Akari 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 29 and 30 January 2015 and was unannounced. At the last inspection in July 2014 we found that the provider was meeting the requirements of the three regulations we looked at. An earlier inspection in the year before we had considered more of the regulations and at that time we found that the provider was not meeting five of the regulations. They supplied an action plan which indicated how they would address the issues raised.

The home is registered to provide care and accommodation for up to 58 older people, some of whom may be living with dementia or have complex healthcare needs. Nursing care is also provided. On the day of our inspection there were 29 people at the home.

A manager was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm. 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 we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with people. Improvement was needed to the staffing arrangements to make sure there were enough staff to meet people's needs.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately. The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

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. They knew how people communicated their needs and if people needed support in certain areas of their life such as assistance with their personal care. We saw staff talking and listening to people in a caring and respectful manner.

We have made a recommendation that the provider seeks guidance about how to improve access around the home.

People told us they were supported to eat and drink sufficient amounts to maintain their health but we found systems to monitor that people were getting enough to eat and drink needed improvement. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs. People had access to healthcare professionals when this was required.

People who lived at the home, their relatives and other health professionals 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.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

Summary of findings

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 safe but improvements were needed.

There was not always sufficient numbers of staff available to meet people's individual needs.

Staff had been given training to enable them to identify any actual or potential harm to people, and to take the necessary steps to report any harm or abuse.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvement was needed to the design and maintenance of the environment to meet the needs of people who lived at the home.

The systems to monitor that people were getting enough to eat and drink and were receiving appropriate skin care needed improvement. People had access to healthcare services when needed.

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 the protecting the legal and civil rights of people using the service.

Is the service caring?

Good

The service was caring.

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.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good

The service was responsive.

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

Activities were based on what people enjoyed doing.

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

Summary of findings

Is the service well-led?

Some aspects of the service were not well led.

The registered manager had not always taken satisfactory action following incidents or complaints.

The provider was asked to complete a provider information return. Information requested was not returned in a timely or accurate manner failing to provide assurance that they were fully aware of how they were meeting the needs of people and were compliant with the law.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns. We were also informed the registered manager was taking action to improve the service.

Requires Improvement

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 on 29 and 30 January 2015 and was unannounced. It was undertaken by two inspectors.

We looked at the information we held about the service prior to the inspection. We looked at information received from relatives, from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. The provider was asked to complete a provider

information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received after the date we requested. We took this into account when we made the judgements in this report.

During our inspection we spoke with seven people who lived at the home and with three relatives. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations 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 the registered manager, area manager, a cook, one nurse, three care staff, an activity worker, an administrator and one student on placement at the home. We also spoke with three healthcare professionals after our inspection. We looked at the care records of four people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. Following our inspection the provider sent us further information which was used to support our judgment.

Requires Improvement

Is the service safe?

Our findings

People who lived in the home told us that they felt safe living there. Comments from people included, "Yes I feel safe, it's a nice place". When asked who they would speak to if they didn't feel safe, people told us they would talk to the staff. All of the relatives told us they felt confident that their relatives were kept safe and not at risk of abuse. One relative told us, "The staff are no problem at all. I have never heard them once raise their voice."

Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. The registered manager informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from staff training records.

Staff told us that they had been interviewed and checks had been made before they were employed. We looked at the recruitment records for two recently recruited members of staff and saw that appropriate pre-employment checks had been carried out. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. The care plans and risk assessments for a person who had recently moved into the home regarding the number of staff they needed to support them when mobilising were contradictory. This put them at risk of not receiving the support they needed. This was rectified by the registered manager during our inspection.

We observed staff assisting people to move from chairs into wheelchairs and vice versa. This was completed safely and people were not rushed by the staff assisting them. We sampled records of accidents and saw these had been reviewed by the registered manager. Accidents and incidents were also monitored for trends and if the provider could take action to reduce their reoccurrence.

Risk assessments were also carried out regarding the building and any specialist equipment used. Examples included weekly audits of hot water temperatures in bedrooms, bathrooms and showers, and regular checks of fire alarm systems and fire-fighting equipment.

People who lived at the home had mixed views about whether there were enough staff to meet their needs but most felt some improvements were needed. One person told us, "There's not enough staff. I've been saying that for a long time". Another person told us, "Sometimes there is [enough staff] and sometimes there's not." However most people said that staff responded promptly when they needed them. People told us that staff responded promptly when they used their call bells and one person told us, "The night staff are good, they come within five to ten minutes of me using the buzzer but the other day they took 45 minutes." One person who was in bed said, "Let's press the buzzer and see how quickly they come!" They pressed the buzzer and a care staff member appeared within minutes.

Our observations showed that a member of staff was available in the communal lounge and dining areas at all times and people received support with their personal care needs when required. When we visited there were a number of students on placement at the home in addition to employed staff. The registered manager told us that students were supervised and did not undertake tasks such as personal care. Most of the tasks that students were involved in were assisting with drinks and mealtimes and supporting people with activities. Students spent time sitting and engaging with people which we saw the care staff were often too busy to do. One of the students told us, "Staff do have to rush round. I think they would struggle to chat with people if we were not here." Staff we spoke with did not think that staffing levels were unsafe but we did receive some comments that staffing could be improved. For example, one member of staff told us that one person could not always go for their cigarette when they wanted to as staff were not always free to support them.

We spoke to the registered manager and the area manager about how the numbers of staff were determined. We were informed that staffing levels were based on the needs of people at the home and were shown that a dependency and staffing analysis tool had been completed. This had assessed the number of staff hours required and had been kept under review. Nursing care was also provided at the home but the provider did not provide us with an assessment to show there were enough nursing staff to meet people's care needs.

We looked at the staffing roster for a four week period. This showed that one of the nursing staff worked excessively

Requires Improvement

Is the service safe?

long hours each week. We were informed this was the member of staff's choice. Working long hours without adequate rest periods means there is a risk that staff will become tired and may not provide safe, effective care. This had been raised as an issue at previous inspections and no evidence was available to show that any risks from the working pattern had been assessed.

We looked in detail at the management of medicines for five people. We saw information about each person's medicines was recorded on the dosette box and their medication record, and included the name of the person, along with the names, doses and times of their medicines. Each person's record included their photograph to make sure no one was given the wrong medicines. Medication Administration Records had been completed to confirm that people had received their medicines as prescribed. Most tablets were dispensed from a monitored dosage system. 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. Medicines were stored safely. People were supported so that they received their medication safely

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

We inspected this service in April 2014. At that time we found the home had breached the Health and Social Care Act 2008, Regulation 9, care and welfare and Regulation 15, premises. We found that people were not experiencing effective, safe or appropriate care and that the environment was not well maintained. At this inspection in January 2015 we found there was no longer a breach of these regulations but some improvement was still needed.

We looked at whether people's needs were met and enhanced by the design and decoration of the home. Since our last inspection we found that many areas of the home had been redecorated including communal lounges and most bedrooms. Decoration of other bedrooms was in progress during our visit. People had their own bedrooms that were personalised with their belongings. People and the relatives we spoke with were complimentary about the improvements to the décor of the home. People we spoke with did not raise any concerns about their rooms and told us they were usually maintained at a comfortable temperature.

One of the baths was not in use when we visited however we were provided with evidence that an engineer had visited and that a replacement part was on order so that the bath could be repaired. We spoke with staff about the toilet and bathing facilities. Some staff raised concerns that one of the two toilets adjacent to the ground floor lounge lacked suitable space to manoeuvre the hoist and several people at the home needed the use of the hoist. We also received information from a healthcare professional following our inspection that they had to raise a concern with the registered manager about difficulties one person had experienced when trying to manoeuvre their wheelchair through a doorway that lacked level access. We were informed by the provider that these issues had been addressed by offering an alternative bedroom to the person and the purchase of a wedge for the doorway.

At our previous inspections we had found many of the windows were in a poor state of repair. At this visit we found that some repairs had taken place. One person's window had been repainted and draught excluder fitted. However the draught excluder was loose and was not providing an effective seal and there were gaps where the window met the frame. Following our inspection we were sent evidence that this window had been replaced.

People we spoke with praised the staff and said that staff knew how to look after them. One person said, "It's a nice place, the staff are very good". Another person told us, "90% [of staff] do know how to look after you".

We asked staff about their induction, training and development at the service to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had received an induction, had ongoing training and regular supervision. One member of staff told us, "I'm kept up to date with my training. I had a lot at the end of last year to get up to date." A member of staff had recently completed 'Train the trainer manual handling'. They told us this was a great help as it meant new staff did not have to wait to do this training. A staff survey had recently been completed by the provider. Twenty two staff had completed this and this showed staff were satisfied with the training and support they received.

We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs. We had been made aware of a previous concern regarding the care a person with a specific health condition had received. As part of the providers action plan to make improvements they had identified that some staff needed additional training in this area. We were informed this training had been booked but had then been cancelled due to staff unavailability. During the inspection we were told that arrangements had been made for this to take place in March 2015.

We checked to see whether people were protected from the risks of inadequate nutrition and dehydration. The majority of people told us they liked the food choices and everyone told us that they had plenty to eat and drink. One person told us, "They ask me to keep going with the fluids". One person's relative told us, "[Person's name] likes the meals here." Some people and one relative told us that the evening meal was served too early and was sometimes served as early as 16:00hrs. This would mean people would have a long time before their next main meal of breakfast the next day and there was a risk people could be hungry. The registered manager told us they would consult with people about what time they wanted to have the evening meal.

We observed a mealtime in both dining rooms during our inspection. Staff appropriately supported people who needed assistance to cut up their food, or who needed

Is the service effective?

assistance to eat their meal. One person was given food that was of a soft consistency, this was in line with their assessed needs. People were offered a choice of drinks with their meal and were offered regular drinks throughout our inspection. People who were in their bedrooms had drinks available to them.

In the kitchen we saw a four week rolling menu plan and a list of each person's likes and dislikes. Evidence was available to show that the cook met with people when they first moved in to the home to establish their preferences. The cook and care staff we spoke with had a clear understanding of people that needed supplements in their diet or needed a soft diet. Staff had completed nutritional risk assessments and people had been weighed regularly as required. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. We found examples when these records had not been completed fully enough. The lack of recording had placed at risk the monitoring of people's healthcare needs and resulting in delayed appropriate action taken to respond to any changes.

People accessed healthcare professionals when they required. One person told us, "I can see the doctor, I just have to ask the nurse." We spoke with one GP on the telephone after our inspection. They did not raise any significant concerns about how staff were currently responding to people's health care needs. Records showed that staff had taken action when there were concerns about the health of any of the people who used the service. Records showed when appointments had been made and what advice had been given by medical professionals.

Some people at the home were at risk of developing, or had sore skin. We spoke with a person who had recently required treatment for sore skin. They told us, "When I was in pain I was given painkillers. [Staff name] has worked really hard on the dressings and got me sorted." We saw this person had a special mattress to help prevent further skin damage. Some people needed to be assisted to reposition by staff to help them stay well. Some of the records we saw did not show that the frequency of repositioning was in line with people's assessed needs. The staff we spoke with were aware of people's repositioning needs and told us this was undertaken. Following our visit we spoke with a tissue viability nurse who had recently supported one person at the home. They told us they had no concerns about the care provided to the person and that staff had followed their recommendations.

During our inspection we observed staff seeking consent from people regarding their every day care needs. People told us that staff usually asked for their consent before they did things, however, one person said, "You don't seem to get them to do so, although it would be nice if they did".

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We found that the registered manager and some staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the deprivation of Liberty Safeguards (DoLS). Records and discussions with staff identified that some people were being deprived of their liberty and the provider was able to demonstrate that this had already been identified and that applications had been made to the local authority regarding these deprivations.

One person's records indicated that they required their medicines to be hidden in their food or drinks as they might not take them. Evidence was available to show that the person's capacity had been assessed and a best interest decision made regarding the administration of their medication.

Some people were in bed during our visit and we saw that measures were in place to help reduce the risk of people hurting themselves if they fell out of bed. Some people had bedrails in place and their capacity to consent to their use had been assessed. Many people had beds which were low to the floor with a mat place by their side which demonstrated that staff were using methods that provided the least restriction whilst keeping people safe from the risks of falls from bed.

We recommend that the provider considers current best practice guidance to make sure the design of the premises meets the needs of people with a disability.

Good

Is the service caring?

Our findings

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "The staff are all lovely, really nice." Another person told us, "All the staff are very kind to me."

People told us that staff knew their likes and dislikes. 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. One care staff gave an example of a person preferring sheets instead of a duvet because their feet got too warm.

We saw people being supported with kindness and consideration. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner.

We saw at lunchtime that staff helped people to eat at a pace that was suitable for them. People were helped into and out of chairs calmly and with dignity. One person told us that staff often came to their bedroom and sat and talked with them. However, some care staff told us that they were not always able to spend as much time with people as they wanted because most of their time was taken up in the provision of personal care.

The people we spoke with said that staff respected their privacy and dignity. We observed staff working in ways that promoted the dignity and privacy of people and we saw that on all but one occasion staff did not enter people's rooms without knocking first. Care records showed that people's preferred gender of staff for personal care was respected. The home had recently taken part in a 'Dignity in Action' day which included students from a local college spending time meeting and engaging with people at the home.

People who lived at the home and their relatives told us that visitors were made welcome. A relative told us that they were able to visit their relative at any time and there were no restrictions. This enabled people to maintain contact with people who were important to them.

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. Records showed people were encouraged to make choices about their daily lives. We saw that there were some arrangements in place for people to be involved in making decisions. One relative we spoke with confirmed a person had been involved in choosing the colour for repainting their bedroom. Another relative told us the person had been able to choose which bedroom they preferred from the vacant rooms when they moved into the home.

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. The registered manager told us it was planned to further involve people's relatives through the development of a 'League of Friends' group.

Good

Is the service responsive?

Our findings

We looked at the arrangements in place to assess people's needs prior to their admission into the home. The registered manager told us that an assessment of the person's needs was completed and if suitable, people had the opportunity to visit the home and stay for a meal before deciding if they wanted to live there. One relative told us they had looked at several homes but chose Ivybank as it felt "homely". They told us staff had assessed the person's needs before they moved in and that they had been involved in this. We looked at the care records for another person who was new to the home and saw an assessment of their needs had been completed before they moved there.

We saw staff understood people's individual needs and abilities. The care plans assessed different aspects of care including nutrition, mobility/moving and handling, falls prevention and

personal hygiene. Monthly evaluation sheets for each section were all up to date to reflect people's current needs. Some care records contained limited evidence that people and their representatives, such as family or friends were in agreement with the contents of care plans. The provider information return document completed by the registered manager recorded that the provider intended to develop more person centred care plans for people with support from people's relatives.

We looked at the arrangements for people to participate in leisure interests and hobbies. The majority of people we spoke with enjoyed the range of activities on offer and said they were involved in choosing them. Activities were based on what people enjoyed doing. An activity co-ordinator was in post at the service who organised a range of activities based on people's interests. On both days of the inspection the activities co-ordinator had arranged for activities to take place. Some people were happy spending time in their bedrooms and others enjoyed magazines, books and knitting. One person told us that the activity co-ordinator escorted them to their chosen place of worship every month. We saw that regular events had taken place at the home and local community groups and people's relatives had been invited to attend. This helped reduce the risk of people at the home being socially isolated and people were supported to maintain and develop relationships with people.

People who lived at the home were aware they could tell staff if they were unhappy. People said that they had never formally complained but if there were any issues they would talk to staff, the registered manager or the deputy manager. One person told us, "I don't think I've ever had to complain, but I would tell the nurse and I know they would take it up." A relative told us, "I have been given a copy of the complaints procedure. I would not hesitate to raise a concern as I feel I can talk to them here." A recent survey had been completed of the views of people or their relatives at the home. Out of the seven surveys returned all confirmed they knew who to speak to if they had a complaint. Information on how to make a complaint was on display in the home. This had recently been made available in large print to meet the specific communication needs of some people who used the service. Records showed that at monthly group meetings people were asked if they had any concerns or complaints they wanted to raise.

We saw there was a system in place to record and investigate complaints received. We looked at the actions take in response to three recent complaints. the appropriate action had been taken to investigate and respond to two complaints, however for the third complaint we identified that the investigation should have been more thorough. This was acknowledged by the registered manager who told us he had learnt from this mistake.

Requires Improvement

Is the service well-led?

Our findings

People all said that they knew who the registered manager was and spoke positively about them. A relative told us, "I can talk to the manager, he's a nice man." The provider had developed opportunities to enable people that used the service and relatives to share any issues or concerns. Meetings were held with people and their relatives and the registered manager had conducted a survey to seek people's views about the quality of the service. This showed that overall, people were satisfied with the service they received. The registered manager told us they had advertised special 'open surgery' days when relatives knew he would be available to speak with. We were informed that no one had attended the 'open surgeries' but that relatives came to speak with him at other times.

There were systems in place to monitor and improve the quality of the service provided, however we found that these were not always effective.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was not returned to us on time and we had to make a further request for this to be completed. The information in the PIR we received was not 100% accurate. During our inspection we identified that the registered manager had investigated a medication error however they had failed to disclose this information in the PIR.

Due to the medication error that had occurred we asked the registered manager if the competency of the staff involved in the error had been assessed. The registered manager told us they did not know despite them conducting the investigation into the error. We were later shown blank medication competency assessments and informed these would be completed for all staff who administered medication.

We followed up on the actions taken by the provider following a safeguarding incident that was investigated by the local authority. The registered manager had identified they would arrange for staff to receive training about a specific health condition in October 2014. However the training had been cancelled and no action had been taken to reschedule it until we brought this to the registered manager's attention.

Previous inspections had identified that the environment was not capable of accommodating the number of people it was registered to provide personal care to safely. Although the provider had recognised this and reduced the number of people at the home, they had not taken action to make suitable changes to the property or submitted to the Commission an application to reduce the number of people the home was registered for. We were previously told a review of the numbers was underway. To date, we have not received an application to reduce the number of people the home is registered to accommodate.

During our inspection the area manager told us they conducted monthly quality monitoring checks against a wide range of standards to ensure people received the care and support they needed. We were shown a range of audits completed by the manager and area manager. An improvement plan had been developed in response to the audit findings and actions were in progress such as improving the provider's infection control systems.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. One member of staff told us that they were made aware of any complaints received so that they knew what they needed to improve. All of the staff we spoke with told us that the manager was approachable. One member of staff told us, "The manager is very caring and is getting things done." Another member of staff told us, "He listens to staff but he could do with a bit more support." The staff members we spoke with described how the registered manager constantly looked to improve the service. Staff told us that the registered manager was supportive and accessible and they felt comfortable raising concerns.

There were some instances where the registered manager had recognised and encouraged staff motivation to help drive forward improvement to the service. The registered manager told us that they had recently implemented a staff led innovation project to help identify how the service could be enhanced. Some of the staff we spoke with during the inspection were not aware of the existence of this project group. Two staff at the home had recently been nominated and won their regional category in the independent Great British Care awards. One member of staff had won the Learner of the Year award and the other staff had won Carer of the Year.