

# Caring Homes Healthcare Group Limited

## Ivy Court

### 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 took place on 2 March 2016 and was unannounced.

Ivy Court was opened in July 2015 and provides residential and nursing care for up to 71 people, some of whom may be living with dementia. Accommodation is over two floors and all rooms have en-suite facilities that include a wet room. The home has one room that caters for people with bariatric needs and a small number of interconnecting rooms for family members. There are a number of communal areas including lounges with interconnecting dining rooms, kitchenettes, a café area, cinema room, two hairdressing salons, an activities room and library. At the time of our inspection, 24 people were living at Ivy Court, 22 of them on a permanent basis.

There was a manager in place who had been appointed in November 2015. At the time of the inspection, the manager had submitted an application to the Care Quality Commission (CQC) to become a registered manager; their application was being processed. 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.

The people who used the service at Ivy Court were supported by staff that had been well trained and fully inducted. They had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. Staff demonstrated the appropriate skills and knowledge associated with the training they had received.

Staff felt supported and happy in their work. They worked well as a team and morale was good. Staff communicated with others in a respectful and professional manner. There were enough staff to meet people's individual needs. People had confidence in the staff that supported them.

People told us that they were supported by staff that were kind, caring and positive. Staff had time for people and treated them with respect. People received care in a dignified manner that protected their privacy. Staff encouraged people to be as independent as possible and offered choice in their day to day living. People told us that staff knew them and their needs well and responded to their wishes promptly. The relatives of the people who used the service felt welcomed and supported as family members.

People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse. Staff knew how to report any concerns they may have and they felt confident the service would address these appropriately. They knew how to report concerns outside of the service. Past concerns had been reported as required.

The risks to people who used the service, staff and visitors had been identified. These had been assessed, managed and reviewed on a regular basis to ensure people were protected from the risk of harm. People received their medicines on time and in the manner the prescriber intended. The service managed

medicines safely and could account for medicines at any one time as clear and accurate records were kept.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Although the service had not recorded the capacity assessments they had made on the people they supported, the principles of the MCA had been adhered to. Applications had been made to the supervisory body for consideration and the service had involved appropriate people in best interests decisions. These had been recorded.

People had been involved in planning the care and support they received from the service. Their needs had been identified, assessed and reviewed on a regular basis. People's care plans were accurate, appropriate and gave staff information to assist people in a person-centred way. Care plans were individual to each person and addressed their specific needs. People's life histories and biographies were in place to help staff build meaningful relationships with the people they cared for.

People benefited from a number of activities both inside and outside of the home. Staff supported people to engage in these and relatives were encouraged to be part of the events. The service actively encouraged people to maintain their social and family relationships to avoid isolation and maintain their wellbeing. The home had a number of facilities to promote social engagement.

The service worked with other healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted people to follow recommendations in relation to their health.

People had confidence in the management team and saw them on a regular basis. They found the manager to be approachable, supportive and available as required. The management team had an open and honest approach and encouraged involvement. People felt listened to and told us they had confidence that any concerns they may have would be addressed. The service requested feedback on the service on a regular basis and encouraged people to make suggestions. These were used to develop the service.

The senior management team had an overview of the service and provided regular support to the home. A comprehensive system was in place to monitor the quality of the service which could be accessed by senior managers at any time. Audits were used effectively to improve the quality of the service.

## 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 protected from the risk of harm as staff could identify potential abuse and knew how to report any concerns they may have.

The service had identified, assessed and managed the risks to the people they supported, their staff and visitors to the home.

There were enough safely recruited staff to meet people's individual needs.

People received their medicines on time, safely and in accordance with the prescriber's instructions.

### Is the service effective?

Good ●

The service was effective.

The service had made appropriate Deprivation of Liberty Safeguard applications and best interests decisions as required by the Mental Capacity Act (MCA) 2005.

Staff demonstrated they had the skills and knowledge to support people with their individual needs.

People benefited from a service that encouraged their staff to develop and supported them in their roles.

People had their nutritional and healthcare needs met in a prompt and individual manner.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring, professional and welcoming approach that enabled people in their day to day lives.

People received care and support in a way that was respectful, dignified and offered choice. Independence was encouraged and

promoted.

People and their relatives, where appropriate, had been involved in planning the care they required and wished for.

The service ensured people had the information they needed, in an accessible format and at the time required.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met by staff that knew the people they supported well.

Person-centred care plans had been developed in partnership with the people who used the service and those important to them.

People benefited from a number of activities that were regular, varied and stimulating.

People felt reassured that the service would listen and respond appropriately should they have reason to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

People had confidence in the management team and found them to be supportive, approachable and visible.

The service promoted an open, positive and inclusive culture that respected people's views and opinions.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was closely monitored and results were used to further improve the care and support people received.

# Ivy Court

## 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 2 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a 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 also contacted the local safeguarding team, the local quality assurance team and the local continuing healthcare team for their views on the service.

During our inspection we spoke with six people who used the service and seven relatives. We gained feedback on the service from a visiting healthcare professional. We also spoke with the regional operations director, the organisation's internal auditor, the manager, two nurses, four care assistants, one domestic assistant, one kitchen assistant, one hospitality staff member and one chef.

We viewed the care records for three people and the medicines records for five people who used the service. We tracked the care and support one person received. We also looked at records in relation to the management of the home. These included the recruitment files for four staff members, maintenance records, staff training records, the home's quality auditing system and minutes from meetings held.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe living at Ivy Court. One person said, "I feel very safe. I feel happy here – secure". Their relatives also had no concerns in regards to safety. One told us, "I have no issues about the safety whatsoever".

The staff we spoke with demonstrated they knew how to prevent and protect people from the risk of abuse. They knew how to report potential abuse both inside and outside of the organisation and could tell us what they would do if they felt concerns were not being addressed by the service. They told us they would feel confident in doing this. Staff told us they had been trained in safeguarding adults and that the quality of the training was good. The training records we viewed confirmed staff had undertaken this training. We saw from the minutes of a full staff meeting held in November 2015 that the importance of raising concerns was discussed. We saw that the manager had offered staff reassurance in regards to this.

We know from the information we hold about this service, by speaking to the local safeguarding team and the records we viewed that any potential safeguarding concerns are managed promptly and appropriately. We concluded that the service took effective steps to protect people from the risk of abuse.

The service had identified, assessed, managed and reviewed the risks to the people who used the service, their staff and visitors to the home. One person who used the service explained how the staff had assisted them to get back on their feet after they had spent a long time in hospital confined to their bed. By their explanation, we concluded that the service had identified the risks associated with this and had positively assisted the person to regain their mobility and independence. One relative we spoke with also told us, "The staff are vigilant, [relative] has fallen out of bed a couple of times onto their mat. They [the staff] lower the bed to minimise the risk". The service had also identified and managed the risks associated with the premises and work practices. For example, an emergency evacuation plan was in place for each person who used the service in the event of a fire and full evacuation. We concluded that the service protected people from the risk of harm and knew how to support people in regards to these risks.

People were protected from the risk of accidents and incidents as these were well documented and analysed by the service. Preventative measures had been put in place and any trends identified and analysed. For example, we saw that, where people had experienced falls, measures such as sensor alarms and crash mats were in place. We also saw that all the people who used the service had a low profiling bed in place in case required. Each person's care records also contained a log of incidents in order for the service to be able to identify any trends. This assisted the service in preventing future occurrences.

The staff we spoke with told us the service had completed appropriate checks on them prior to starting in role. The four staff recruitment files we viewed, confirmed this. When we spoke with the manager about the recruitment of staff they demonstrated they understood the appropriate process and confirmed what checks they carried out. We concluded that the service had conducted appropriate checks to ensure that only people who were safe to work in health and social care had been recruited.

There were enough staff to meet the needs of the people they supported. The people we spoke with who used the service told us that staff generally attended to them in good time. One person said, "They [staff] seem organised. There was one day when they were struggling but they got somebody in". One person explained, "If they [staff] come and turn off the bell, they come and tell you if they're busy looking after someone and that they'll be back". The relatives we spoke with agreed that staff generally attended to their family members promptly. One said, "I haven't noticed [relative] having to wait for a response. The manager's sitting in with [relative] now whilst I'm speaking with you. There always seems to be people [staff] around". However, one relative did state they had to sometimes wander around the home to find a staff member.

The staff we spoke with felt there were enough staff to meet people's individual needs. Another staff member told us staffing levels were added to as people's needs increased. When we spoke to the manager about ensuring the service had enough staff they told us they used a dependency tool to calculate how many staff were required. We saw from the records we viewed that the manager assessed people's needs on a monthly basis or more should a person's needs change. During our inspection we saw that staff responded to people's needs promptly.

The service administered and managed people's medicines in a safe manner. However, we observed a staff member administering people's medicines and although this was completed safely and appropriately, we noted that they were interrupted a number of times during this. This was not good practice as it heightened the risk of a medicines administration error occurring. When we brought this to the attention of the manager and regional operations director, they spoke with the staff member promptly and told us they would address this with other staff members.

We viewed five medicines administration records (MAR) and saw they were fully completed and accurate. The most recent directions for medicines were present and each person had been assessed for taking their medicines. Any associated risks had been identified. A full audit of medicines had taken place to ensure the service could account for all medicines at any one time. Photographs of people who used the service were present to aid identification. A random sample of medicines demonstrated that none were out of date. In addition, when checked randomly, an audit of medicines corresponded with the MAR. We concluded that people received their medicines safely and as intended by the prescriber.



# Is the service effective?

## Our findings

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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.

The home had made applications to the supervisory body for consideration of legally depriving a number of people of their liberty. These were comprehensive and appropriate. The service had made best interests decisions in consultation with others as required and these were recorded. However, the service had not consistently assessed people's capacity prior to making the applications as required by the MCA. In one instance, the service had not assessed a person's capacity prior to implementing covert medication although appropriate others had been involved in the decision. These included the Dementia Intensive Support Team, the GP and the person's next of kin. When we brought this to the manager's attention, they acknowledged there was no record of the service having assessed this person's capacity in regards to this decision. However, they told us this would happen promptly along with other omitted assessments. When we spoke with staff about the MCA they told us they had received training in this. However, their knowledge was variable although staff demonstrated they understood the importance of gaining people's consent before assisting them. We concluded that people's human rights were being protected. However, due to the lack of mental capacity assessments in some cases, the service was not always able to demonstrate they had applied the principles of the MCA.

The people we spoke with talked positively of the staff that assisted them. One person explained how they had recently had their medication changed and that the staff had monitored them daily for any adverse signs. All of the relatives we spoke with agreed that the staff had the necessary skills to support their family members. One said, "I'm astounded by the level of expertise that the carers have". Another relative told us, "The staff are proactive. I think that's really important, they know [relative] so well, they know them inside out".

People benefited from being supported by staff that had received training that was consistent in approach and appropriate to their roles. All the staff we spoke with were complimentary about the training they had received. They told us the service encouraged them to improve and develop by completing appropriate qualifications. One told us that the training they had received had equipped them to provide good quality care. Another staff member described a colleague's level of understanding of people living with dementia as "stunning". The manager told us all staff received at least two weeks induction and that new staff had to

complete the Care Certificate. The staff we spoke with confirmed this had taken place and included training in equality and diversity. During our inspection we saw that staff demonstrated the skills associated with the training they had received.

Staff told us they felt supported in their roles and received regular supervision and guidance. They described the management team as approachable, supportive and friendly. Regular team meetings also provided staff with additional support and guidance. We saw from the minutes of a full staff meeting that the manager held a support clinic for those staff currently completing the Care Certificate.

The people we spoke with who used the service told us they liked the food the service prepared and that they were offered choice. One person told us, "Most of the time the food's ok. The staff ask me what I would like". The same person told us that if they didn't like what was on the menu then alternatives were offered. They also told us the home ensured that a particular brand of food which they enjoyed was readily available. All but one of the relatives we spoke with were complimentary about the food the home served and their approach to meeting people's nutritional needs. One relative told us, "The kitchen staff came to see [relative] and gave them ideas. They wanted to find out what [relative] liked to eat and how they could manage to achieve this". This relative went on to explain how the service met their family member's nutritional needs that demonstrated an individual approach to this person's dietary requirements.

Throughout our inspection we saw that people had access to a choice of drinks. We saw snacks being served in between meals and these were attractive and well presented. We observed a meal being served to people in their rooms and in two separate dining rooms. We saw that there were enough staff to assist people to eat and drink either on a one to one basis or as required. The staff members we observed assisting people on a one to one basis made sure the person received a positive experience. Staff were attentive, offered encouragement and assisted people at an appropriate pace. We saw that people who required specialist diets received their food and drink as required. We did, however, notice that one person had been given their meal on a side table that was not at a comfortable height or position for eating. A staff member addressed this when we brought it to their attention.

When we spoke with staff about people's dietary needs they demonstrated they had an understanding of these. The kitchen staff could explain what constituted specialist diets and up to date information was available in the kitchen. The kitchen staff we spoke with showed enthusiasm for their roles. One staff member told us about the satisfaction they gained from experimenting with the food they provided and people's positive reactions to this.

People had access to a wide variety of healthcare professionals to assist them in maintaining their wellbeing. One person told us they had recently seen the optician and dentist and was due to see the chiropodist. A relative told us about an occasion where they had raised concerns about their family member's health condition with a nurse at the service. They told us, "Before I left the nurse came and told me the doctor would visit; [GP] was there within the hour". Another relative said, "They [staff] only have to ring and the GP is here. They come in regularly just to check on [relative], very impressed and I wrote a letter to tell them how much I thought of them". We saw from the care records we viewed that staff had sought appropriate and timely healthcare intervention as required. We concluded that people were supported to maintain good health.

## Is the service caring?

### Our findings

People described the staff as friendly, smiling and caring. All the people we spoke with agreed that the staff took time to talk to them. One person said, "I know they're [staff] here for me if I've got any troubles". Another person told us, "They [staff] do come and talk to me, they're always there". The relatives we spoke with were complimentary about the caring approach of the staff that supported their family members. One told us, "They're [staff] all so lovely with the residents. They smile, laugh with them, they just tick all the boxes for me". Another relative said, "They [staff] just all seem to care".

Throughout our inspection we saw that staff interacted with each other, the people they cared for and visitors with warmth, professionalism and respect. We saw that when staff spoke with the people they supported they approached them on their physical level, met eye contact and smiled. We saw that people responded to this approach and appeared happy, relaxed and content. We observed one staff member assist a person to knit. The staff member made sure they were at the person's level and involved in the activity. We saw that the staff member acknowledged the person's skill to assist the person to feel empowered.

From one care plan we viewed we saw that the service had fully assessed a person who was unable to communicate. The care plan gave staff details on how best to communicate with this person that demonstrated respect and a knowledge of the person they were supporting. For example, it requested that staff ensured the person could observe them at all times to aid communication and make the person feel comfortable and involved in their support.

People's needs were met in a timely manner. During the inspection we saw that call bells were answered promptly and that people's requests were met. We saw that staff acted quickly to relieve any distress or discomfort people may have. For example, we saw that staff quickly responded to a person who was anxious about their family. Whilst one staff member made the person a cup of tea another staff member sat with them and offered reassurance and comfort. The staff member recognised and supported the person's feelings and responded appropriately.

Staff demonstrated discretion and we saw that they respected people's privacy and dignity. For example, we saw that staff knocked on people's doors before entering. One relative we spoke with explained how the service had made sure they were aware of how their family member wished to be addressed and that this was adhered to. We saw from the care plans we viewed that the service had asked people about their preferred title. One person who used the service told us they found the staff respectful and that they always helped them to remain dignified. This person's relative said, "Carers are all very nice and cannot do enough for you". Another relative we spoke with told us that their family member required two staff members to assist them to use the toilet and that the staff did this in a dignified manner that suited the individual.

People were encouraged to remain as independent as possible. One person we spoke with who used the service explained they had recently been immobile but that staff were assisting them to get back on their feet. They told us, "I'm now learning to walk and I'm getting my confidence back". The person went on to say

how much this had improved their mental wellbeing too. During our inspection we saw that staff encouraged people to eat independently and move around the home freely as they wished. We saw that staff offered people choice and that this was promoted. Throughout our inspection we saw that staff offered people choice in what they ate, drank and how they spent their day.

People told us they had been involved in planning the care and support they received. Their relatives told us that the service regularly involved them in their family member's care plan reviews and that they felt part of this. One relative told us, "I came in last week to talk about [relative's] care plan review". Another said, "We're always in discussion but this one, their [relative's] third care plan review, is a formal sit down one". One person who used the service told us, "I've always been able to find someone to talk about my needs". Two relatives we spoke with told us their family members had been offered the choice of a male or female staff member to assist them with their personal care which was appreciated. Another relative told us how pleased they were that the service could offer male staff members. We saw from the care plans we viewed that people and, where appropriate, their relatives had been involved in care planning. We saw that people had been given choice as to how care plans were reviewed and how often. The service had also recently sent letters to people offering them the opportunity to have a full care plan review.

The provider had produced a guide for people who used the service and their relatives and this was available in different formats. Information was available for people in the foyer of the home. This included the minutes of the most recent relative's and resident's meeting, the service's duty of candour and whistleblowing policies and details of up and coming activities and events. The service did not have a copy of their complaints procedure on display. When we brought this to the attention of the regional operations director they told us this would be addressed.

The home had no restrictions on visiting hours and people's friends and relatives could attend as they pleased. The relatives we spoke with told us they were always made to feel welcome and that they were offered refreshments. One relative told us, "It's like they've [staff] got to know me as a person, not just a person's relative". Another relative whose family member was very unwell told us how much the staff had supported them at such a difficult time. They said, "They're [staff] just like my friends, if they see us standing around we're repeatedly told that we can have anything we want to eat and drink and a room for the night if needed". We saw that the service had a number of areas where visitors could make themselves refreshments. There was also a private dining area available for people and their relatives. One relative told us how pleased they had been with the birthday party the service had recently arranged for their family member. The relatives we spoke with also told us that they had been encouraged to participate in activities with their family members. One relative said, "It's a pleasure to come here. I have volunteered to help them do some activities".

## Is the service responsive?

### Our findings

All the people we spoke with told us the staff knew them well and met their needs. One relative of a family member told us, "Because they [staff] know my [relative] they are preventing the need to medicate for their anxiety as they keep them occupied". Another relative explained how the service had acknowledged how important wearing make-up was for their family member. They said, "The service is very personal". A third relative said, "Staff are supportive of people's emotional needs and that includes the relatives". A visiting healthcare professional told us that they felt staff knew the people they supported and had confidence in them.

The staff we spoke with demonstrated they understood the needs of the people they supported. For example, one staff member could tell us what nutritional needs people had and we observed these being met. Another staff member explained the spiritual needs of a person they supported and how they assisted the person to meet these. The service had a key worker system in place that assisted staff to get to know people's preferences, likes and dislikes. The staff we spoke with told us they had enough information to meet people's needs in an individual manner. One staff member told us the care plans were "helpful and informative" in assisting them to get to know the people who used the service. Another staff member told us that the service had used an interpreter to assist a person and their family to communicate effectively and fully understand their needs and wishes. We observed a meeting that demonstrated staff had knowledge of the people they supported. For example, staff described people's current health needs and what support was required in relation to these.

We viewed the care records for three people to check that their needs had been identified, assessed and reviewed in a person-centred way. Care plans were easily accessible to staff but securely stored to ensure confidentiality. We saw that people's needs had been assessed prior to admission to ensure the service could meet these. Care plans contained accurate and up to date information and were individual to each person. Each care plan contained an individual preferences questionnaire that fed into more detailed care plans. We saw that one person who used the service had a care plan in place to meet their specific medical condition. This contained information on the person's condition and how it affected them in their day to day living. When we spoke to a relative of this person they told us staff were "excellent" at meeting their family member's needs. They went on to explain the positive impact the service had had on their entire family as they knew their family member was being well cared for. We saw from the care plans we viewed that people's needs had been assessed on a regular basis.

Each person who used the service had had the opportunity to contribute to a life history document. These contained information such as family circumstances, working history and interests and hobbies. These gave staff information to assist them in developing relationships with the people they supported as they understood what was important to them. One relative of a person who used the service told us, "The vicar and the clergy come in regularly. The head vicar has been in to see [relative] several times and they have taken great comfort from that".

The people we spoke with, and their relatives, told us they enjoyed the activities the home provided but felt

they could be better. One relative said the activities programme was a "work in progress". However they all had confidence that the service would achieve this. Another relative said, "Activities need to be a bit more male orientated". However, this person went on to say how much their family member had enjoyed the activities that were currently taking place. A third relative said, "They [staff] make sure there's stimulation. [Relative] goes to the cinema room a lot, they put [relative's] rugby shirt on for them and they laugh together". Another relative we spoke with explained how the staff had used activities to comfort their family member who lived with dementia. They said, "It's understanding the problem and sorting it out".

During our visit we saw that the home had a cinema room which was being used to show a film. We saw from the information displayed that a film was played daily and that sporting events were also shown. We observed that people who used the service, and their relatives, were making use of this facility. People told us there were regular trips outside of the home and we observed activities taking place on the day of our inspection. In addition, people were being supported to engage in other activities in the various lounges available to people who used the service. This included playing bingo, knitting and having coffee together. We also observed a staff member walking with a person who used the service in the accessible and secure gardens. The atmosphere of the home was lively and vibrant. The home was brightly decorated to assist people with orientation and objects were available for people to touch. One relative we spoke with said, "I just love the atmosphere, everyone's so cheerful".

None of the people we spoke with had had reason to complain however they felt confident that, should they raise any concerns, these would be addressed and responded to. Although not a complaint, one relative explained how responsive the service had been following a fault in their family member's room. They told us, "They [relative] were moved to another room straight away. They [the service] managed the move well". Another relative said, "I can call at any time and I am happy that things would be resolved". We saw records that showed the service responded promptly and appropriately to complaints. These had been investigated and we saw that people's concerns had been fully addressed.

## Is the service well-led?

### Our findings

At the time of our inspection, the manager had submitted an application to become registered with the Care Quality Commission (CQC) and this was being processed. The manager had been in post since November 2015. We know from the information held about Ivy Court that the service had reported events as required in the past. When we spoke to the manager they told us they felt well supported in their role. They explained there had been issues with the service when they first joined but that these were now being addressed with the support of the provider.

People had confidence in the management team for the home. One person who used the service said, "The manager makes me feel secure". A relative we spoke with said, "[Manager] is very obliging; they're certainly trying to improve things". One staff member told us that they felt the home was "on the up" since the current manager started in post. Another relative explained that there had been "teething problems" when their family member was first admitted into the home. They told us these had all now been resolved and that they were very happy with the service provided. They said, "The home is totally up to my expectations".

People told us the manager was visible and present. One person who used the service said, "[Manager] is always out and about, not stuck in their office". One relative we spoke with described the manager as approachable and that the service had an "open door management". All the staff we spoke with talked highly of the manager and it was clear they had confidence in them. One staff member told us that they had gone to the manager with concerns and that this had been dealt with appropriately. Staff told us there was a whistleblowing policy in place and demonstrated they understood their responsibilities in regards to this. During our inspection we saw the manager around the home on a number of occasions. The provider's regional operations manager and internal auditor were also present on the day of inspection.

The service promoted a positive and open culture. One relative we spoke with explained how the manager had informed them of the reason why the home was still not full to capacity. This was done in a meeting with other relatives and people who used the service. They told us the manager was open with them. The relative told us the manager clearly explained the issues the service had faced in the past and how this had affected the service. They told us the manager offered reassurance and ways people could help the service move forward. We saw from the minutes of a number of meetings that concerns and issues were discussed openly and in depth.

Staff worked well as a team. They told us morale was good and that they were happy in their roles. One staff member said their colleagues were "like an extended family; they are good people to work with". Another staff member told us that the team worked well together and that staff were obliging. The same staff member believed their colleagues had good skills and experience to support the people who used the service. One relative we spoke with said, "I just feel extremely lucky. The staff are fantastic". A number of people we spoke with who used the service, and their relatives, commented on how happy the staff were in their work. During our inspection we saw that the service ran smoothly and the atmosphere was calm and efficient. We saw staff communicating amongst themselves to ensure people received the support they required when they needed it. A number of staff covered a variety of roles to aid flexibility and ensure a



consistent service was delivered.

The manager and provider closely monitored the quality of the service and worked in ways that aided improvement. A number of audits were in place which had been comprehensively completed on a regular basis by the manager, regional operations director and the provider's internal auditor. The results were inputted into a system that allowed senior management and the executive board of the provider organisation access at any time. This ensured the provider had an overview of the service being delivered. These audits covered areas such as care plans, medication, health and safety, personnel files and infection prevention and control. The manager also completed unannounced night and weekend visits and these were documented. We saw from these audits that they occurred regularly and that any identified issues were addressed immediately. We noted that feedback was given to the person in charge at the time of the visits. Following consultation with the people who used the service, and their relatives, the manager had introduced an "employee of the month" award to recognise and encourage good practice amongst the staff.

The service actively sought people's views on the service they provided. People told us they felt listened to and had opportunities to express their views. They had confidence that the management team would respond to these views and opinions. One relative we spoke with said, "Yes, they have open meetings, they've [the service] always made time to see my [relative]". Another relative told us, "Senior management are very present and actively asking our views". We saw from the records we viewed that regular meetings for the people who used the service and their relatives took place. At a suggestion of a relative, we saw that 'do not disturb' signs were being trialled within the home. We also saw that the manager had invited people who used the service and their relatives to be involved in interviews for future staff. The service had also recently sent out questionnaires to the people who used the service, their relatives and other stakeholders requesting feedback on the service they provided.

We saw that regular staff meetings took place and were role specific. We saw from the minutes of these meetings that staff were encouraged to discuss their work. Where actions were agreed, we saw that individual staff members were given responsibility to address these which aided accountability. We also saw that meetings were used as an opportunity for staff training. The minutes of meetings we viewed showed that staff were asked for suggestions and ideas on the service provided. The service had recently sent out questionnaires to their staff requesting feedback on areas such as support, information and communication. We concluded that the provider gained people's feedback and used it to develop and improve the service they delivered.