

Ivy Cottage (Ackton) Ltd

# Ivy Cottage

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ivy Cottage is residential care home providing accommodation for persons who require nursing or personal care up to a maximum of 14 people. The service is a care home without nursing. The service provides support to people living with learning disabilities or autistic spectrum disorder, in 2 adjacent buildings; Ivy Cottage and Ivy Croft. At the time of the inspection 14 people were using the service; 10 people lived in Ivy Cottage and 4 people lived in Ivy Croft.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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 model of care and setting maximised people's choice, control and independence. Risks to people were assessed, monitored and managed safely. Systems in place protected people. The provider had acted to manage infection risks. There were enough staff to safely meet people's needs. Staff had the necessary skills, knowledge and experience to know how to meet people's needs, and people were actively involved in recruiting staff.

People's medicine support was managed safely, and staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were supported by staff to pursue their interests and to achieve their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to make decisions following best practice in decision-making and communicated with people in ways that met their needs.

### Right Care:

Care was person-centred and delivered in a way which promoted people's dignity, privacy and human rights. Staff offered people choices and involved people when supporting them with activities and meals. The provider worked alongside partnership agencies to ensure people's support needs were identified; this ensured people achieved good outcomes. People's equality characteristics were explored and celebrated. Safety and support plans identified people's circles of support.

Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People

received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

#### Right Culture:

The provider's quality assurance systems, processes of audit and service review ensured the safety and quality of care. The ethos, values, attitudes and behaviours of leaders and care staff ensured all people using the service lead confident, inclusive and empowered lives. People were supported to regularly identify, or review, on-going individual aspirations and life goals.

Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 requires improvement (published 29 April October 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivy Cottage 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ivy Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

#### Inspection team

The inspection was carried out by 2 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.

#### Service and service type

Ivy Cottage 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. Ivy Cottage 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The registered manager had left the service in the month before this inspection and was in the process of deregistering with CQC. The provider had taken prompt action to recruit another registered manager and had ensured a constant manager presence at the location. CQC had been notified appropriately.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 October 2022 and ended on 26 October 2022. We visited the location on 25 October 2022.

#### 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

We reviewed 3 people's care plans and associated records. We spoke with 4 people and 2 relatives about their views of the care provided. We spoke with the operations manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 staff members and received written feedback from 6 other staff members. We looked at a variety of records relating to the management of the service, including policies and procedures, staff recruitment and supervision records. We received feedback from an advocate; advocates in social care are trained to help people understand their rights, express their views and wishes, and help make sure their voice is heard.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place safeguarded people from the risk of abuse; any issues raised were logged and fully investigated.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke positively about the care staff provided. One person said, "I love this place and I get on well with everyone." A relative told us, "Yes, [person name] is happy and the care is good at Ivy Cottage." A second relative commented. "[Person name] is happy and safe living at Ivy Croft."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing.
- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and managed well. A relative told us, "We are very pleased with the care [person name] receives."
- Staff understood where people required support to reduce the risk of avoidable harm.
- The service had a system for recording and monitoring accidents and incidents. A relative said, "I have had no concerns but if I did have, I would speak to the manager."

Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were required to complete a period induction, shadowing other staff and getting to know people before starting to work alone. People were involved in staff recruitment and had identified their own questions to ask job applicants during an interview; a person told us, "I sit on the interview panel."
- There were enough staff employed to meet people's assessed needs.

Using medicines safely

- Staff managed people's medicines safely; they completed appropriate training and had their competence assessed to ensure they administered medicines safely. An up to date medicines policy and procedure was in place. Easy read patient information leaflets were available to help people understand their medicines, which gave information normally found on the label of prescription medicines in an easy read format.
- Staff completed medication support plans and risk assessments for each person. Allergies were not

always recorded in the 'my profile' section of care plans, and protocols for 'as required' medicines for one person needed linking together; the manager responded immediately to rectify this issue.

- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 provider was following government guidance for safe visiting and at the time of the inspection visiting was not restricted.

#### Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider and managers at the location analysed data to help identify useful themes and trends to minimise risks and reoccurrences.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs and used these assessments to develop care and support plans.
- Staff documented and updated people's assessed needs. Records showed the management team monitored care to ensure it was safe and reflected people's needs.
- Care plans included relevant health and personal information. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction, shadowing other staff and getting to know people before starting to work alone.
- Managers monitored staff training provided and maintained a staff training matrix, including when training was due for renewal. A relative told us, "Staff are trained to do their job."
- People received care and support from staff who had the skills and training to meet their needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals and were happy with the menus.
- People were encouraged to make healthy food choices. People had their own food budget and did their own shopping and staff supported people to make their meals. People could eat when they wanted to or go out to eat a meal, for example at a local pub.
- Eating and drinking risk assessments and individual food records were maintained so people's nutritional needs could be monitored.
- A relative told us, "People can choose what they want to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Care plans contained advice provided by healthcare professionals, so staff were providing care which met

people's health needs. A relative said, "The home always keeps me informed about [person name's] care." An advocate commented, "I can confirm that I have visited Ivy Cottage for a number of years now providing advocacy support for one person, and another for a brief period. I always find the service to be very person centred and [person] is very happy there. Staff are very imaginative in the activities they provide to the people who they support."

Adapting service, design, decoration to meet people's needs

- People had personalised their own rooms and were included in decisions relating to the interior decoration and design of the overall home. The property looked like any other similar residential property in the surrounding area and there was no indication of any difference.
- In Ivy Croft 4 people had ensuite facilities and in Ivy Cottage 10 people shared one bathroom and two shower rooms.
- The environment was decorated and furnished to a reasonable standard, and an outside garden courtyard provided a safe relaxing space for people to use, which we observed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was an emphasis on involving people and enabling them to make choices wherever possible and people were involved in developing their care plans.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, which was documented. For people assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff were sensitive to people's needs and their preference regarding routines and support staff. A person told us, "Staff ask for my permission and ask me what I want to do and I'm able to do what I want to do." Staff had completed MCA training and understood the principles.

# 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 good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers demonstrated an open and transparent approach and were passionate clear about promoting a person centred, inclusive and empowering culture. A person told us, "[Name] is the deputy manager and is really nice."
- The provider worked closely with people to ensure staff understood their support needs and could deliver good outcomes for people. A relative told us, "The care service they [staff] deliver is excellent. When we visit, we are always made to feel welcome." A person said, "In April we went to a stage show, I wrote about it and it was published in the paper."
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- Relatives told us they felt the service was well managed, one relative said, "The home is well managed and always makes us feel welcome; it's a friendly place."

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; Continuous learning and improving care

- The provider fully understood their responsibilities under duty of candour. This was underpinned by the open and honest culture and by appropriate policies and procedures.
- People felt comfortable raising concerns with managers and were confident they would be listened to.
- Notifications were sent to relevant authorities in a timely manner and managers responded promptly to any follow-up questions.
- The provider had a series of audits in place to monitor, support, and highlight areas for improvement. Learning helped to improve outcomes for people receiving support.

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

- The provider had effective systems in place to monitor and assess the quality of the support provided, including regular audits.
- Managers and staff understood the requirements of their roles and staff received regular supervision.
- The management team were actively involved in people's support, carrying out calls and working alongside staff to provide support and ensure standards were maintained.

#### Working in partnership with others

- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.
- The provider worked well with other organisations to ensure people's needs were met. This included liaison with statutory health and social care bodies.