Ivor Lodge Limited

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Inspection report

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Date of inspection visit: 17 December 2015
Date of publication: 17/03/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The Inspection took place on 17 December 2015 and was unannounced, which meant the provider did not know we were coming.

The service was last inspected in July 2013 and at the time the service was meeting the regulations assessed during the inspection.

The service had a registered manager. 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. The registered provider was also the registered manager at this service.

People were happy and told us that they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to follow up and report suspected abuse. Staff were knowledgeable about their responsibilities and trained to look after people and protect them from harm and abuse.

Summary of findings

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to be sufficient staff available to meet people's needs and who worked in a co-ordinated manner.

Medicines were ordered, stored and administered safely.

There were a number of infection control and privacy and dignity issues that required attention by the provider.

Staff received appropriate induction and ongoing training for their job role, had access to people's care records and were knowledgeable about people's needs that were important to meet their needs.

People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

People were provided with a choice of meals that met their dietary needs. Alternatives were provided for people that did not like the meal offered. The catering staff were provided with up to date information about people's dietary needs and potential allergies.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle.

We observed staff speak with people in a kind, and compassionate way. People told us that care workers were polite, respectful and protected their privacy.

Staff had a good understanding of people's needs.

People told us that they had developed good relationships with staff.

We observed staff regularly offered people choices and respected their decisions.

People told us that they were able to continue contact with the outside community, which was important to them. These included the opportunity to maintain contact with family and friends.

Staff told us they had access to information about people's care and support needs and what was important to people. Care staff were supported and trained to ensure their knowledge, skills and practice in the delivery of care was updated, though some courses had not been undertaken recently, which meant some staff may not have the latest training information. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The provider had developed opportunities for people to express their views about the service. These included weekly meetings and the views and suggestions from people using the service, their relatives and health and social care professionals through periodic questionnaires.

Staff sought appropriate medical advice and support from health care professionals. Care plans included the changes to people's care and treatment. People were confident to raise any issues, concerns or to make complaints.

People who used the service spoke positively about the open culture and communication with the staff. We noted that the provider interacted politely with people and they responded well to him.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. Care staff understood their roles and responsibilities and knew how to get support.

There were some systems in place for monitoring of the building and equipment. However these did not cover the full range of internal audits which meant that there were areas of the home which required immediate improvement to ensure people's safety.

Staff were aware of the reporting procedure for faults and repairs and had access to external contractors for maintenance to manage any emergency repairs.

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 not consistently safe.

People were happy and told us that they felt safe.

Medicines were stored and administered safely.

There were enough staff on duty to keep people safe and meet their needs.

We found a number of infection control, privacy and dignity issues throughout the home.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

People received appropriate food choices that provided a well-balanced diet and met their nutritional needs.

People were supported by a knowledgeable staff group.

Is the service caring?

Good

The service was caring

Positive relationships had developed between people and the staff team, and staff spoke with people in a friendly and respectful manner.

Staff respected people's individual privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People using the service were involved in compiling and reviewing care plans.

Staff knew the service user group.

People said they felt able to approach the manager and staff if they had complaints.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There was a clear management structure in the home and the registered manager was in day to day management of the home.

Staff demonstrated an understanding of their roles and responsibilities and also knew how to access support.

Summary of findings

Essential services such as gas and electrical systems, appliances, fire systems were serviced and regularly maintained.

The quality assurance process had not revealed a number of deficiencies which placed people at risk from unregulated water temperatures, a poorly maintained building and potential cross infection issues.

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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 17 December 2015 and was unannounced.

The inspection teams consisted of one inspector and a nurse specialist adviser.

Before our inspection we reviewed the information we held about the home and information from meetings held with the local authority commissioners and the police.

We had received two notifications from the provider since the last inspection. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time observing care and support being provided throughout the home. We spoke with four people using the service, the registered manager, a senior carer, cook and two care workers.

We looked at records relating to all aspects of the service including care and staffing, as well as policies and procedures. We also looked in detail at three people's care records and the recruitment files of three care workers.

Requires improvement

Is the service safe?

Our findings

We looked around the home, in lounges, toilets, bathrooms, kitchen and public areas. We noted a number of areas that needed urgent cleaning and replenishment of materials. In the downstairs shower room we observed that the lighting pull cord in the shower room was engrained with dirt and there was no soap to aid hand washing. Some of the hand wash sinks and baths had plugs and some had connecting chains, few had both. That meant proper handwashing facilities were not in place, and so people were not protected from cross infection risks.

In the first floor bathroom there was a fist sized hole in the wall, exposing the bare plaster and the wooden backing, we asked the registered manager about this but they were unaware how or when this had happened.

There were few toilet and bathing facilities that had appropriate locking facilities. That meant the privacy and dignity of people were compromised.

We also saw that a number of bath and wash hand basin taps were heavily corroded with lime scale and there was a cracked tile in the first floor toilet. There were uncovered toilet brushes in the toilet areas, and open topped bins throughout the home. Cleaning schedules were in place, though these did not provide information what colour coded equipment was to be used in any particular area or what cleaning and disinfection chemicals were to be used. That meant that people were not cared for safely due to the potential risk from cross infection or cross contamination issues.

We did not see control of substances hazardous to health (COSHH) data sheets in place. These are to instruct staff to the safe working practices around working with chemicals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

People who used the service told us they felt safe. One person said, “I have a bedroom door key, I know my money’s safe in there” and added, “We have meetings on a Monday, we can discuss any problems there.” Another person said, “I don’t like going out late this weather, it’s not safe, I’d rather be here, it’s different in the summer it’s nice being out.” Another person said, “We all [staff and people using the service] get on well here.” Another said, “I had a bedroom key, but lost it. I didn’t lock my bedroom anyway, as it’s ok [safe] here.”

Staff knew how to recognise the signs of abuse and were able to tell us what the different types of abuse were. We saw that the provider had safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Staff we spoke with had a good understanding of what abuse was and how to act on any concerns they had about people’s safety. Staff also knew about the whistle blowing policy and were confident to use it if their concerns were not acted on. Staff told us that they had received training in the safeguarding procedures and the training matrix confirmed this.

People told us they were involved in discussions and decisions about how risks were managed. All the people in the home were mobile and a number went out independently. One person said, “I like it here we are free to come and go as we please.” People could be assured that steps were taken to maintain their safety. All bedrooms were lockable and people told us they had access to a bedroom key if the wished.

The registered manager provided evidence of service user meetings which were held every two months, over and above the weekly ‘Monday’ meetings, which are used more for day to day changes to the catering and meals. The minutes are recorded by people living at the service. We looked at the minutes from a recent meeting which stated, “As service users we feel our views, opinions and choice are respected. Residents are safe from abuse, emotional, financial, physical and psychological.”

There were arrangements in place to deal with foreseeable emergencies. There were procedures and contact telephone numbers to follow in the event of an emergency. Each person had an evacuation plan that detailed what support people required in an emergency. Fire safety checks were carried out regularly. Staff were aware how to record incidents, accidents and injuries. The provider has notified us and other relevant authorities of incidents and significant events that affected people’s health and safety, which included the actions taken and changes to documents associated with risk.

However when we went around the home we noted some first and second floor windows that were able to fully open.

Requires improvement

Is the service safe?

That posed a significant health and safety risk to anyone in the home as people could fall from windows. There were also various items of furniture stored in the garden. The registered manager stated they were due to be removed, and they had arranged for these items to be disposed of.

We looked at the last Fire Officer report from January 2015. The registered manager had undertaken a significant amount of improvements to upgrade fire doors and fire protection throughout the home. The fire risk assessment had been updated following the Fire Officer's visit. We saw that staff checked the fire detection system weekly.

People told us that there were enough staff on duty to meet their individual needs. People told us that staff were always available to talk with. We observed that there were sufficient staff available to meet people's needs, and saw where staff responded to people's requests for assistance.

People's safety was supported by the provider's recruitment practices. Staff described the recruitment process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff were able to work unsupervised.

Staff we spoke with told us there were enough staff. One member of staff said, "We have enough staff here, and share the work" The registered manager told us that the staffing numbers were determined by taking account of people's dependency levels matched against the skills, experience and number of staff required. They increased the staffing in order to meet people's needs and to keep them safe. The staff on duty mirrored the staff rota and included the registered manager who was one of four staff that provided on-call support.

People told us that they received their medicines when they should. One person told us, "The staff give me all my medicines, I am happy for them to keep them." We found that medicines were appropriately secured and stored in a room where the temperature was regularly monitored to ensure their effectiveness.

We looked at the records for four people who received medicines. These had people's photographs in place, and were completed appropriately, with signatures and countersignatures, where these were required. Information about identified allergies, and people's preference on how their medicine was offered was also included. Some people were prescribed 'PRN' (as required) medicines. There were protocols in place and these guided the staff to the circumstances and regularity when these medicines should be given. Medication audits were in place and completed regularly, which meant the provider could be confident that people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us that they were aware they could make choices about their care and we found staff were knowledgeable about meeting people's needs. One person said, “We have Monday meetings and can add any food to the menus then.” Another stated, “I don’t cook, I don’t need to, they do everything for you.” Another said, “The foods good here, we have fish and chips, chicken and chips and great home-made curries, [named staff] makes a great curry.” Another said, “The food’s good, I can have my favourite pork pie, I like pasta, rice meals and chillies.”

Staff told us they received training when they commenced work at the home. Staff said there was enough training and they didn’t feel they had any gaps in their knowledge. There was evidence staff had received training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and mental health awareness, MCA and DoLS.

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, 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 are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff had an understanding of the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and their role to protect the rights of people using the service. There were no people currently resident subject to deprivation of their liberty. Discussion with the provider confirmed that they had a clear understanding of the MCA and consideration of DoLS restrictions had been considered. Where DoLS applications had been made, these were reviewed by the local authority, and considered that no deprivation existed and the DoLS were not granted. That meant the provider had acted appropriately and considered people’s freedom and liberty in line with current legislation.

All staff we spoke with demonstrated an understanding and awareness of reporting suspected abuse. Some staff received additional training in infection control and medicine administration. We confirmed this staff training with the matrix made available on the day.

When we spoke with staff they demonstrated they were aware about people’s individual needs and told us how individual people were best supported. We saw how changes to people’s care and support plans were communicated between the staff at handover meetings and recorded in a communication book.

When we spoke with people who used the service they told us they were aware of their care plans. Two people stated they read their care plan but neither wanted to sign the document to confirm the support being offered. This confirmed that staff understood the need to ask people and record their choices.

Staff told us that people had differing levels of capacity and understanding, which varied from day to day and in line with their mental health. We saw how staff supported people to make decisions about their daily life, and examples of these were in the care plans we looked at. We saw that staff obtained people’s consent before assisting them to meet their needs. This was done with staff explaining what they were going to do before the task began.

People told us they had sufficient amount to eat and drink. The cook told us that four weekly menus were produced based on what people liked. We saw there was a choice of meals on offer at lunch time during our visit. People confirmed that they could ask for any meal choices to be added to the menu, and these were decided at the weekly ‘Monday meeting’. We confirmed this from copies of meeting notes. That demonstrated people’s individual meal choices were promoted.

There were no people that required an assessment of their nutritional needs or supplements to their dietary needs due to weight loss, however some people had nutritional supplements prescribed. That meant people’s nutritional needs were considered and amendments made as necessary.

Good

Is the service caring?

Our findings

People were complimentary about the staff's attitude. One person said, "I don't go out much I am happy here, the staff are friendly and helpful." Another said, "When I go up to see the doctor the staff come with me, they always ask if they can come in and see what the doctor says." And another said, "They go out their way to help you."

We saw that positive relationships had developed between people that used the service and the staff team, and we saw staff spoke with people in a friendly and respectful manner.

We saw a person speaking with a staff member about a private matter. Once the member of staff realised the subject, they suggested they went to a more private area of the home to fully discuss the matter. That showed the staff thought about people's confidentiality and communicated with the person appropriately.

Staff understood the importance of respecting and promoting people's privacy. Staff told us they were given time to read people's care records, which contained information about what was important to them. Staff gave examples of how they maintained people's privacy and dignity when providing care and support. We heard where staff knocked on people's bedroom doors and waited for an answer before entering the room, which promoted people's dignity.

The staff went on to speak about ensuring toilet doors were closed as some of the people did not see this as a priority. They also talked about knocking on closed doors and waiting to be asked to enter. We saw this being carried out by staff.

However we saw there were a number of toilet and bathroom doors that did not lock. That meant people's privacy and dignity was not fully promoted. We spoke with the registered manager about the broken door locks, who had been unaware of the problem. The registered manager stated they would be repaired immediately.

One person who we spoke with confirmed they were involved in decisions about their care and they told us they had signed their care plan and risk assessments, which we confirmed on the day. Staff told us they undertook care plan reviews on a regular basis. The people we spoke with told us they did not want to be involved in reviews and they could see their care plan if they wished.

Staff were also aware of the importance of keeping people's personal details and information confidentially. Staff explained they would not discuss or divulge information to anyone but would refer people on to senior managers.

Staff said they had enough information to meet people's needs and were kept up to date with any changes through information at handovers from senior staff and the registered manager.

Prior to our inspection visit we contacted a range of social and health care professionals and they told us that they had no concerns about the care provided.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed to maintain their daily lifestyle. People looked relaxed when talking with staff.

People told us they were aware of their care plan, and some people told us they were involved in reviewing their care plans and risk assessments. One person said to us, "I am aware of my care plan, I look at it once in a blue moon, if there's anything I want to know I will ask them [staff]." Another person said, "I know about my care plan, [and] I sign it." And another person said, "I am looking forward to the Christmas party tomorrow."

There was evidence that people received annual health checks with their GP and specialist nurse. People were encouraged to attend the local surgery to see the doctor. That meant people were encouraged to participate in normal health activities outside the home. We saw where arrangements were in place for people to be reviewed by the other professionals such as social workers, a community psychiatric nurse (CPN), psychiatrist, and dentist when needed.

People were very independent and required little physical assistance to meet their care needs. Staff told us they were there to help people if required, but mostly this meant talking through problems and any issues they had. Staff also told us they had additional responsibilities as keyworkers for named people who used the service. They met with people at least once a month to discuss any concerns and look at any changes to care plans. Staff confirmed they had access to care records and received daily updates about any changes to people's needs at the start of each shift.

We observed staff worked well together in a calm and organised way. Staff communicated well with people using the service, spoke clearly and gave specific information about the care being offered.

Care records showed that people's plans of care were reviewed regularly and review meetings regularly involved health care professionals.

We noted people were free to choose what activities they undertook. One person told us they went out to a local social club most days. They told us that enabled them to keep up with the friends they had known since growing up in the area. Another told us they were looking forward to the Christmas party the day following our visit. They added they were looking forward to meeting their next door neighbour [from the community] as they always attended the party. That meant people were enabled to develop and maintain community links important to them.

One of the other people said to us they were happy just watching television or playing music in their bedroom, and added, "There are always staff around to chat with if you have a problem, or just want to pass the time."

People also told us that they would talk to the staff or the manager if they had any concerns. One person said, "Complaints, if I had one I would speak to [and named two staff]."

We saw the provider ensured people had access to the complaints policy and procedure if required. This was freely available and included the contact details for an independent advocacy service and the local authority and out of hour's social work service should people need support to make a complaint or raise a concern.

The provider had systems in place to record complaints. Records showed the service had received no written complaints in the last 12 months and verbal concerns had all been investigated fully. The complaints records did not include any verbal complaints. The registered manager stated these would be recorded and acted on if any were made in the future. The registered manager told us that any lessons learnt from complaints were communicated to all staff to prevent any reoccurrence, however we could not evidence this on the day. People could be assured that their complaints were taken seriously and acted upon. The registered manager also told us they were in the home most days, and anyone could come and discuss any issues they might have, at any time.

Prior to our inspection we contacted health and social care professionals for their views about the service. They told us that the management team responded well to feedback and as a result the care of people using the service had improved.

There was evidence that people received annual health checks with their GP and specialist nurse. We saw arrangements were in place for people to be reviewed by the other professionals such as social workers, a community psychiatric nurse (CPN), psychiatrist, and dentist when needed.

Requires improvement

Is the service well-led?

Our findings

People who lived at the service were aware who the provider and registered manager were. They confirmed they were at the home on a daily basis.

We saw evidence of questionnaires, feedback from questionnaires and minutes of meetings that involved the people who lived at the home. Staff also confirmed people were encouraged to share their opinion, at the regular meetings and through the periodic questionnaires.

There was a clear management structure in the home and the registered manager was in day to day management of the home. The registered manager and other senior staff were registered nurses, although the home did not require registered nurses in post as part of the registration of the home as it is not registered to provide nursing care.

Staff demonstrated an understanding of their roles and responsibilities and also knew how to get support when they needed it. Staff had access to people's plans of care and received updates about people's care needs at the daily staff handover meetings. This meant staff had the up to date knowledge to care and support people. There was a system in place to support staff, including regular staff meetings where they had opportunities to discuss their roles and training needs and to make suggestions how the service could be improved. Staff told us that their knowledge, skills and practice was kept up to date. We viewed the staff training matrix, which showed that staff had updated refresher training for their job role and training on conditions that affected people using the service such as dementia awareness, behaviours that challenge, administration of medication, first aid and mental health awareness.

People were recruited in line with the provider's recruitment practices. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff were employed. We also saw copies of forms that were part of the recruitment process, and up to date CRB and DBS checks That meant staff had the appropriate checks in place before being employed in the home.

Staff received regular training and supervision, which also formed part of their development. The registered manager said that was when people's care plans and development were discussed. We viewed the staff files and saw a number of supervisions had been placed on staff files.

There was a system in place for the maintenance of the building and equipment, with an ongoing record of when items had been repaired or replaced. Staff were aware of the process for reporting faults and repairs. However the quality assurance process had not revealed a number of deficiencies which required urgent action to ensure people lived in a safe environment (see the report section 'safe' for details). There were a number of temperatures monitored by staff throughout the home. The temperatures of the fridges, freezers, medicine storage room, and hot water outlets at wash hand basins and baths were checked regularly. However there were no records of hot water temperatures in the shower areas of the home. That meant people were placed at risk of being scalded from unregulated water temperatures.

Records showed that essential services such as gas and electrical systems, appliances, fire systems were serviced and regularly maintained. The staff team had access to contact numbers for external contractors for maintenance and any emergency repairs.

There were regular meetings held for the people who used the service where they were enabled to share their views about the service. There were also periodic questionnaires circulated as well. These were all used to ask people's opinions of the service and suggest improvements. That meant people could be involved and influence how the service could be improved.

We found information in the policy and procedures file was up to date, which meant staff had the appropriate information to follow and ensure people were safe in the home.

The commissioners who funded people's care packages shared their contract monitoring report with us. The report showed that the home had a recent visit and was now working towards meeting the quality standards set out in the contractual agreement by improving the content of care plans and associated risk assessments.