

Optimum Care (UK) Ltd

Ivy House

Inspection report

138 Whitaker Road
Littleover
Derby
Derbyshire
DE23 6AP

Tel: 01332294502

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 November and was unannounced.

Ivy House is registered to provide care for up to 20 older adults. They specialise in dementia care. At the time of our inspection there were 18 people living at the service.

Accommodation is provided over two floors. There is a stair lift available to the first floor.

Ivy House has 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.

People told us that they felt safe at the service, and were happy living there. Staff had a good understanding of how to safeguard people and protect them from abuse. Staff were confident about what action they would take if they had any concerns, this would include reporting concerns to the registered manager.

People were protected by safe staff recruitment procedures. There were sufficient numbers of staff to meet people's needs. Staff had received training which reflected the needs of the people living at the service and enabled them to provide support in a safe manner. We saw risk assessments in place in people's plans of care to promote their safety.

We saw that people received their medication in a timely and safe manner, administered by staff who were trained in the administration of medication.

People were offered choices with food and drinks and appropriate support was given when needed. There were drinks and snacks available between meals.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

People's health and welfare was promoted and they were referred to relevant healthcare professionals in a timely manner to meet their health needs.

People's plans of care were personalised and accurately reflected people's care and support needs, the plans of care included information about people's life histories, interests and likes and dislikes which provided staff with sufficient information to enable them to provide care effectively.

The service had an atmosphere which was warm, friendly and supportive. We saw staff positively engaging

with people living at the service and treating people with dignity and respect.

Audits and checks were effectively used to ensure people's safety and the building and equipment were well maintained.

The provider and registered manager provided effective leadership to the service and sought regular feedback from people living at the service, and their relatives. They encouraged staff to attend meetings to share their views in order for them to review and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had a good awareness of abuse and how to report concerns.

People were protected by safe staff recruitment procedures. There were sufficient staff available to meet people's assessed needs and ensure their safety.

Risks to people had been appropriately assessed. Measures were in place to ensure staff supported people safely.

Medicines were administered in accordance with best practice. People received their medication as prescribed

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to enable them to provide the care and support people required. There were appropriate induction procedures in place for new members of staff.

People's choices were respected and consent to care and treatment was sought.

People's dietary requirements were met and their choices and preferences were taken into consideration.

Staff had a good understanding of people's health care needs and referred them to health care professionals in a timely manner.

Is the service caring?

Good ●

The service was caring.

The registered manager and the staff knew people well and there were positive relationships between the staff and people living at the service.

People were treated with dignity and respect.

People were encouraged to make choices and decisions for themselves.

Is the service responsive?

Good ●

The service was responsive.

Care was responsive to people's individual needs and preferences.

Activities were available within the service to suit the individual needs of the people living at the service.

Staff responded to people's needs in a considerate and timely manner.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with appropriate leadership and support, staff were complimentary about the support they received from the managers.

There were effective quality assurance systems in place to monitor the quality of care and to drive improvements within the service.

The provider and registered manager were clear about the aims of the service and worked collaboratively with people living at the service in order to improve and develop the service.

Ivy House

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 25 November and was unannounced.

The inspection team comprised of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a dementia care service.

We contacted commissioners for social care, responsible for funding some of the people living at the service. We also reviewed the information we held about the service which included notifications of significant events that affect the health and safety of people living at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people living at the service and six relatives. We spoke with three members of care staff, the registered manager, deputy manager and the provider. We reviewed the records of four people, which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Is the service safe?

Our findings

One person living at the service told us, "I feel safe here, I like living here", another person told us, "I do feel safe here, I'm definitely stopping here". A relative we spoke with said, "Oh yes they [people using the service]? are definitely safe at Ivy House, it's wonderful".

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff informed us that they had received safeguarding (protecting people from abuse) training and they knew where the whistleblowing policy was kept. The registered manager informed us that safeguarding was brought up at every staff meeting to ensure that staff were aware of how to recognise and report signs of abuse. The registered manager also informed us that they would contact the local authority if they themselves had any concerns, or required any advice.

Staff said that they would not hesitate to report any concerns and were confident that the registered manager would act promptly and appropriately. This meant that people living at the service could be confident that issues would be addressed and their safety and welfare promoted.

Plans of care contained risk assessments (an assessment to evaluate or analyse the risks to the individual), including those related to nutrition, falls, pressure care and moving and handling. We saw that measures were in place to manage those identified risks and were monitored. For example we saw that one person living at the service could get agitated at times. There was an assessment place to identify how this could be prevented, monitored and managed. This meant that staff knew what the risks were to the individual and how to manage them safely.

We saw there were sufficient staff to meet people's needs, one person living at the service told us, "Yes there are enough staff". A member of staff told us, "There are enough staff, we are a brilliant team and all pull together". Another member of staff said, "There are enough staff, we all help each other out".

Staff informed us that they were aware of how to deal with emergencies; they had received training in first aid and fire safety. We saw evidence that people had personal evacuation plans within their records to be acted upon in the event of a fire. This was to help ensure people received the appropriate level of support in the event of a fire to help keep them safe.

We saw that there were accident and incident records which were up to date. We saw evidence that appropriate action had been taken when accidents and incidents had occurred, for example one person had fallen after getting out of bed and therefore an alarm mat had been placed next to their bed to alert staff if they were to get out of bed again during the night.

We found that staff recruitment procedures operated by the provider were safe and in line with their policy and appropriate checks were carried out. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service.

There were effective systems in place for the maintenance of the building and we saw records of services for equipment as well as testing of water, heating and gas.

People received their medicines safely, when they needed them. One person living at the service told us, "They always give me my tablets at the right time". We saw that people were supported by staff to take their medicines in a safe way. All staff who administered medication had received appropriate training. This ensured people's health was supported by the safe administration of medicines.

Is the service effective?

Our findings

One member of staff told us, "We get a good induction, and good training, I love it, we learn so many different things", another member of staff said, "I got a good induction when I started and I enjoy the training, they encourage you to develop, I'm going to be starting my NVQ (national vocational qualification) level 3 soon".

Records showed that staff had accessed a range of training that was specific to the needs of the people living at the service. Newly recruited staff received an induction within the service and were also due to commence the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager informed us that staff had supervisions every three months, staff records showed that there were discussions about concerns, development needs and outcomes to achieve within these meetings.

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 make 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. 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 appropriate MCA assessments had been completed. The registered manager and staff demonstrated a good awareness and understanding of MCA and when this should be applied.

The registered manager had a good understanding of DoLS legislation. All of the people living at the service were assessed as being deprived of their liberty and all but one person had DoLS authorisations that had been approved.

One person living at the service told us, "The food here is very good, there's no rubbish, and I get a choice", another person said, "I love the food, we get a choice of what to have". One relative informed us, "The food is very good, and they have plenty of snacks and drinks between meals".

We saw that people were offered a choice of food and drinks at meal times and asked if they would like more when they had finished. People were able to sit where they chose to eat their meals and were appropriately supported by staff as needed.

Information in people's plans of care showed that referrals were made to healthcare professionals in a prompt and timely manner. One relative told us, "My relative was unwell on a Sunday evening, staff called

the GP out straight away as they did not want her to be in discomfort". During the inspection we witnessed both a district nurse and a GP being contacted to visit people living at the service.

Is the service caring?

Our findings

One person living at the service told us, "The staff are all so kind to me". One relative said, "The residents get more love and care than they would get anywhere else, I thank god every day that I found this home, they have a special quality and make the residents part of the family". Another relative told us, "The care is superb, staff bend over backwards. Ivy House is not a home, it is home". Other comments from relatives we spoke with included, "The staff are very caring, Ivy House just feels like home from home". And, "It is brilliant, I have nothing but upmost praise, the staff are so lovely".

Our observations showed staff sitting and talking with people. Staff spoke in a kind and reassuring manner. We saw staff being caring and affectionate with people, such as holding their hands. One person asked if they could contact their daughter as they wanted to speak with them. Staff supported the person to use the telephone so that they were able to do this.

We saw that staff called people living at the service by their first names and we were informed that these were the names that either the people themselves, or their relatives had requested they be called by. We saw that one person was called by their title rather than their name. Staff informed us that this person had made this request when they moved into the service and their choice was respected.

We observed a person become distressed, we saw that staff responded to them in a calm and reassuring manner and remained with the person until they were feeling happier. We saw in the same person's plan of care that it identified what triggers may cause them to become distressed and what staff could do to minimise this. This showed that staff were able to respond appropriately to people in a positive and caring way, whilst also reducing people's distress.

It was evident from people's plans of care that people living at the service, as well as their relatives were involved in the planning, and also the reviewing of care. There was evidence of discussions that had taken place and the registered manager also showed us evidence of the daily communication she had with relatives to keep them updated of any changes or appointments or visits from healthcare professionals.

The registered manager had a good background knowledge of people living at the service, including their abilities, and preferences. This was documented in the plans of care. The registered manager informed us that they worked closely with people living at the service, and their relatives, to maintain their independence to its optimum level. They were knowledgeable about all aspects of their care and through conversation displayed a commitment to promoting people's health and welfare.

We observed staff treating people with dignity and respect. We saw that in a family satisfaction survey one person had written, "My relative is treated with dignity, and staff are respectful of privacy, they always knock on the bedroom door and wait to be invited in".

We observed staff to be checking toilet doors were shut in order to ensure people's dignity and privacy. We saw staff act promptly when a person's presentation was being compromised and assistance

was given so that the person's dignity was maintained.

Is the service responsive?

Our findings

One relative told us, "The lovely thing about Ivy House is that they treat everyone like the individual they are".

People's plans of care were detailed and informative. They provided staff with clear guidance on each person's individual care needs and were updated regularly to help ensure the information was accurate and to reflect the changes in the person's needs. These changes were communicated daily during staff handovers, and were also documented in the communication book that was used by all the staff.

There was evidence that there had been family involvement in developing the plans of care, with their views and decisions documented.

Plans of care reflected how people liked to receive their care and support. For example in one plan of care it clearly stated how a person who enjoyed outings with their friend would like to be dressed and ready prior to their friend's arrival so that no time was wasted once their friend arrived. Another person's plan of care recorded how they had word finding difficulties and it detailed how a gentle reminder of their last sentence would prompt the person with what they were saying, and reduce distress and frustration.

Activities and interests were evident to meet the individual's needs. A person living at the service told us, "I read books, I watch television sometimes, I also play games, we like playing dominoes though I always get beaten". Another person told us, "I like to go to the shops and out into the garden".

A relative told us, "They do all sorts of activities specifically for the individual. I often come and find staff playing hide and seek with my relative which she loves to play".

The registered manager was able to inform us of the individual activities that people liked to participate in. Those included dominoes, gardening, walks, pub lunches, reading books and playing snooker, one person enjoyed cleaning and washing the dishes as they used to work in the hospitality business and another person liked to chair meetings which the staff and other people living at the service would sit and listen to. The service chose not to have a structured activities plan as they found that this did not suit the needs of the people living at the service.

People we spoke with said they felt confident to raise a concern or complaint if needed, one person living at the service told us, "I would complain to staff, but I don't have any complaints". A relative we spoke with said, "I would always speak to the manager, they sort everything out, but I don't have any complaints".

We saw that there was a complaints policy in the service and the procedure was also in the plans of care. There was also a complaints file but there were no complaints recorded. The registered manager informed us that they maintain regular contact with relatives and friends so that any issues can be resolved straight away before it becomes a concern or complaint.

Is the service well-led?

Our findings

The provider encouraged people to be involved in developing the service. The provider and registered manager worked alongside staff to ensure that the service people received was reflective of the provider's visions and values for respecting people and promoting respect and equality for all.

Staff informed us they were happy in their role, one member of staff told us, "I love coming to work, I love the residents and I love the people I work with, there is nothing I don't like about this job". Another member of staff said, "I love it, I actually get excited about coming to work". Other comments from staff included, "I love it here, everyone is so friendly, we work as a team", and "There are no negatives about this job".

Staff told us they found the registered manager supportive and approachable. One member of staff told us, "They are lovely, always there when I need them. I get complimented and praised; it is so nice to get recognised for our hard work". The manager is lovely, always there for me".

The attitude of staff and the registered manager showed they were committed to their work and to providing the best possible care to the people living at the service. The registered manager would regularly provide care and support which enabled them to work alongside the staff and to develop relationships with people living at the service.

We saw that feedback was sought from people living at the service and also their relatives, these were in the form of surveys. We saw that there were positive comments written on the surveys which included, "The food is very good", "The activities are very good" and "We are so grateful for the care given to our relative".

The registered manager informed us that people living at the service were involved in the recruitment process for new staff. They are introduced to potential new staff and asked their opinions of them.

Regular staff meetings were held where staff were encouraged to express their view and opinions on how to improve and develop the quality of the service.

The provider had systems in place to regularly monitor and assess the quality of the service. The registered manager notified us of significant events that affected people's safety and well being including any allegations of harm and abuse.

Quality monitoring audits were completed on a regular basis, these included checks on care plans, medication, staff recruitment files, housekeeping and catering.

We saw evidence that action was taken as a result of the audits. For example it was identified in the catering audit that food satisfaction surveys would be beneficial and therefore these were now being given to people living at the service on a regular basis. The results of the audits were used to make improvements and develop and improve the quality of the service.