

Mrs Maureen Martin

# Ivydene Residential Home

## Inspection report

Ivydene 1 Station Road  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ivydene Residential Home is a residential care home providing personal care to 17 people with mental health needs; it was full at the time of our inspection. Accommodation is over two floors with several communal areas and people had access to gardens.

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

The service had made improvements since our last inspection and were no longer in breach of regulations however we have made two recommendations to continue to drive improvements. These are about risk management and MCA. A registered manager had been employed in April 2019 and had introduced systems to drive improvement. Whilst these had been mostly successful, further development was required regarding ensuring accurate and complete records were maintained. In addition, more regular analysis of the quality of the service was required to be assured any issues would be quickly identified and rectified.

People received individualised care and support that had positively impacted on their lives. Their relatives agreed with one telling us, "We could hardly get anything out of [family member], now they're engaged." The stable staff team knew people especially well and supported them with discretion, sensitivity and compassion. People felt involved and listened to. Independent living skills were encouraged, and the service used advocates as required to assist with this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's nutritional and healthcare needs were met in collaboration with other health professionals and their medicines were administered safely. Risks were managed and mitigated although not always recorded. Processes were in place to help reduce the risk of abuse.

People benefitted from receiving care and support from staff who had been trained and felt supported. There was a positive culture within the service and staff demonstrated good team working abilities. People engaged with each other and the staff and relatives told us the home was consistently welcoming. One relative said, "It feels like a family home." People were supported in their relationships and interests.

Communication was effective and no one we spoke with had any concerns about the service. A complaints policy was in place should people wish to raise concerns. However, the open and transparent culture within the home ensured people felt comfortable in raising issues or worries. Feedback on the service was sought and listened to and people felt involved in not only their care but changes within the home.

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 (report published 6 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Ivydene Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector and an assistant inspector.

#### Service and service type

Ivydene Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the deputy manager, a senior support worker and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies, procedures, risk assessment and maintenance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as further evidence submitted by the service within specified timescales. We spoke with an additional staff member and three relatives. The registered manager was absent from the service at the time of the site visit but we spoke with them subsequently.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, continued improvements are required.

- People were protected from the risk of harm as staff knew people's needs, the associated risks and how to manage and mitigate them. The relatives we spoke with confirmed this and people who used the service told us they felt safe.
- However, there were still gaps in the recording of the individual risks to people and how they mitigated them. This was discussed on our inspection and the service sent us appropriate written risk assessments shortly after our site visit.

We recommend the provider consider current guidance on risk management and act to update their practice accordingly.

- Since our last inspection, the provider had acted to protect people from environmental risks. The risks associated with legionella and fire had been identified and mitigated and there was a business continuity plan in place to manage adverse incidents.

### Using medicines safely

At our last inspection the provider had failed to consistently follow good practice guidance relating to medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements are needed.

- Members of staff handling and administering people's medicines had been assessed for their competency to handle and give people their medicines safely. Observations of staff showed that they took time with people and were respectful in how they supported them to take their medicines.

- Records showed that people were given their medicines as prescribed, received reviews of their medicines and that changes made by prescribers were documented.
- Oral medicines were stored securely and at correct temperatures.
- Written information was available to assist staff giving people their medicines consistently and appropriately.
- People were encouraged to manage some of their own medicines to maintain their independence. However, whilst staff told us they monitored for concerns over people's ability to self-medicate, the home had not assessed and recorded the risks around this to ensure they did so safely.
- There were systems in place to enable checks of medicines and their records, and there was a system in place to report incidents and investigate errors. Whilst some medicine audits were carried out, they were not done so on a regular basis.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to help protect people from the risk of abuse. People told us they felt safe and that staff were kind to them.
- Staff were aware of the signs of abuse and how to report any concerns both inside and outside of the organisation. They told us they were confident the management team would appropriately address any concerns they may raise.
- We saw safeguarding information was on display in the home and immediately to hand for staff via the cards they wore around their necks. One staff member told us safeguarding was discussed with service users in meetings and the minutes we viewed confirmed this.

#### Staffing and recruitment

- There were enough safely recruited staff to meet people's needs in a person-centred manner.
- People and their relatives told us staff had time to spend with people and meet their individual needs. One person who used the service said of the staff, "They are there and make sure you do things you need to or sometimes need help with." A relative said of staff, "They're always there to provide support."
- People benefitted from receiving care and support from a consistent and stable staff team; agency staff had not been used for some years.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection.
- Staff had received training and we saw that personal protective equipment was readily available to them. An infection prevention and control champion was in place within the home and audits were regularly completed.
- The home was mostly visibly clean with no malodours. A recent infection audit completed by a stakeholder had identified some contamination in fittings, but we saw the service was working to rectify this.

#### Learning lessons when things go wrong

- The improvements the service had made since our last inspection demonstrated lessons had been learnt and improvements made as a result.
- Although there had been few in the service, accidents and incidents were recorded and actioned appropriately to reduce the likelihood of future occurrence. The registered manager analysed these monthly.
- The registered manager gave us examples of where actions had been taken because of incidents and to improve the service they delivered. For example, two staff now administered medicines to reduce the risk of administration errors.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff upheld people's human rights and they were supported to make their own decisions wherever possible. The service adhered to the MCA.
- People's consent was sought prior to delivering care and support and we saw this both in practice and through the documents we viewed.
- Staff had received training in MCA and understood its principles. However, they lacked confidence in formally applying it to mental capacity assessments and had relied on other professionals to do this when it could have been completed by them.
- The service had made no DoLS applications.

We recommend the provider consider current guidance on MCA and act to update their practice accordingly.

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

- People's outcomes of using the service were consistently good. Their needs had been assessed prior to admission and care was delivered in line with good practice guidance.
- One relative told us, "It's life-changing stuff the staff have done. I can't thank them enough." Whilst another relative said, "[The service] changed [family member] overnight. It's been remarkable."
- Policies and procedures were in place that took account of good practice guidance and associated law. Staff demonstrated they delivered care in line with policies and procedures.

Staff support: induction, training, skills and experience

- Staff demonstrated knowledge and skill in their roles and received ongoing training and support. People had confidence in the staff that supported them.
- The relatives we spoke with agreed that staff were effective in their roles and had the skills to manage the often-complex needs of their family members. One relative said, "Staff are wonderful. I can't speak highly enough of them."
- Staff told us they felt supported, had received an induction and that the training they received helped them to perform their role. All training was delivered in a classroom setting and one staff member told us this also helped with team-building.

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

- People's nutritional needs were met, and they received choice in what they had to eat and drink.
- People told us they liked the food and we saw that people ate when they chose to with support from staff if needed. We saw staff offering choice.
- Staff assessed people's nutritional needs and any associated risks. People's weight was monitored and where there was a risk associated with food or fluid intake, staff recorded this and we saw that these records were robustly and consistently completed. Concerns had been referred to healthcare professionals as appropriate.

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

- People had access to a range of health and social care services and records demonstrated people received the associated support they required. Relatives confirmed this.
- For one person who lived with diabetes we saw that they received regular healthcare screening as required and that their needs around this were met. For other people, we saw they received regular medical intervention as needed. People's oral healthcare needs had also been assessed and plans were in place to meet those needs.
- Records showed staff worked with other professionals to ensure appropriate care was delivered and this included social workers, mental health professionals and advocates.

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

- The home met people's needs. People had choice in where they spent their day including several communal areas and their own private rooms which were personalised to their own tastes. We saw people move about the home as they chose and had access to outdoor space.
- The home décor was tired in places however, we saw that redecoration was taking place at the time of the inspection.
- One relative told us how the service had completely included their family member in the redecoration of their room. They told us the person was able to choose the paint colour for the walls and how a staff member sat with them with catalogues to help them choose furniture and fittings.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who accepted them as individuals and who treated them with respect, sensitivity and kindness. People told us this and their relatives agreed.
- One person who used the service told us how empathetic staff were when they needed emotional support in the middle of the night. They said of staff, "They were really understanding. I was able to talk to them and was fine after that... Their attitude was really understanding. They automatically made me feel better."
- Relatives spoke of staff managing people's needs with sensitivity, care and encouragement. They told us staff had built trusting and respectful relationships with their family members which had helped them with confidence and independence. One relative described staff as, "Nothing but brilliant."
- Our observations on the inspection confirmed staff had positive relationships with people and we saw care and support being delivered with warmth, discretion and encouragement.

Supporting people to express their views and be involved in making decisions about their care

- We saw that people were able to choose how they spent their day and that staff supported people to express their views and wishes.
- Relatives we spoke with told us they were involved in the care of their family members. They each told us the service was particularly good at keeping them informed and that communication was regular and appropriate.
- The care plans we viewed showed that people had been involved in their plans for care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated kindly by staff and we saw discreet and dignified care being delivered. One person who used the service said, "The staff here are lovely in the way they treat you."
- One relative told us of the positive impact the service had had on their family member. They told us, "[Family member] got their independence back." They told us how the service gave their family member little tasks to do including those that saw them access the community. The relative went on to say, "[Family member] is much improved as a result. They give [family member] responsibility and they love it."
- Another relative explained how, with the ongoing and nurturing support of staff, their family member now accessed the community independently and how much this had enriched their life.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs, choices and wishes. Relatives told us their family members received care that positively impacted on their lives. One person who used the service said, "It's fantastic how this care home has managed to turn me around. They have given me great happiness back. At the moment, I am the happiest person I could be. To be able to reach me as they have done is just marvellous."
- One relative told us, "If it wasn't for the staff, [family member] wouldn't be where they are now. They never gave up on [family member]. They've done an amazing job." Another relative said, "I couldn't imagine what [family member] would be like if they weren't in Ivydene."
- A third relative explained how the service had enriched their family member's life and told us, "They saved [family member's] life." They told us their family member, prior to moving into the service, had been in hospital and other services several times, that their mobility was poor and that they did not engage with people or their surroundings. The relative told us this had all changed for the positive and that their family member now had a quality of life. They said, "Staff are wonderful. Ivydene is the best place [family member] has ever been. Staff manage their needs incredibly well and with sensitivity."
- There was a stable staff team in the service that knew people's needs well. This ensured people received continuity of care from staff who understood them and their personal preferences.
- Accurate and reviewed care plans were in place for people although they did not consistently reflect the good care delivered by staff. Whilst we saw improvements in care plans since our last inspection, they needed continued development. More person-centred information was required, and the service needed to ensure all aspects of people's lives were covered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a policy in place for meeting this standard and the registered manager was aware of it.
- People had communication care plans in place although they were basic. However, they gave staff enough information to be able to effectively communicate with people. For example, we saw that for one person, staff would need to read letters for them and provide an explanation. For another person, it was recorded that staff needed to provide information on a one to one basis and may need to repeat information for the person to fully understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our inspection we saw that people were engaged, animated and sociable with each other, staff and visitors. They showed interest in their surroundings and our inspection visit.
- People accessed the community and followed their interests. We heard examples of the activities people enjoyed in the community and within the service.
- One relative told us how the service had supported their family member with independence meaning they now attended clubs in the community and accessed nature on a regular basis. The relative said their family had achieved this through, "Staff perseverance."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place should people need to raise concerns.
- None of the people we spoke with had any concerns with the service and no complaints had been received since our last inspection.
- People told us staff communicated well with them and had built respectful relationships. This meant they felt able to talk with staff should they have any concerns. They had confidence concerns would be managed appropriately.

End of life care and support

- People had end of life care plans in place however, these were basic and needed developing.
- We brought this to the attention of the deputy manager who acknowledged the need. They told us this had not been an area they had concentrated on due to the service supporting younger people.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant that although improvements to the management and governance of the service were noted, systems were not yet fully embedded, and records were inconsistent.

At our last inspection the provider had failed to have systems in place that effectively assessed and monitored the service to drive improvement and ensure records were maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, continued improvements are required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, the provider had introduced audits to assess the quality of the service. These were still in their infancy and had not been completed on a regular basis. Their infrequency meant issues may not be identified and rectified promptly should they occur. For example, the issues we identified regarding the lack of some risk assessments had not been identified by the provider's quality monitoring system.
- Although the delivery of care was of a good quality, records did not demonstrate this. For example, although staff were managing risks and people's needs well, how they did this had not always been recorded. The risks relating to this were somewhat mitigated by a stable staff team who knew people well. However, a provider has a responsibility to ensure accurate and complete records are always maintained.
- A registered manager had been employed since our last inspection and this had helped to drive improvement and provide consistent governance to the service and staff.
- Staff, the people who used the service and their relatives spoke positively about the management team. One relative said, "[Deputy manager] has been brilliant with [family member]. They have built a relationship with [family member] impeccably well." A staff member described the deputy manager as, "Brilliant" and the registered manager as, "Very supportive."
- The registered manager understood their regulatory responsibilities and told us how they supported their knowledge by receiving sector magazines and attending networking events.

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

- All the people we spoke with told us of the positive and sunny atmosphere of the home and this was seen during our inspection. One relative said, "[People who use the service] are always bright and cheerful. It's a wonderful place."

- The service had an established, committed and consistent staff team in place and this benefitted those who used the service. Staff demonstrated knowledge and the need to ensure people received safe, high quality care that enriched their lives. One staff member said, "We care for people, we give them a safe and caring environment, and this is reflected in how happy people are."
- Staff told us they enjoyed working at the service and felt supported by their colleagues and the management team. One staff member told us how receptive the registered manager had been to suggestions for improvements.

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

- The registered manager understood their responsibilities around this requirement and a policy was in place to assist them in meeting it.

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

- People and staff were regularly encouraged to contribute their views on a formal and informal basis.
- Quality assurance surveys were completed each year and results analysed to drive improvement. This year's surveys had just been sent to people and we saw that where these had been returned, the feedback was positive with one relative stating, "We would not consider anywhere else [for family member]. I have always been impressed with the staff, and general contentment of the other residents."
- Meetings were held for the people who used the service. From records, we saw that these were arenas for involving people and seeking their views on the service and any changes required. Staff also told us they attended regular meetings, and this was again confirmed by the records we viewed.
- During our inspection, though discussion, staff demonstrated they were engaged with the changes the registered manager was making and showed accountability for their roles in making that happen.