

Ivy Lodge Care Limited

Ivy Lodge Retirement Home

Inspection report

Briergate
Haxby
York
North Yorkshire
YO32 3YP

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Ivy Lodge is registered to provide care and accommodation for up to 34 older people. The home provides accommodation on two floors. At the time of our inspection there were 33 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection we found the service to be outstandingly caring. At this inspection, we found this continued to be the case. Staff were exceptionally compassionate and kind. We observed numerous caring interactions between staff and people who used the service. It was evident positive relationships had been formed and staff knew people extremely well. Staff used this knowledge to provide a personalised service and enhance people's wellbeing. Throughout our inspection, we saw staff payed great attention to detail when supporting people, in order to ensure they felt valued and respected. We heard comments between staff and people which demonstrated the mutually high regard with which they held each other.

The service was safe and people were protected from harm. Care workers were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. There were sufficient staff to meet the needs of the people who used the service and care workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely.

Training was provided regularly and updated when required. Care workers demonstrated an understanding of the Mental Capacity Act (2005) and told us how they obtained consent before assisting with care. People were supported to maintain a balanced diet. People were offered choice of meals that were provided in line with their preferences.

Care plans were extremely person-centred and comprehensive. Since the last inspection the provider and registered manager had developed the social activities for people; this was evident in the records.

People were supported to access healthcare services and received ongoing support. Referrals to healthcare professionals were made appropriately.

People who used the service, staff and relatives all spoke very positively about the provider and the registered manager and all expressed the positive impact their involvement had.

Quality assurance audits were in place and actions taken promptly to address any issues identified.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	Good ●
Is the service effective? The service remains effective	Good ●
Is the service caring? The service remains outstanding	Outstanding ☆
Is the service responsive? The service remains responsive	Good ●
Is the service well-led? The service remains good	Good ●

Ivy Lodge Retirement 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 was a comprehensive inspection and took place on 1 October 2018, the inspection was unannounced and was carried out by two inspectors.

Before the inspection, the provider completed 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. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted commissioners of the service from the local authority. We also contacted the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

During our inspection we spoke with four people who used the service and two relatives. We spoke with a range of staff including the registered manager, the provider, three care assistants, the chef and the activities coordinator. We reviewed a range of records including three care plans, care monitoring records, medicine records, training and staff files and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and their relatives said the home was a safe place. One person told us, "Yes I feel very safe here." Staff had a good understanding of how to raise safeguarding and whistle blowing concerns. They told us they would have no problem raising concerns if required. Safeguarding concerns had been appropriately referred to the local authority safeguarding team.

Risk assessments were completed in relation to moving and handling, poor nutrition and skin damage. These were reviewed regularly and identified any potential hazards to people's well-being.

Staffing levels were sufficient. People told us, "If I press my buzzer they come straight away." On the day of inspection, we observed there were enough staff to support people when they needed it. One member of staff told us "Yes there is enough staff, we have time to spend with people doing activities and chatting as well as the activity coordinator." The registered manager explained, "If somebody's needs change or they become unwell, we would look at their dependency and increase the staffing levels if appropriate." The activities coordinator had recently had their hours increased following a review of the number of hours required.

There was a robust recruitment procedure. This included checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with vulnerable people. People's previous employment was explored and references received.

Medication continued to be managed safely. We observed support people received with their medication and checked the records of administration. We found records were appropriately completed and accurate.

The home was clean and tidy. Staff were able to explain how to use good infection control practices. One staff member commented, "There is always PPE (personal protective equipment) available to stop the spread of infection." We observed stocks of PPE, such as disposable gloves, were available in the home.

We saw action had been taken when accidents and incidents had occurred. The manager monitored accidents and incidents so lessons could be learned.

The provider ensured that the appropriate certification was in place to confirm the completion of specialist environmental, health and safety checks. For example, we saw certificates for emergency lighting, electricity and gas installation checks as well as tests for legionella.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People's needs were assessed prior to admission to the home and people's relatives confirmed they had been involved in the assessment process. The assessments were then used to develop personalised care plans. We saw care plans had been developed incorporating the person's goals for each area of need.

Staff received training and told us they felt supported. One staff member told us, "We do all mandatory training. I have done my NVQ level 2 and they have just supported me to go on a three-day first aid course." Records confirmed staff received regular supervision and appraisal. The registered manager had also developed an observation tool which was ready to be rolled out at the time of the inspection. This was to check staff competency in a range of tasks.

We saw people were offered snacks and drinks throughout the day. Menus were available on the table for people and people were served the food of their choice. We observed when one person changed their mind, and requested a different meal this was provided. People who were identified at risk of weight loss or malnutrition had their fluid and diet intake monitored.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the importance of gaining people's consent before providing them with care. We found the registered provider had submitted applications for DoLS when required. One care plan had not been appropriately updated in all relevant sections to reflect the fact that they now had a DoLS authorisation in place. The registered manager took immediate action to rectify this.

People were supported to access health care services and professionals whenever needed. The service had a weekly visit from the GP. The registered manager told us, "It's the same GP who visits every week, which I feel is important for people." We saw people had received input from other health professionals such as occupational therapists.

The environment was suitable for people's needs and there was a range of equipment provided to support people's specific care needs. For example, since our last inspection the provider has purchased a new high low bath hoist.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Outstanding. At this inspection, we found the service continued to be caring and remains Outstanding.

People continued to be provided with sensitive and compassionate support by a kind and committed staff team. One person told us, "All the staff members are very good, and really helpful. I mean all the staff, every one of them are nice." Throughout the inspection, we observed staff treated people with patience and kindness. One relative told us, "Yes they are very respectful and very nice. It's not forced for them because they genuinely care." It was clear there was a caring approach throughout the organisation. One staff member told us, "The management team are very caring, they are very hands on with residents, not just sat in an office which I think it's really important. They spend time with people and know them so well." Throughout the inspection we saw people having very positive interactions with the management team.

The service had received a variety of compliments and praise. One compliment stated, "Your caring, compassion and thoughtfulness will always be remembered, thank you so much." Another compliment included, "Thank you for all the love and care you showed my relative, thank you for all the outings and events she so enjoyed and being there in her time of need. The care and compassion was second to none. We cannot thank you enough."

Staff demonstrated clear and real empathy and we could see for ourselves how staff focussed on building relationships by spending time with people and talking to people about their family's and interests. There was a happy and fun atmosphere in the service. We observed throughout the day people enjoying themselves laughing and joking with staff. Staff continued to be highly motivated to ensure people received care which was compassionate.

The service continued to provide extremely person centred care. Care plans were person centred and we saw this reflected in practice. Staff knew people extremely well. We observed staff supported a person with a task. The person responded, "Thank you so much, it's only a little thing but it's really important to me." Staff were pro-active and attentive to people's needs. They understood when people needed assistance and guidance. Staff went that 'extra mile' to ensure people received the best possible care and support. For example, staff regularly visited a person who moved on from the service. Staff went in their own time and ensured the person settled in.

Respect for privacy and dignity was at the heart of the service's culture and values. This was evident by the way staff treated people with respect and ensured their privacy and dignity. One person told us, "They would never come in my room without knocking." One staff told us, "Privacy and dignity is a big focus here, it's really drilled into us."

The service put great emphasis on family involvement and aimed to support both the person and their family. We saw examples of how the service had worked with a person and their relatives to enable the person to start having regular visits back home as they were missing home. People had access to the internet and personal telephone lines should they to enable them to make private contact with families and

friends. The service organised a variety of events for people and their relatives. For example, they did royal wedding party. Staff participated in their own time to celebrate the event, as they believed in the importance of coming together as a community. The service welcomed local churches to hold regular services to meet people's religious needs.

The staff and management team understood the importance of confidentiality. The service had put a variety of measures in place to ensure peoples information was secured. This was in line with the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People and staff gave consistently positive feedback about the management team and the provider. One staff told us, "We are lucky, the provider and the manager are so hands on, they take people out on activities". One person told us, "The provider, the registered manager or one of the two deputy managers are always here, so there is always someone available if you need support."

The registered manager and provider had systems in place to check on the quality of the service people received. Audits covered all aspects of people's care and how the service was run including infection control, kitchen and medication audits. The system for recording care records notified the manager of any alerts such as any accidents and incidents, people losing or gaining weight. The manager was able to run reports to analyse accidents and incidents and identified trends.

There was a clear focus on people living at the service being included in how the service was run. Since our last inspection, the service had developed an activities committee. This ensured the people who used the service and their relatives were involved and could develop the activities on offer. Regular meetings were taking place for people who use the service and their relatives, we reviewed minutes of these and saw people were actively involved in any changes in the service and were able to discuss any queries they had. People gave feedback to the service on things such as the menu and meal time experiences. Some people requested trying music during evening meal times. Monthly newsletters were also sent out with service updates and upcoming events.

The documentation we reviewed showed that management and staff took steps to action any issues highlighted in the monitoring systems and put measures in place to address these in a timely manner. For example, gaps on medication administration records had been identified and these had been addressed with staff.

We could see that that the service had developed relationships and worked in partnership with other organisations. The registered manager told us, "We have local churches coming, local schools and we also support people to access the local shops to ensure we are engaging with the local community."

People who used the service, their relatives and staff were asked for their feedback about the service in questionnaires and in meetings. Surveys were analysed and the results shared with all involved. We reviewed meeting minutes and saw regular meetings were taking place and people had opportunity to raise any ideas or concerns. Appropriate actions were taken by the registered manager.

There was a network of support for the registered manager which included two deputy managers, senior care staff, care staff, housekeepers and catering staff. The provider of the service was also very involved in the service. The registered manager told us she has regular meetings with the provider and that they are at the service most days.

Is the service well-led?

Our findings

When we last inspected Ivy Lodge Care Home we concluded the home was well-led and rated it good. Following this inspection, we found the home was still well-led and our rating remains good.

People and staff gave consistently positive feedback about the management team and the provider. One staff told us, "We are lucky, the provider and the manager are so hands on, they take people out on activities." One person told us, "The provider, the registered manager or one of the two deputy managers are always here, so there is always someone available if you need support."

The provider had a quality assurance and auditing system. The registered manager carried out audits of the service including medication, infection control, kitchen and medication audits. The system for recording care records notified the manager of any alerts such as any accidents and incidents, people losing or gaining weight. The manager was able to run reports to analyse accidents and incidents and identified trends.

The documentation we reviewed showed that management and staff took steps to action any issues highlighted in the monitoring systems and put measures in place to address these in a timely manner. Examples included where faults had been found with the dishwasher and gaps on medication administration records these had been actioned swiftly.

We asked the registered manager how she engages with the public, she explained "We have local churches coming, local schools and we also support people to access the local shops to ensure we are engaging with the local community."

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