IVY LEAF CARE LIMITED

Ivybank Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This comprehensive inspection took place on 5 and 6 April 2017. The first day was unannounced. We last inspected this service in May 2016 where we awarded an overall rating of requires improvement. The home is registered to provide nursing care and accommodation for up to 38 older people, some of whom may be living with dementia or have complex healthcare needs. There were 34 people living at the home on the days of our inspection visit.

Staff did not always treat people with respect and systems in place to monitor and improve the quality of the service provided were not effective. This inspection found that improvements in these areas had taken place but that the systems in place for audits and checks had not always been effective at identifying areas that needed attention. Further improvement was needed to make sure the systems were consistently effective.

Ivybank had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw there were systems and processes in place to protect people from the risk of harm but the assessment of risk needed to be more robust. Risk assessments and care plans were in place in regards to the assistance that people needed with their mobility and in relation to the risk of falls. We saw that these needed improvement to make sure staff had sufficient information on how to support people safely. The majority of people we spoke with told us they felt safe in the home and told us how the staff made sure they were kept safe. People were supported by staff who had received training on how to protect people from abuse.

Effective recruitment and selection procedures were in place and appropriate checks had been undertaken before new staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with people.

There was not always an adequate deployment of staff to meet people's needs promptly. Recruitment was in progress to increase staff numbers and ensure there would be sufficient numbers of staff available to meet people's individual needs. We reviewed the systems for the management of medicines and found that people usually received their medicines safely but some improvements were needed.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs and preferences. Staff were kind and caring, and respected people's privacy.

The registered manager had approached the appropriate authority when it was felt there was a risk people

were being supported in a way which could restrict their freedom.

People were offered a range of food, drinks and snacks that met their cultural, dietary and health needs. People had access to a range of healthcare when this was required.

There was a programme of activities available within the home which involved various group activities and less frequently, activities on an individual basis. At the time of our inspection the planned activity schedule was not being followed as the activity co-ordinator had left the home four weeks before our inspection. The provider had taken prompt action so that a new activity co-ordinator was due to commence working at the service in the next few days.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints. People and their relatives said they knew how to raise any concerns and most were confident that these would be taken seriously and looked into.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always supported by adequate deployment of staff to meet their needs promptly.

Risks to individual people were not always well managed so that people were protected from harm.

Most people received their medicines as prescribed, supported by staff who used safe medicine management techniques.

Staff were aware of the need to safeguard people and confidently described how they would do this.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People had access to healthcare when needed. Food was provided that helped people stay well nourished.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was promoted and respected by staff.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

Is the service responsive?

Good

The service was responsive.

People who used the service had their needs assessed and received individualised support.

People had access to activities that they enjoyed.

People and their relatives knew how to raise concerns and most were confident that these would be taken seriously and looked into.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits and checks had been largely effective at identifying areas that needed attention but some improvement was needed to make sure the systems were consistently effective.

People living at the home, their relatives and staff were supported to contribute their views.

Ivybank Care Home

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 5 and 6 April 2017. The first day was unannounced and was undertaken by one inspector, an expert by experience and a specialist advisor. The second day was undertaken by one inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor had experience of providing nursing care to people who use this type of service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group.

We spoke with nine people who lived at the home and with four relatives. We observed how staff supported people throughout the day and also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of those people using the service who could not talk with us.

We spoke with the registered manager, nominated individual, company director, a cook, three nurses (including the deputy manager), four care staff, one domestic and one laundry assistant. We also spoke with a health and social care professional. We looked at some of the care records of seven people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Our observations showed that the atmosphere in the home was mainly calm and for the majority of the time there were enough staff to provide support when people needed it. However we saw several examples when staff were insufficiently deployed to ensure people's needs would be promptly met. On two occasions staff left the upstairs lounge unattended for over ten minutes and people in the lounge did not have the means or ability to seek staff support if they needed it. Although we saw staff generally respond promptly to people's call bells, people told us this was not always the case and some people did not have call bells in their rooms. One person told us they would have to shout to get staff attention. We found the manager had not been made aware when a recent maintenance inspection had identified a person who required a new call bell. People were at risk of harm if they could not promptly alert staff to their needs.

We checked how the registered provider ensured there were enough staff to meet people's support needs. People who lived at the home and their relatives had mixed views about whether there were enough staff to meet their needs. The majority of relatives thought there were sufficient staff available but we did receive some comments that staffing could be improved. One relative told us, "There is not enough staff and it is worse on the weekends." During the inspection we spoke with one healthcare professional who had frequent contact with several people at the home. They told us that the staff team was consistent and that they often saw the same staff on duty.

Since our last inspection the provider had increased the number of care assistants and nurses on duty. Staff told us that they felt current staffing arrangements were safe and nurses told us this had given them more time to spend on reviewing and updating people's care plans. One nurse told us, "It's much better, there was stress before, now no stress." Some staff however told us that an extra care staff on duty would be beneficial in helping them have more time to engage with people. Our discussions with the registered manager and the care director showed that they placed high importance in having the right number of staff on duty to meet people's needs. The care director told us that recruitment was underway so that an additional member of staff would be available during the day.

Risk assessments and care plans were in place in regards to the assistance that people needed with their mobility and in relation to the risk of falls. We saw that these needed improvement to make sure staff had sufficient information on how to support people safely. We brought to the registered manager's attention that hoisting risk assessments sampled did not give sufficient information or contained conflicting information about the sling to be used with the hoist. We also saw that some risk assessments and care plans needed additional details on the measures in place to reduce risk. For example one person was at risk of falls but their care plan did not record if they were at risk of trying to stand or walk without staff support and the expectations in regards to staff support.

People we spoke with told us they felt safe when supported by staff. People described some of the actions staff undertook to ensure they felt safe and to ensure that they received reassurance and support about things they might become anxious about. Comments from people included, "I feel safe when the staff assist me with a shower" and "Oh yes, I am quite safe here." One relative told us, "I feel confident that it is safe here

for Mum."

Staff we spoke with demonstrated a low tolerance for abuse and poor care. They were confident that they would report any concerns and in discussions were able to describe how, and to whom they would do this. One care staff told us, "It's important to be very honest and report it to the manager. I don't want those sort of things [abuse] to happen, people trust us." Staff told us they had received safeguarding training. Information was available on display within the home to remind staff of their responsibilities to safeguard people and the agencies they could contact.

At our last inspection in May 2016 we identified that there were not robust systems for checking the identity of visitors to the home. The provider had taken action to improve the systems in place. In addition to staff being reminded to check visitor's identity the location of the office had been changed to aid monitoring of visitors to the home.

Many of the people we met were unable to stand or walk independently and relied on the support of staff and specialist equipment to change position or to move. We observed staff working with people to help them mobilise. The interactions of the staff were kind and encouraging. We saw staff use the hoist to lift people. The staff undertook these manoeuvres carefully and while offering reassurance to the person. At our last inspection we saw that sometimes staff had assisted people into their wheelchair without applying the brakes, which was not safe. We saw brakes were applied to wheelchairs throughout our inspection visit, but we did observe one isolated incident of a person not being assisted by staff to put their feet on the footplates of their wheelchair. This had the potential to cause injury to the person's feet.

We observed that people who were at risk of developing sore skin were being regularly supported to move and change position. Since our last inspection the registered manager had taken action to ensure that pressure reliving mattresses required to reduce the risk of some people developing sore skin were now at the correct setting for the person's weight. This meant that the risk of people developing sore skin was reduced.

We saw emergency plans were in place for people. These were written records that recorded the support each person would need in the event of a fire. Staff we spoke with confirmed they had received fire training. Care staff had received training in basic life support through e-learning. Since our last inspection nursing staff had received practical basic life support training to make sure there were staff on duty who were trained to an appropriate level to respond in the event of an emergency.

The registered manager told us and staff confirmed that staff were appointed through a robust process. This included obtaining references and checks through the Disclosure and Barring Service (DBS), before staff could begin supporting people. The DBS is a national agency that keeps records of criminal convictions. We looked at the recruitment records of four members of staff and these showed that the provider's policy had been followed.

The people living at Ivybank require the support of staff to safely manage and administer their medicines. We looked at the way medicines were stored, administered and recorded. People told us they got their medications on time. One person told us, "They give me my medication and they stay to make sure that I take it." A relative told us, "I trust the staff to administer medication to my mother." A health care professional told us that nurses at the home did not 'over medicate' people.

Medications were administered by the nurses who had received training to refresh their knowledge. The registered manager told us that he observed nurses giving medication on an informal basis to make sure

this was done safely but that currently he did not complete any formal competency assessments. Following our feedback he indicated he would consider the introduction of formal assessments.

Most tablets were dispensed from a blister pack. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. However, for one person whose medicine had recently been reviewed by a health professional we saw that they were not receiving the dose twice a day as prescribed. Nurses said they were concerned the medication was making the person too 'sleepy' but arrangements had not been made to review the prescription with the person's consultant. The deputy manager told us he would ensure this was done without delay. Medicines were securely stored in lockable trolleys or cupboards as appropriate in a dedicated treatment room. This kept people safe from accessing medication inappropriately.

Good

Is the service effective?

Our findings

People we spoke with praised the staff and said that staff knew how to look after them. One person told us, "The staff know what they are doing, they look after me well."

We asked staff about their induction, training and development. All staff undertook an induction at the start of their employment at the home. One newer member of staff told us the induction had included working alongside experienced staff and that they had felt well supported. The provider had arrangements in place so that new staff who needed it could complete the Care Certificate. This is a nationally recognised certificate that sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The nominated individual for the service told us that the provider had recently purchased ten places with a training company and some of the existing staff were going to be offered the opportunity to complete this.

Staff we spoke with told us that they received sufficient training to enable them to carry out their job effectively. Care and nursing staff demonstrated that they understood the needs of people they supported and responded accordingly. All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. A training schedule was in place for 2017 and this included further training for nurses in catheter care. The registered manager was also in the process of arranging falls awareness training for staff.

Staff told us they felt supported. There were regular staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities at the service. A system of formal supervision was in place. Supervision's are one to one meetings that focus on staff members work and performance. They provide the staff with an opportunity to raise issues if they need to. Some staff had not had recent supervision as the registered manager was undertaking supervisions with staff in response to poor performance issues and not on a routine basis. He acknowledged that supervision was important for all staff and that this would be addressed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Staff had received training in the MCA and DoLS and were aware that some applications had been submitted and approved for people.

We saw care staff regularly sought consent from people before attending to their daily living needs. One care staff told us, "The MCA- It's about capacity. We might need to make a decision for them to keep them safe." We saw examples that people's ability to consent to decisions was considered and where people were deemed to lack capacity decisions were made taking into account their best interests. When a person was deemed to lack capacity the registered manager had held meetings with others, such as relatives and health professionals who had an interest in the person's welfare. These identified any actions which were necessary for the person's best interests and least restrictive to their freedom. These decisions were subject to regular reviews to make sure they remained appropriate.

We received some mixed views from people in regards to the variety and quality of the meals on offer but most people were complimentary about the meals. One person told us, "The food is okay, we have choices, and they [staff] would give you a sandwich if you don't want the food."

A four week rolling menu was in place. People were consulted about the menu and changes made based on people's preferences and suggestions. For example, one member of staff told us that lasagne had recently been added to the menu in response to people's preferences.

Staff supported people when they needed assistance at meal times.. One person was very reluctant to eat a main meal and we saw staff spend a considerable amount of time with the person offering various choices. One person complained that their meal was cold and a replacement meal was offered. Some people were supported to eat their meals in their bedroom if this was their preference. Throughout the inspection we saw that people were offered a choice of drinks with their meal and were offered regular drinks. However we brought to the registered manager's attention that some people had experienced delays in waiting for staff support with their meal.

The cook and care staff we spoke with had a clear understanding of people who needed supplements in their diet or needed a soft diet. Staff had completed nutritional risk assessments and people had been weighed regularly as required. Where needed, advice had been sought from relevant health care professionals in regards to weight loss. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration so that staff could check that people were getting enough to eat and drink.

People we spoke with told us they had access to healthcare when they needed and that appointments were arranged in a timely manner when they requested these. One person told us, "I can see the doctor if I need and the optician comes in and the chiropodist." One person told us they were experiencing some difficulties with their teeth and staff confirmed that a dental appointment had already been requested for the person.

During the inspection we spoke with one healthcare professional who had frequent contact with several people at the home. They told us that the nursing staff supported people with their health care needs and contacted them for advice if people became poorly. People could be confident they would be supported to maintain and achieve good health.

Good

Is the service caring?

Our findings

People who lived at the home told us that staff were caring. One person told us, "They take time to talk and understand me". Another person told us. "They come and sit and talk to me often." Relatives we spoke with confirmed that staff were kind and caring.

We spoke with a health care professional who confirmed that staff were caring. They told us that staff were extremely patient with people and gave specific examples of their patience nature when supporting people who were living with dementia. They also commented that staff were compassionate when supporting people who were on end of life care.

People who lived at the home and their relatives told us that visitors were made welcome. One relative told us, "The staff here are very nice, they make you feel welcome." This enabled people to maintain contact with people who were important to them.

We saw people being supported with kindness and consideration. We saw staff change the position of one person who was being nursed in bed so that they could see out of the window and for another person they changed their position so that the sun was not in their eyes. We saw that some people had difficulty in expressing their needs and, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. Staff made sure they acknowledged people by name and we saw staff squatting down or lowering their bodies in order to make eye contact with the people they were addressing.

It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. A 'resident of the day' initiative was in place. Every day the nurses, cook, maintenance staff and activity worker spoke with one person to check that they were happy with the service and if any would like anything changed. The registered manager advised that the purpose was to help to focus on people's individual preferences and help to increase staff knowledge about each person.

At our last inspection we found that improvements were needed to make sure staff consistently treated people with dignity and respect. We had observed staff entering rooms without knocking and several people were eating lunch in their bedrooms whilst domestic staff vacuumed around them. This practice did not take place at this inspection. The people we spoke with said that staff respected their privacy and dignity. One person told us, "The staff treat me with respect and in a dignified way." We observed care staff working in ways that promoted the privacy of people and we saw that staff did not enter people's rooms without knocking first. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked the door before they re-entered. We saw that screens were in use where people shared a bedroom, or to provide cover when receiving support in the communal areas. We saw that care staff were careful to ensure people were covered when using a hoist or when they sat in the communal areas to maintain their dignity.

People had been consulted about their preferences in regards to the gender of staff who supported them with their personal care so they would not feel uncomfortable or embarrassed. People had been supported with their personal care and wore clothes that fitted them and were clean. People's individual preferences

were respected and people had been supported to dress and maintain their personal appearance in the way the preferred. One relative told us, "Mum is normally well groomed and well-dressed when I come visit her."

During the inspection we observed staff assisting people in making choices about how they wanted to live. One person told us, "I choose what time I get up and what time I go to bed." Another person told us, "I choose what I want to wear." Records also showed people were encouraged to make choices about their daily lives.

Good

Is the service responsive?

Our findings

People received care and support from staff who knew them and had information to provide care in line with their preferences. People's needs were discussed when the staff team shift changed and we saw that this information was recorded and used by staff on their shift to ensure people got the care needed. Care plans included information for staff about people's personal history, individual preferences and interests. The plans had been regularly reviewed and any changes had been updated. A relative told us, "I do know about my relative's care plan and attend the reviews." This supported staff to provide individualised care and support.

We looked at the arrangements for supporting people to participate in activities or maintain their interests and hobbies. There was a programme of activities available within the home which included various group activities and less frequently, activities on an individual basis. At the time of our inspection the planned activity schedule was not being followed as the activity co-ordinator had left the home four weeks before our inspection. A new activity co-ordinator had been recruited and was due to commence work in the next few days. Meantime, we saw that care staff were making sure there were still some activities on offer. The people taking part in activities were observed to be smiling, chatting and enjoying them. We observed one member of staff spent time with a person looking through their book of old photographs and talking about the people and places in the photographs.

Since our last inspection there had been some new activities introduced in response to people's needs. For example, three tablet computers had been purchased so that people could use these to play games or to read an on-line newspaper. There had also been two sessions where 'Pets as Therapy' activities had taken place. This had involved an external organisation bringing in animals such as rabbits for people to engage with. Staff told us that people had really enjoyed this and they were hoping to organise more sessions. The company director and the nominated individual told us about their plans to develop the garden so that it could be better utilised for people for relaxation and social events. This showed that the provider was exploring ways to support people to engage in things they enjoyed and promote opportunities for social interaction at the home.

We looked at the systems for raising concerns or complaints. People who lived at the home were aware they could tell staff if they were unhappy. People said if there were any issues they would talk to staff or the registered manager. The relatives that we spoke with were confident to make a complaint, one relative told us "I have no concerns or complaints, and if I did I would approach staff." Records of a recent 'resident and relatives' meeting showed this had been attended by the registered manager and company director and they had encouraged people who had any concerns to share these with them, nursing staff or the team leaders.

Information on how to make a complaint was on display in the home. We saw from the complaints records that issues raised had been investigated, action taken to resolve any issues raised had been recorded. Our discussions with the registered manager showed that he viewed concerns and complaints as an opportunity to help improve the care that people received. People could be confident their concerns would be taken

seriously, investigated and detailed feedback provided.

Requires Improvement

Is the service well-led?

Our findings

We looked at the action taken by the registered manager and registered provider after our last inspection. This inspection found they had taken account of our previous report. They had a number of development plans in place to ensure that progress was made systematically on improving the environment, the provision of care and staffing. Action had also been taken in regard to making improvements when other agencies such as the Clinical Commissioning Group (CCG) had identified concerns.

The systems in place for audits and checks had not always been effective at identifying areas that needed attention. Further improvement was needed to make sure the systems were consistently effective. The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed on a weekly, monthly, six monthly or yearly basis. Examples of audits completed were medicines, infection control, health and safety and care planning documentation. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made. However the audits had failed to identify that risk assessments for some people needed further development, for example in relation to the risk of injury from the use of hoists and risk of falls. Systems had also failed to ensure that people had access to a call bell so that they were able to call for help when needed. The provider had completed an audit of the home several months before our inspection. This had identified that improvements were needed to the system of staff supervision. We found that this had still to be acted on by the registered manager.

We received additional feedback from the CCG following our inspection visit in regards to concerns about the care a person had received at the home. This related to failings in some aspects of health care and effective monitoring of food and fluid charts. A fully effective system would have identified these issues earlier. The CCG told us that the registered manager and provider appeared to take the concerns seriously and have already shown enthusiasm to address these concerns.

Registered providers are legally required to display the rating awarded by the Care Quality Commission. The most recent rating was on display within the home but due to its location may not have been seen by all visitors to the home. The registered manager explained that there had previously been two rating posters on display but that one had been removed due to the office relocation work. A second poster was put on display during our visit. An environmental health officer had visited the home a few months before our inspection visit. They had awarded a 'three star rating' but we saw that the previous 'five star rating' was still on display at the home. This meant that people and visitors had not been provided with accurate information. The registered manager told us this was an 'oversight' and took immediate action to make sure the new food hygiene rating was displayed.

Monthly group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. These meetings were also open to relative's to attend. Minutes of a recent meeting showed that there had been some issues with the quality of the meals on offer and the actions taken to help improve these. This showed that the provider took account of people's feedback. Since our last inspection surveys had been issued to help seek the views of people and their relatives. The

registered manager had used the surveys to produce a report on people's satisfaction levels. They had not yet completed a report detailing the actions they would be taking in response to people's comments but told us they intended to do this. Other ways that the management team had tried to involve people included a suggestions box in the foyer where people could leave comments or feedback.

Staff told us that the registered manager and other senior staff were approachable and that they felt able to raise any concerns or suggestions. A health care professional told us that they had a good working relationship with the nursing and senior staff at the home. The feedback we gave at the end of our inspection visit was received positively with clarification sought where necessary. This showed a willingness to reflect and learn in order to sustain and continue to improve the quality of service provided to people.

Regular staff meetings took place, and these were attended by the nominated individual and company director in addition to the registered manager. This gave staff the opportunity to raise any issues directly with the provider. During the meetings they said that there was the opportunity for the manager to share feedback, including the outcome of incidents. This had ensured that all the staff team were aware of how the service needed to improve and develop. The staff we spoke with confirmed this.

Our last inspection in May 2016 identified that the registered manager was not fully aware of the requirement to submit statutory notifications. It is a legal requirement to notify the Care Quality Commission of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action. Since our last inspection the registered manager had taken action to notify us about significant events and where appropriate, investigations had been conducted in partnership with other agencies to reach a satisfactory outcome.