Brighterkind Health Care Group Limited

Ivybank House Care Home

Inspection report

Ivybank House
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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

About the service
Ivybank House Care Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

Ivybank House Care Home is spread out across two floors and made up of two 'wings': the old wing and the new wing, all floors are serviced by a lift. There are a variety of bedrooms, some with en-suite facilities, wet rooms and others without. Communal toilets, bathrooms and shower rooms are located across the wings and to each floor. People have access to three lounges and a conservatory, there is further level access to the garden. The communal dining room is located adjacent to the kitchen on the ground floor, further seating is available in the adjoining conservatory. A reception area is located close to the main entrance and adjacent to the registered manager's office. There is car parking available to the front of the home.

People's experience of using this service and what we found
People told us they felt comfortable to complain and we found complaints were dealt with effectively and sympathetically. People were supported to access activities that were enjoyable and meaningful to them. Personalised care was provided that was designed to meet their needs and were supported to access information that was important and relevant to them. The staff worked to ensure people experienced a pain free and dignified death, building links with the local hospice who provided end of life training for some care staff.

People, relatives and staff spoke positively about the registered manager. There was an effective programme of quality audits in place and these were used to drive improvement and identify concerns, shortfalls, errors and omissions. The provider used continuous learning to improve peoples' experiences of care. Statutory notifications were submitted to the Commission in line with legal requirements. People and staff were involved with the running of the home through questionnaires, meetings and the auditing process.

People were protected from potential harm and abuse. Staff spoke confidently about how they would identify abuse and what actions they would take if abuse was suspected. Risks were assessed and managed, there was guidance available for staff about how they could lower the risk of potential harm to people. Significant improvements had been made to the management of medicines and people told us they received their medicines when they should. Systems were in place to prevent the spread of infection including developing a process to find a suitable alternative storage for soiled laundry that was currently stored in corridors. Staff were recruited safely as appropriate checks were completed prior to staff working in the home. We received mixed comments from staff and people about staffing levels.

People were supported by well-trained staff who were kind and caring. People told us their privacy and dignity were respected and they were supported to retain their independence. Relatives told us their loved ones were well cared for by knowledgeable and kind staff.

Care plans reflected individual needs, choices and preferences, including guidance for staff about how they could help meet the identified needs. People were supported to access food and drink. We did receive mixed feedback about peoples' experiences of the quality of the food prepared in the home. Staff received training relevant to their roles and people confirmed they were supported by staff who were well-trained. People were supported to access healthcare.

Staff supported people to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
Rating at last inspection (and update) The last rating for this service was requires improvement (published October 2018). A condition was imposed on the provider at the last inspection to report on improvements relating to medicines management. These monthly reports were submitted as required. 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.
The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Good

The service was well-led.

Details are in our well-Led findings below.

Ivybank House Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team was made up of one inspector, an inspection manager, specialist advisor 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
Ivybank House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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
The first day of the inspection was unannounced, the second day was announced.

What we did before the inspection
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. We reviewed the monthly reports they submitted. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, regional manager, senior care worker, care workers, maintenance person and activity coordinator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including maintenance checks and training records.

We did not use the Short Observational Framework for Inspection (SOFI) as people were able to discuss their views with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service

Good

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.

Using medicines safely

● At the last inspection medicines were not being managed safely. A condition was imposed which required the provider to make improvements to the management of medicines and provide the Commission with monthly reports of medicines audits and actions.

● At this inspection we found significant improvements had been made to the management of medicines and medicines were managed safely. This included, daily auditing of medicines and medication administration records (MARs) and regular medicines reviews.

● People's creams were managed safely and were applied as directed. A body map guided staff where to apply the cream and cream application was recorded in the person's daily monitoring form.

● People told us their medicines were managed safely. Comments from people included, "They [staff] deliver my medication reliably three times a day" and, "They [staff] are good at giving me my medication."

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. Comments from people included, "Safe? – Oh yes I feel safe here" and, "I'm quite happy here- I'm safe definitely- Oh yes!"

● Staff spoke confidently about how they would identify potential abuse and the actions they would take if abuse was witnessed or suspected. Comments from staff included, "People are protected from abuse - I would go and make sure the resident is comfortable, leave a member of staff with the resident [and see] the registered manager." One staff member said they would look for, "Bruises, cuts and marks and if they [person] don't want to see certain family members" the staff member added, "They may want to stop seeing them to stop what is happening."

● The provider contacted the local safeguarding team appropriately and had effective oversight of safeguarding within the home.

Assessing risk, safety monitoring and management

● People were kept safe because potential hazards were identified and guidance was available for staff about how they could manage and minimise risks to people. For example, one person was at risk of falls and their assessment guided staff to support the person by, "Using their walking frame, with short clear prompts."

● The provider undertook various checks to ensure people were protected from the risk of avoidable harm. For example, fire safety and environmental checks.

Preventing and controlling infection

● People told us they felt the home was clean. Comments from people included, "There is very good

cleanliness here." During both days of the inspection domestic staff were cleaning throughout the home. For example, polishing and cleaning the carpet. We saw the home was clean and tidy throughout.
● The provider worked to prevent the spread of infection. This included staff wearing personal protective equipment (PPE) such as gloves and aprons.
● Soiled laundry was stored in enclosed trolleys in the corridors. We spoke with the regional manager who told us they were in the process of finding a more appropriate location for their storage.

Learning lessons when things go wrong
● The provider reviewed accidents and incidents to identify themes and trends as a way of preventing a recurrence.

Staffing and recruitment
● Staff were recruited safely. Background checks included those with the applicant's previous employer and Disclosure and Barring Service (DBS). The DBS checks are important as they help to prevent people who are unsuitable from working in care.
● The registered manager used a staffing dependency tool to determine staffing levels. The tool looked at the level of support people needed, for example when using the toilet and mobilising.
● We received mixed comments about staffing levels in the home. Comments from people included, "There aren't enough staff now- it's gone downhill- you ring your bell and you have to wait" and, "I am happy with the staffing levels- there are plenty of them and they come quickly if needed." Staff said, "If we had enough good staff we would be running really well. We are doing well but we could be doing so much better, generally need an extra pair of hands" and, "Sometimes there are one or two staff short, it might be one carer or one kitchen staff - usually ok."
● We spoke with the registered manager about the feedback we received, they told us staffing levels had been identified as an area for improvement. In the month prior to our inspection they had worked with the regional manager to increase staffing levels and engaged with a local agency who could provide consistent staff to cover holiday and sickness within the home.

Good

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 requires improvement. At this inspection this key question has now improved 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

- When people experienced ill health or had specific requirements there was guidance available for staff about how to help the person. For example, one-person experienced anxiety. The person's care plan guided staff to help the person with breathing exercises as this had a calming effect on the person. Another person lived with obsessive compulsive disorder and the registered manager worked with the person to ensure their needs were met.
- People were involved with planning their care and this was reflected in the guidance for staff. For example, one person's care plan said, "[Person's name] would like to be offered a choice of meals."
- How people communicated their needs and choices was recorded in their care plans. For example, one person's care plan said, "[Person's name] can communicate her thoughts and wishes verbally."

Staff support: induction, training, skills and experience

- People told us they were supported by competent staff. Comments from people included, "Yes staff are well trained. They have regular training sessions that they go to."
- Staff told us they received training that enabled them to carry out their duties. Comments from staff included, "I get enough training, always the opportunity to do training" and, "When I started here the training was in depth, we've just had fire [safety] training."
- Staff received training that was relevant to their role. This included safeguarding training and manual handling training.

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

- People were supported to eat and drink, this included being able to access snacks and hot or cold beverages from a 'snack station'.
- We received mixed feedback about peoples' experiences of eating food in the home. Comments from people included, "There is a lack of choice- it is uninteresting and not cooked well" and, "The food is terrific. But I would say the amount is adequate. They are not over keen with seconds!" We spoke with the registered manager about this who told us the regular chef had been away from work for a little while and different agency chefs had been used to cover their absence. However, the chef had recently returned and was working to make improvements to the food.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to achieve good outcomes for people. These included social workers, district nurses and the GP. One relative said, "[Relative] was not eating. They [staff] got the Doctor

in who suggested tablets and fortified drinks" and we observed both on the person's table in their bedroom.

Adapting service, design, decoration to meet people's needs
● People were encouraged to personalise their rooms with their own items. We saw pictures, soft toys and photographs displayed in people's rooms. One person said, "I bought my own double bed because I kept hanging out of the smaller one!"
● There were two lifts in the home that meant people could access all floors without using the stairs.

Supporting people to live healthier lives, access healthcare services and support
● People and their relatives told us they were supported to access healthcare. One relative said, "[Relative] came here originally because she couldn't look after herself at home any longer. Here, she now has a walking frame and she's had new glasses. Her feet and nails get done and she has her hair done weekly. We are very happy about the overall cleanliness here. The staff are very good and well trained"

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.
● At the time of our inspection, three people were subject to deprivation of liberty safeguards authorisations (DoLS). The provider had applied for DoLS authorisations appropriately and ensured conditions were met.
● The provider worked in line with the principles of the MCA, this included undertaking capacity assessments and providing clear guidance for staff about how they could support people to make their own decisions.
● Staff spoke confidently about people having the right to make their own decisions. Comments from staff included, "We have to say everyone has capacity we can't tell people what to do, they can make unwise decisions. People who are important in the person's life should be involved, we should look at the least restrictive option."

Good

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 and relatives told us people were supported by staff who were caring. One relative said, "[Relative] is well looked after. These staff are marvellous- they ruin him! He is washed, shaved and clothed – it is excellent." Comments from people included, "Staff are kind to me and well trained. They never lose their patience."
- The provider respected people's differences and explored how they could meet people's cultural and diverse needs. For example, building links with a local religious organisation that offered support for people of different religions.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to remain independent. For example, one person's care plan said, "[Person's name] wants to be as independent as they can with managing continence needs."
- Relatives told us people's dignity was maintained. Comments from relatives included, "They [staff] respect him; they always pull the curtains when he is having personal care." We also observed staff speaking quietly so as not to embarrass a person when they needed to use the toilet.
- Staff knocked on people's doors before entering and asked their permission to carry out tasks. For example, one staff member knocked on a person's door and said, "Good morning. Is it ok if I pop in and clean your bathroom and empty your bin?"

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

- Staff involved people in their interactions. For example, when one person looked like they had finished their food a staff member said to them, "Have you finished? Can I take your plate?"
- People were involved with the care planning process.

Good

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 now 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's care plans reflected their preferences. For example, "[Person's name] prefers orange squash to water and loves a cup of tea with milk, no sugar. [Person's name] does not drink alcohol."

● People received care that was personalised and designed to maximise choice and control. For example, one person's care plan said, "[Person's name] is able to choose what they would like to wear and whether they would like to wash, shower or have a bath."

● Staff made adjustments to ensure people lived how they wished. One relative said, "We visited a few times and [relative] was always in bed asleep. We enquired why this was and why she wasn't up. It turned out she likes chatting to the staff at night and having drinks and sandwiches with them at midnight! Staff had adjusted and so gave her a lie-in on the mornings as she had been up late the night before."

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

● People were supported to avoid social isolation. For example, the provider offered people the opportunity to build an online profile and communicate with loved ones using video and written messages. The same programme allowed the person's loved ones to see the different activities people were involved with. When people wished, their birthdays were celebrated with a small gift and card, we also saw pictures of an afternoon tea that had been organised to celebrate a person's birthday and was attended by staff, people and loved ones.

● People were supported to access meaningful activities that were relevant to them. For example, whiskey tasting, wood working and trips out on the mini-bus. Other initiatives included trying to make people's wishes come true, this included big wishes, such as going out for a trip and smaller wishes such as choosing a nice thing to eat. One person said, "There are loads of trips- Weston Super Mare, Weymouth and Pubs. They happen about every 3 weeks. Sometimes I go down in my wheelchair to join in, we make cakes and pancakes sometimes."

Improving care quality in response to complaints or concerns

● The registered manager operated an open-door policy and people told us they felt comfortable to complain. Comments from people included, "They [staff] are kind – they will listen to me. Staff would deal with my complaints if I had any" and, "I've never had to make a complaint to my knowledge. I would go straight to the boss. They are visible most of the time especially when showing people around. She pops her head round the door and says hello."

● Complaints were responded to appropriately and sympathetically. The registered manager worked with people and their loved ones to resolve them. If the initial response was not satisfactory, the registered

manager looked at other possibilities to ensure people and their relatives were satisfied with outcomes.
● The provider displayed compliment cards on a board in the entrance hall. Comments from the cards included, "Thank-you all for the kindness and friendship you gave to mum" and, "A very big thank-you for putting on such a wonderful 100th birthday party for [person's name]."
End of life care and support
● People's end of life care needs and preferences were explored when they moved to the home and if the person wished for these discussions to take place.
● End of life care plans were personalised and reflected the person's cultural, spiritual and personal needs. For example, one person's end of life care plan said the person wanted their room to remain light with soft music playing in the back ground. Another person's end of life care plan included information about the clothes they wished to wear after their passing and also that they wished to have a flower placed in their hands, the provider sourced a rose and ensured the person wore the clothes of their choosing.
● Staff from the home had received training from a local hospice to help them better understand how to provide a person with care during the end of their life.

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.
● People were supported to access important information and information relevant to them. For example, people were provided access to pictorial menus and staff read information aloud when required.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found audits had not been used effectively to identify shortfalls in the management of medicines. At this inspection the provider had made significant improvements and audits were now being used effectively, this included oversight from regional managers.
- There was a programme of quality audits used to review various areas. For example, checks on call-bell waiting times and infection control. The audits were also used to involve people and staff with the running of the service. This was because as part of the auditing process, a sample of people and staff were asked about their experiences and observations of living and working in the home.
- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. Notifications were submitted to the Commission as required.

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

- People and staff spoke positively about the registered manager. Comments from people included, "The manager is very reasonable and does very well. I would recommend." One staff member said, "If I need anything I can go to the [registered] manager. I've had manager where I couldn't so it's quite nice."
- The management team had worked to ensure there was a team culture within the home. This included appointing staff as 'pace setters' who would spend ten minutes with staff team and boost morale.
- Staff we spoke with knew people well and told us they felt strong connections with people. For example, one staff member said, "I treat my residents like I treat my grandparents."

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

- The provider supported people to express their views about the service. This happened in different ways, for example through questionnaires and meetings. One person said, "We have meetings. They ask you what you like or dislike. I've raised a couple of things and they were sorted out straight away."
- Relatives told us communication with the provider was effective. Comments from relatives included, "Communication is good, they will phone us up if anything is amiss. We are very happy with what happens here. It is almost like home; A home from home" and, "Communication is marvellous, I can't knock anyone "

Continuous learning and improving care

● The provider explored ways to improve care. For example, they had identified that care plans were not always person centred. The management team produced a care plan guide for staff to access that provided information about how to ensure care plans were written in a person-centred way. The care planning documents were also reviewed and amended to make them more streamlined.

Working in partnership with others

● The provider had worked to build relationships with people and organisations in the local community. These included a local school and nursery. During the inspection, children from the local school visited the home to spend time with people.

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 provider was aware of their duties in relation to the Duty of Candour. The registered manager said, "For me it's about being open and honest with anybody and everybody, it's about keeping people up to date about our errors, even if that's uncomfortable for us."