for this training. We discussed this with the registered manager on the day of the inspection and while we were there he organised training for the following week.

In the supervision files there was a skills profile which was completed by the staff member and discussed with their manager to identify required skill or knowledge and their associated developmental needs. The registered manager told us that this provided an opportunity to identify required training. This meant that the skills profile was used to identify individual learning needs required to undertake the role

We looked at four staff files and found that supervisions were undertaken on average four or five times a year. The policy stated that these should be held on a 4-6 weekly basis. We found appraisals and supervisions were not always completed in line with the providers own policy. Whilst there was no evidence that these had negatively impacted upon people, the lack of information, meant that people may not be protected against the risk of receiving inappropriate care. The registered manager explained that this hadn't always been possible due to time and staffing.

Our findings demonstrated that staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We saw from staff files that people who were appointed to senior roles were required to complete an induction booklet which they had to read and included information on all procedures. The manager told us he had developed the induction booklet and it covered all aspects of the job. We also observed in the file for the induction of a carer that they had undertaken their care certificate and they had already completed their level 2 NVQ in health and social care.

We asked a member of staff if they felt supported by the provider and the home's management team. They told us they did and they loved working there. We spoke about the availability of training and they were positive in their accounts of this, and said that there were ample training opportunities

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make

decisions for themselves, and to ensure that any decisions are made in people's best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivations of Liberty Safeguards are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used.

The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure the individual who lacks capacity reflect that they are at the heart of the decision making process and enabling the person to make his/her decision. For example one care plan stated that the person did not have capacity to understand the need to lose weight and improve their fitness. However there was no formal record of a discussion about the decision and the associated risks or record of a mental capacity assessment or a best interest decision being completed regarding the need to lose weight and improve their fitness.

We carried out checks of care records and found that some contained incomplete assessments or omissions. For example, one person's file contained a capacity assessment tool for sexual relationships that was incomplete. There was no information in the records about relevant mental capacity assessment or best interest decisions being considered or completed. This lack of information was not identified via any form of quality auditing process. In another care file there was insufficient detail about how best to support a person with mental health needs and again, this had not been identified via any form of quality auditing. We saw that some care plans were out of date and incomplete and these needed to be reviewed to ensure they reflect current practice. This had not been identified via any form of quality auditing. Whilst there was no evidence that this had negatively impacted upon people the lack of information meant that people may not be protected from the risk of receiving inappropriate care.

Our findings demonstrated the service was not meeting the requirements of the regulations in relation to assessing and monitoring the quality of service provision. This was a breach of regulation 17 of the Health and Social care Act 2008(Regulated Activities) Regulation 2014.

We checked two people's health plans and saw specialists had been consulted over people's care and welfare. These included health professionals, GP's and hospital appointments. People also had a health action plan and an "all about me" booklet which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take the necessary action. People we spoke with who used the service all told us should a GP be required, the staff would support them to visit the surgery. They also told us they visited the dentist and opticians. One person told us "I can't have dairy products so staff help me with my dietary needs".

One person we spoke with told us they enjoyed the food and were able to choose what they wanted and always had enough to eat and drink. During our observations we saw people were offered a choice of nutritious food. One person told us, "When I don't like the menu, I do my own. For the last couple of weeks I have been having fish pie. I did it all myself, fish cakes, mashed potato, swede and parsley sauce. One of the senior staff members told us "we try to do homemade food if we can". Accessible menus were available and people had access to snacks and drinks throughout the day and staff supported people to have a healthy balanced diet.

The environment of the home was in good condition and when we spoke to one of the people living there they told us that there was a plan to redecorate their bedroom while they were on holiday and that they had already chosen the new colour scheme.

# Is the service caring?

## Our findings

Staff spoke with pride about the service and about the focus on people's independence and wellbeing. We asked one member of staff what they were most proud of about their work at Ivy Lodge and they said, "When you leave here and everyone seems happy and they've achieved something they wanted to in that day, it gives you a buzz".

People who used the service were treated with respect and dignity at all times. People's choices, privacy and confidentiality were assured. We observed staff working in partnership with people who used the service and encouraging them to take the lead.

Staff demonstrated a clear understanding of the principles underpinning the values of positive behaviour support and we observed people being supported to participate in productive, purposeful, appropriate and meaningful activities to promote, maintain and maximise their independence skills.

We spent time in communal areas with people who used the service. From conversations we heard between staff and people who used the service it was clear that staff understood people's needs and how best to support them. We also saw staff and the people they supported talking and laughing in a relaxed homely atmosphere.

We asked people who used the service about their experience of care and support they received. One person told us, "It's amazing – you should come and live here". Another person said, "They [the staff] are lovely". They told us how they had been involved in choosing where to go on a recent holiday and about their involvement in resident meetings and how they helped to make decisions about the way the home was run and activities they were going to do. Another person showed us their bedroom and told us how they liked their own room and how staff supported them to keep it clean and tidy. People using the service also told us that they had their own keys to their bedroom and that they were allowed to keep pets.

One person showed us their care plan. They told us that the care plan was about how staff should support them and they told us they told them what to write in their care plan. They talked us through their care plan and told us how the staff had helped them become more independent and less anxious and the only thing they did not like was the fact they could not put the washing in the dryer on a nice day.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of privacy and confidentiality and did not speak about people in front of other people. When we observed people talking about people's care needs they did so in a respectful and compassionate way.

One staff member described how they loved working at the service and how they felt when a person who used the service had died. They said, "We were heartbroken. We all put our ideas into his funeral. He loved to go on holiday twice a year. Just like one happy family."

We asked a member of staff if they felt supported by the provider and the home's management team. They

told us they did and they loved working there. We spoke about the availability of training and they were positive in their accounts of this, and said that there were ample training opportunities.

The registered manager told us how they had developed a game around dignity in care and staff told us about how it had prompted discussion about what best practice looks like for both staff and people. Staff we spoke with could describe how they promoted dignity and respect and people we spoke with told us how staff respected their privacy.

We saw evidence that the support provided was person centred. For example, people who used the service told us how they had been supported to participate in several community projects and how they felt welcomed and respected as equal members of the community. For example, they organised a digni-tea event and a dignity disco for world mental health day where they took part in an activity to demonstrate how everyone can recognise the positives in each other.

The registered manager told us about "mission Christmas appeal" with radio Hallam where a person who had been a lifelong fan of radio Hallam had been chosen to be the ambassador for the service. The person told us how they enjoyed visiting the studio and meeting studio staff and presenters of the show. The service had arranged for the radio station to record a personalised thank you for the person which provided personalised feedback and memories for the person.

We found that strong community links had been forged. The service held a regular gardening group and a photography group and one person told us how they enjoyed helping out at the local children's centre and getting work experience.

One person told us about his interest in photography and a photographic competition he had entered and been runner up in. He told us how his photographs had been displayed in the library and that his name and photograph had been in the newspaper.

We saw that the service shared information in a quarterly newsletter. The newsletter seen provided information on the service user forum, activities, new staff, feedback and staff awards. This showed that a range of information was provided so that people felt involved with the service.

We asked staff what they thought the best thing for people who lived in the service was and they said, "They've got freedom, they've got staff support, the use of a car, we don't wear a uniform, and we could be friends going out to the cinema. I think they've got everything they need, what they want to eat, choice about what they want to do everyday".

# Is the service responsive?

## Our findings

People told us they enjoyed the activities available to them in the home, and the activities they were supported to do outside the home. During the inspection we observed people helping around the home with domestic tasks, going out shopping and a person told us "I go to bingo, my boyfriend comes to see me, we have an art group and we make things for St Patrick's day or the Chinese new year. They take me to see my mum or dad whenever I decide I want to go."

People told us they enjoyed the activities that were available to them in the home, and the activities they were supported to do outside the home. The registered manager showed us a folder containing pictures of activities that people were supported to do. This included photography, gardening, craft activities, baking and fund raising activities and people were supported to access a healthy eating course and live music for St. Patrick's day. While we were there people told us how they enjoyed fund raising for different charities and they were very proud of the fact they had raised £60.00 for the children's heart surgery fund.

One person said, "I like going swimming, in Barnsley, Doncaster or Goldthorpe. If I plan something in the morning and if I don't feel up to it they'll say what else would you like to do?"

There were arrangements in place to regularly review people's needs and preferences and understand what good support looked like to the people living there, but this was not always reflected in people's records?. People were involved in planning the service and talked about looking at people's strengths and what they could do for themselves. Staff were passionate and committed to providing a high quality, person centred service which promoted the independence, choice and inclusion of the people they supported.

People who used the service influenced how the service was run as they were given opportunities to take part in decision-making through service user meetings and on an informal basis as and when the person chose and through regular surveys gathering their views. One person told us how they had opportunities to tell staff what they liked and what they did not like. They said that there were service user meetings once a month on a Friday and another person using the service told us that they took the minutes for the group and really enjoyed it.

One of the staff told us that they organised a service user forum for people from across several services and they explained how they tried to involve as many people as possible to take part. They showed us agendas and notes which included discussions about St Patrick's day and a five a side football team and ways they could discuss and practice their interview techniques for involvement in recruitment.

We asked three people who used the service about the complaints system and how they would make a complaint. They told us they would talk to staff. They all told us they were confident about how to make a complaint. We also saw easy read information about how to make a complaint. We looked at records of complaint, and found that two complaints had been made. These were thoroughly investigated, and the complaint was responded to in writing and within the providers identified timescales.

One person living at the service told us about their long term plans to live independently, and they told us that living at Ivy lodge had helped them. Another person told us when asked about living at the service "They let me keep a pet, it's a guinea pig. It was my boyfriends and he couldn't cope with it so I spoke to the registered manager and he said I could keep it. If I have any problems I just speak to the manager or staff.

We found people were given information about the service in a format they could understand. For example, photographs had been used on the activities board and in minutes in an easy read format.

# Is the service well-led?

## Our findings

There was clear evidence of the registered manager proactively managing a person centred team and embedding person centred values within the team.

There was exceptionally positive feedback from everyone we spoke with and the interactions we observed were respectful at all times. People were supported to shape their own lives, make real choice, and they were at the centre of the decision making process.

People we spoke to told us 'they liked living there and if they needed anything they would just ask the managers or the staff'.

The staff members we spoke with said that communication with the registered manager was very good and they felt supported to carry out their roles in caring. They said they felt confident that their opinions were listened to and that they felt they were asked for their opinions and consulted on issues that affect them. They said they worked well as a team and knew their roles and responsibilities very well. One staff member told us "We're supported very well by the managers, the registered manager is always there, and you can go and knock on his door anytime". Another member of staff told us "I love it. The staff are amazing I couldn't wish to work with better staff".

There was a quality auditing system which was used within the service. It comprised of daily, weekly and monthly audits carried out by the registered manager. The audits included the environment, infection control, fire safety and medication. We found that recorded accidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

The provider had a system in place for formally seeking feedback from people using the service, relatives and other professionals. We looked at the most recent surveys and found that almost all feedback was positive.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We also saw that there were regular meetings for people who used the service. The minutes were in an easy read format and were displayed on the notice board in the entrance for all people to see.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Our findings demonstrated the service was not meeting the requirements of the regulations in relation to assessing and monitoring the quality of service provision. This was a breach of regulation 17 of the Health and Social care Act 2008(Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Our findings demonstrated that staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014</p>