Ivelhurst Nursing Home Limited

Ivelhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Ivelhurst Nursing Home provides personal and nursing care for up to 54 people aged both under 65 and over 65, at the time of the inspection there were 50 people living in the home.

People's experience of using this service:

People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.

Risk assessments were in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities

People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. People were supported to access health care services and to see healthcare professionals when necessary.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open, approachable and the home was well led.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

Rating at last inspection: At our last inspection we rated the service good. The report was published September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Ivelhurst Nursing Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by two adult social care inspectors and one 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. The experts experience was related to the care of older people.

Service and service type:
Ivelhurst Nursing home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced. The inspection site visit activity was carried out over one day on 27 February 2019.

What we did:
Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection. We also received feedback from six health care professionals involved with the home.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with 15 people who used the service, four visiting relatives/friends and one visiting health care professional. We spoke with nine staff members as well as the registered manager.

We looked at a range of records. This included, four people's care plans and medicine records. We also looked at two staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

We observed safe practices during the inspection and people told us they felt safe with the staff who supported them. One person said, "I think it's lovely, and I do feel safe. The staff are so thoughtful and helpful." One relative said, "I went away recently and I felt really easy in myself that [person's name] was safe and well cared for."

Systems and processes to safeguard people from the risk of abuse.

•The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

•Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.

Assessing risk, safety monitoring and management.

• People's care plans included detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks related to nutrition and hydration and preventing pressure ulcers. Where a risk was identified action was taken to mitigate the risk. For example, one person at risk of falls had a full assessment and agreement in place to provide a mat which triggered an alarm to warn staff they were walking about their room. This meant the person could remain in their room as they wished but be safeguarded from the risk of falling.

•To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment.

•People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. One person said, "They always seem to have a lot of staff on. All the staff work together and if someone needs help there's someone there." A relative said, "There are always plenty of staff here. I come at all different times of the day and it always seems well staffed." One visiting health care professional said, "I am very impressed they always seem to have plenty of staff in the home."

•Staff told us they felt there was sufficient staff as they could take time to talk with people and join in activities.

•Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

Using medicines safely.

•Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.

•Medicines were stored safely and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines'. These gave staff very clear instructions on how and when they could be used. One person said, "I get my tablets right on time, every day. We're happy with how it's done."

Preventing and controlling infection.

•Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.

•Domestic staff cleaned all the door handles in the home daily and PPE was made available in each person's room. These measures meant the home had not experienced an infectious outbreak for over a year.

Learning lessons when things go wrong.

•Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was taken in to account to establish patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

One person told us, "I think they are very good and I have no complaints. They are very good at what they do. They are always going training."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

•Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Everybody we spoke with told us how they were involved and most people knew what staff had written. Some people were not aware of their care plan but said they were not interested in looking at paperwork.

•Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This meant staff could provide appropriate and person-centred care according to individual needs.

•People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

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

•People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. Records showed staff assisted people to go to the dentist and the opticians. One healthcare professional said they found staff were very knowledgeable about the people living in the home and were very, "Proactive," when they recognised a person's health was deteriorating.

•Where specialist advice was needed staff referred people to ensure they received the support they required. For example, the home liaised with the falls teams to raise awareness around the cause of falls and how to prevent them. They also referred people to the Speech and Language Therapy (SALT) team to assist with safe eating and drinking.

Staff support: induction, training, skills and experience.

•People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. Staff told us there were training

opportunities and they could suggest additional training they were interested in or thought was needed.

•Staff told us they were supported by the registered manager and senior staff through regular supervisions and annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

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

•People's nutritional needs were assessed and they were supported to have a well-balanced diet. Staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice.

•Everybody spoken with was complimentary about the food served in the home. One person said, "Lovely food always good. You can choose what you want and you can ask for something else. I like what they put up. They ask you the day before. There's cups of tea, water, coffee, hot chocolate." Another person told us how they always had plenty of fluids 'at hand'.

•We observed lunch which had an informal, social feel. People were offered drinks of their choice and there was a warm cheerful atmosphere. People who required help to eat were supported in a dignified way.

Adapting service, design, decoration to meet people's needs.

•The home was adapted to meet the needs of the people living there. People did not need additional signage/adaptations to help them recognise where their room or the toilet was. There was wheelchair access throughout the home and people could access the garden areas with ease. One person said, "It's lovely living here. I can get out into the garden and around the home. I like to be as independent as I can."

Ensuring consent to care and treatment in line with law and guidance.

•People only received care with their consent. One person said, "They always ask before they do anything. They are good like that. If I say no they come back later when it is more convenient for me."

•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.

•Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.

•People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

•We checked whether the service was working within the principles of the MCA. Records showed the registered manager liaised with the local authority to find out the progress for existing applications and to renew those that may may have expired.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

One person said, "They [staff] are very caring, respectful and polite, can't ask for more." A relative said, "They [staff] are always welcoming. Very polite and respectful to [the person's name].

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

•We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a close relationship with staff which could be seen when they were talking and laughing with people.

•People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly, and local Methodist minister visited. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

•There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.

•People contributed to decisions about the activities they attended or wanted to attend. People decided on what they wanted to do and what trips they wanted to go on at resident meetings. However, the information to enable people to choose daily was not made available in their rooms. One relative explained how they had asked for the timetable to be provided. The registered manager said they would look at ways to make the weekly activities timetable available for all to see so they could make informed choices.

Respecting and promoting people's privacy, dignity and independence.

•Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.

•Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

•People's care plans included clear information for staff about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. Some people told us they had been involved in developing their care plan, whilst other said they did not know about their care plan but were happy with their care and support. Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans.

•Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard.

•People participated in a range of activities to meet their individual needs. People told us that they enjoyed joining in with the morning 'Flexercise' sessions. These are exercises designed for people to remain fit whilst sat in chairs. During the morning we observed people taking part in exercises and a quiz. One volunteer helped people to read newspapers and complete crosswords. However, the activities person was part of the care team in the afternoon. Staff continued to engage people in an activity but there was not the same atmosphere as the morning.

•Some people told us they would like to go out more. The activities person explained to us how they looked at innovative ways to bring outdoor activities into the home when people were unable to go out. For example, they had used paddling pools to bring sand and warm water into the home for a beach experience. One person told us about the experience, "Last summer they [staff] brought the seaside to the home, with paddling pools and sand. We had fish and chips to eat."

•One person told us how the activities organiser tried to encourage them to join in with activities. They said, "We could do more if we wanted to. [Activities organiser] always tries to get us out. We go on the patio when it's nice weather. We could go downstairs. She does her level best to get us out. She has parties, she has people in the music world. We go down to that. A young lady comes and sings."

Improving care quality in response to complaints or concerns.

•There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint. One person said, "If I felt the

need to complain I would talk with [the registered manager]. She makes her presence known and we can always talk to her. I don't really have any complaints though."

•Compliments received included, "Thank you for the wonderful job you are doing" and, "The care and attention [the person] was given was second to none. All the staff were so thoughtful and helpful." One relative wrote, "I was very apprehensive when [the person] came to stay at Ivelhurst. However, he is very happy and is being well looked after…the staff all seem happy and helpful and genuinely care for the ladies and gentlemen in their care."

End of life care and support.

•People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. The registered manager also sent bereavement questionnaires to relatives. This meant they could improve the experience for people and their relatives when providing end of life care.

•The registered manager explained that they had completed the processes of being re-accredited for the Gold Standard Framework (GSF) and they continued to work to the principles and guidelines. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Care plans contained information about the care the person would, and would not, like to receive at the end of their lives, including under what circumstances they wished to be admitted to hospital and whether they wished to be resuscitated.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

One person said, "It all seems very well run. Staff are happy, we are happy and we get to see the matron when she walks round. She seems very good and approachable."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

•The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people.

•The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

•The service was well run. Staff at all levels were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.

•Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and future plans for the home.

•Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs.

•To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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

•People and their families could comment on the service provided. The registered manager carried out satisfaction surveys as well as resident meetings. Comments were largely positive. Where issues had been raised action had been taken and fed back to people living in the home or their relative. For example, relatives had commented on communication with staff during end of life care. Systems had been put in place to ensure communication with relatives had improved.

Continuous learning and improving care.

•There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.

•The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other care home managers in the area. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others.

•The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs. One visiting health care professional told us the staff worked well with them and had a good knowledge of the needs of people living in the home.