

Athena Healthcare (SNR) Limited

Ivy Gate Lodge

Inspection report

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Date of inspection visit:
10 July 2023

Date of publication:
18 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ivy Gate Lodge is a care home providing nursing care to up to 72 people. The service is located in Southport and provides support to older people and people living with dementia. Accommodation is provided across three floors in one modern adapted building. At the time of our inspection, there were 23 people living at the home. Due to the number of people supported, only two floors were in use at the time of the inspection.

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

People were exposed to risk of harm as the provider had failed to ensure risks were managed appropriately. Staff did not always follow the control measures recorded in people's care plans to keep people safe. There was a system in place to record and analyse accidents and incidents. However, appropriate follow up action was not always taken. Our observations showed there were enough staff to meet people's needs, however they were not always deployed effectively.

There were systems in place to monitor the quality and safety of the service. Audits demonstrated concerns with areas of care provision were generally identified and addressed. However, concerns we found with risk management and staff deployment had not been identified.

There was a complaints management system in place. However, not all records were updated to show complaints had been handled in a timely manner.

Inconsistent management had negatively affected the culture of the staff team. Staff explained they often felt unsupported in their roles due to lack of effective leadership. Some staff commented support had improved since the provider had been more present in the home. People and their relatives shared concerns about the approachability and visibility of management.

Staff did not always see people's privacy and dignity as a priority and failed to take action to ensure people's private space and possessions were respected.

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.

Medicines were safely managed. Systems were in place to ensure safeguarding referrals were made when required. Effective systems were in place to ensure infection prevention and control processes were safely operated.

Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively. Detailed care plans were in place which guided staff on the level of support people needed with food and drink. People and relatives provided mixed feedback about the quality of the food. Some relatives

told us the food was of a high standard, but others felt that the quality could be improved.

The home was appropriately designed to meet people's needs and a high standard of interior design created a homely environment. People's individual rooms were personalised with items of their choice.

People's care plans contained contact details for the health professionals involved in people's care and support. Detailed communication care plans were in place to guide staff on how to effectively communicate with people according to their needs and preferences.

Staff treated people with kindness. We observed many caring interactions during the inspection. For example, a person was admitted to the home on the day of the inspection and staff went above and beyond to reassure the person and their relatives to ensure they settled in.

An activities programme was in place and there were dedicated staff to provide social activity for people. The provider had developed an action plan to improve the choice of activities.

Detailed care plans were in place to guide staff on how to support people with long term health conditions. Areas of clinical care such as wound care, catheter care and diabetes were well recorded and managed.

The provider was cooperative with external stakeholders. They embraced the inspection process as a learning opportunity and was open and honest when sharing information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 March 2022 and this is the first inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about complaints management and quality monitoring systems and staff culture.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ivy Gate Lodge

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ivy Gate Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ivy Gate Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there were two managers registered with the Care Quality Commission. One of the registered managers had recently left their post. The provider told us they would submit an application to deregister. The second registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. They were not based

at the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 July 2023 and ended on 17 July 2023. We visited the service on 10 July 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the home and 7 relatives to understand their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 members of staff including managers from the regional support team, deputy manager, nurses, healthcare assistants and the activities coordinator. We reviewed a range of records. This included 7 care plans and associated documentation. We looked at 2 staff files in relation to recruitment and multiple medication records. We reviewed multiple records relating to the management of the service, training data and a variety of policies and procedures.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were exposed to risk of harm as control measures to manage risk were not always followed.
- When risks were identified, staff did not always follow the measures recorded in a person's care plan to keep other people safe. For example, a person's care plan stated they should be observed in the lounge as they posed a physical risk to others. Records showed this person was involved in multiple incidents involving other people. Our observations found that this person was unsupervised for an extended period which placed them and others at risk of avoidable harm. We raised our concerns with the provider who took immediate action to reduce the risk of harm by implementing 1-1 care during the inspection.
- There was a system in place to record and analyse accidents and incidents. However, appropriate follow up action was not always taken. For example, 2 people had experienced falls and their risk assessments had not been updated. This meant there were missed opportunities to consider what further action could be taken to reduce the risk of avoidable harm.

The failure to do all that is reasonably practicable to reduce the likelihood of harm was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Systems were not always effectively implemented to ensure the safe deployment of staff.
- People and their relatives told us they did not feel the staffing levels were safe. One person told us, "I need help as I can't walk too well but they don't come quickly when I press the buzzer [staff] are very busy and I get upset sometimes because I can't get to the bathroom."
- We received mixed feedback from staff in relation to staffing levels. Some staff felt there was not enough but other staff reported that staffing levels had recently increased and workload pressures had eased.
- Our observations showed there were enough staff to meet people's needs. We also checked records and found call bells were responded to promptly. However, an agency staff member was not fully informed about people's care needs before being deployed. The provider responded immediately and made changes to their system for deploying agency staff and improved the information included in handover documents to mitigate the risk.
- Staff were safely recruited and had the necessary pre-employment checks in place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure safeguarding referrals were made when required.

- Staff were knowledgeable about the different types of abuse and knew how to report if they had concerns.

Using medicines safely

- Medicines were safely managed.
- Medicine Administration Records (MAR) showed people received their medicines as prescribed.
- Detailed medication care plans were in place to guide staff about possible side effects and the risks associated with high-risk medicines.
- Staff were trained in medication management and records showed their competency to safely administer medicines was assessed in line with best practice guidance.

Preventing and controlling infection

- Effective systems were in place to ensure infection prevention and control processes were safely operated.
- We observed a high standard of cleanliness across the whole home. Feedback from people and relatives confirmed this.
- Staff were knowledgeable about their role in reducing the risk of infection spread.
- We observed several visits taking place during the inspection. Relatives told us there were no restrictions on visiting their loved ones.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Systems were in place to assess, review and report on people's mental capacity and decision-making abilities.
- Applications to legally deprive a person of their liberty were completed when required.
- Mental Capacity assessments were completed in line with the principles of the MCA and were decision specific. However, for one person we identified that no mental capacity assessment was completed when additional restrictions of 1-1 care was put in place. The provider was responsive to our feedback.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively.
- We received mixed feedback from staff regarding support. Some staff told us supervisions were irregular however, some told us they felt more supported since the provider had been more present in the home.

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

- Detailed care plans were in place which guided staff on the level of support people needed with food and drink.
- Staff were knowledgeable about people's dietary needs and risks and records showed people received

appropriate diets.

- People and relatives provided mixed feedback about the quality of the food. Some relatives told us the food was of a high standard, but others felt that the quality could be improved. However, we observed a good standard of food during the inspection.

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

- Systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought.
- People's care plans contained contact details for the health professionals involved in people's care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The provider was open and honest and told us shortfalls had been identified with preadmission assessments. They demonstrated the work they had undertaken in this area and we were assured that people recently admitted to the service had their needs and risks appropriately assessed.
- The home was appropriately designed to meet people's needs and a high standard of interior design created a homely environment.
- People's individual rooms were personalised with items of their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always respected.
- Staff did not always see people's privacy and dignity as a priority and failed to take action to ensure people's private space and possessions were respected.
- Several incident records showed people were found in other people's rooms. We observed people entering other people's rooms uninvited during the inspection. We fed back our concerns to the provider who took immediate action to ensure people's right to privacy.

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

- Detailed communication care plans were in place to guide staff on how to effectively communicate with people according to their needs and preferences.
- Records demonstrated that people were involved with day-to-day decisions about their care and support. However, records did not always show that people and, where applicable, their relatives were involved in regular reviews of their care.

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

- Staff treated people with kindness.
- We observed many caring interactions during the inspection. For example, a person was admitted to the home on the day of the inspection and staff went above and beyond to reassure the person and their relatives.
- People and relatives told us staff were kind. Comments included, "The staff are kind on the whole, they treat me respectfully" and "The staff are kind and I believe that they will care for my [Relative] when I leave."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. However, not all records demonstrated that complaints had been handled in a timely manner.
- People and relatives told us they felt concerns they had shared had not always been taken seriously as it did not always lead to improvement.

We recommend the provider reviews their complaints management processes to ensure records demonstrate complaints are reviewed and responded to in a timely manner.

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

- An activities programme was in place and there were dedicated staff to provide social activity for people.
- People and relatives provided negative feedback about activities and engagement; they told us activities in the home were limited.
- The provider had already identified these concerns and had developed an action plan to improve activities. Records showed some progress had been made to promote opportunities for social engagement such as coffee mornings, afternoon tea in the garden and family brunches.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans contained information about people's likes, dislikes and people's preferred routines were recorded in detail.
- Detailed care plans were in place to guide staff on how to support people with long term health conditions. Areas of clinical care such as wound care, catheter care and diabetes were well recorded and managed.
- Care plans contained information regarding advanced care planning and people's end of life wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the importance of making information accessible and meaningful.
- People's communication needs were identified in their care plans and there was detailed information to

guide staff on how to support people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service. Audits demonstrated concerns with areas of care provision were generally identified and addressed. However, concerns we found with risk management and staff deployment had not been identified. The provider was responsive to our concerns and took immediate action to improve their systems and reduce the risk to people living at the home.
- Inconsistent management had negatively affected the culture of the staff team. Staff did their best to ensure people received care in the way they preferred. However, staff explained that they often felt unsupported in their roles due to lack of effective leadership. Some staff commented that this had improved since the provider had been more present in the home.

We recommend the provider reviews and updates their systems for monitoring the quality and safety of the service and staff culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Cover arrangements for absent managers was not always suitably robust. For example, the provider had failed to identify appropriate follow up action had not been taken following incidents. This resulted in a delay in the submission of multiple statutory notifications to the Commission.
- People and their relatives shared concerns about the approachability and visibility of management. Comments included, "I have no confidence in the management there is no leadership here" and "The management isn't great at all. They can't seem to keep managers which to me says they are not being supported."
- The provider was responsive to the concerns people and staff had shared with inspectors. They told us the new manager was due to initiate their induction and had prioritised engagement with people and staff to embed a positive and open culture within the home.
- There were systems in place to gather feedback from people and their relatives. However, records showed a low number of responses had been received. The provider was currently reviewing alternative methods of gathering feedback which included using an external company to gather feedback over the telephone.

Working in partnership with others

- The provider was cooperative with external stakeholders. The local authority had recently undertaken an assessment of the service and they told us the provider worked with them and provided the information necessary.
- The provider embraced the inspection process as a learning opportunity and was open and honest when sharing information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure risk was managed effectively to reduce the risk of avoidable harm.