

Cream I Limited

Ivy View

Inspection report

7 Culmhead Close
Taunton
TA1 4TG

Tel: 01823272633

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ivy View is a residential care home providing personal care to one person. The home provides a service to a person who has a learning disability.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the principles of right support, right care, right culture.

Right Support

Staff supported the person to have the maximum possible choice, control and independence and to be in control over their own lives; the policies and systems in the service supported this practice.

The person received personalised care and support which was completely built around their needs and preferences. The person had their own small staff team who they knew and trusted. We were told that the service was specifically set up for the person who lived at the property.

There was a core team of staff who had worked at the home for a number of years and knew the person well. The person was supported to be involved in all decisions about their care and support. Staff supported the person to make choices and communicated with the person in ways that met their needs.

Staff focused on the person's strengths and promoted what they could do, so the person had a fulfilling and meaningful everyday life.

The person was supported in ways that reduced periods of distress. The person was clearly relaxed with staff and reassured by their presence.

Staff supported the person to take part in home based activities and pursue interests in their local area if they enjoyed this. Staff told us that prior to the pandemic, the person attended and enjoyed a number of community activities but due to the restrictions associated with the pandemic, the person was not currently attending these. The registered manager advised that this will be reviewed.

Staff enabled the person to access specialist health and social care support in the community.

Staff supported the person safely with their medicines and worked with health professionals to achieve good health outcomes. Staff worked with other professionals to avoid the person taking unnecessary medicines.

Infection control procedures and measures were in place to protect the person from infection control risks associated with COVID-19.

Right Care

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs. Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between the person and staff. We observed that staff were respectful of the person and took time to offer support and reassurance when needed.

Staff understood how to protect the person from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were enough staff to meet the person's needs. Staff understood and anticipated the person's needs which contributed to a calm atmosphere at the home.

The person could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

The person's care and support plan reflected their range of needs and this promoted their wellbeing and enjoyment of life.

The person could take part in activities and pursue interests that were tailored to them.

Right culture

The staff were committed to ensuring the person was leading the life they wanted and placed the person's wishes, needs and rights at the heart of everything they did. Staff told us that they "Help [the person] to have a nice day, whatever [the person] feels like doing. Helping [the person] be as proactive as possible."

The person received kind and compassionate care from staff who were calm, and attentive to the person's emotions and support needs. A relative spoke positively about the person's staff and commented that "[The person] appreciates their calmness."

The person was treated with dignity, respect and care. Although staffing levels were high, staff appreciated that this could be intrusive and worked in ways that enabled the person to have safe time alone when needed.

Staff empowered the person to make their own decisions about their care and support. Where the person was assessed as lacking capacity to make a decision, the service was working within the principles of the MCA with best interest processes followed and recorded. Applications had been made for the person to be deprived of their liberty where they needed this level of protection to keep them safe. The person did not have access to all the areas of their home. Whilst these restrictions were not reflected in the person's DOL's, during the inspection the registered manager reviewed these restrictions and a Mental Capacity Assessment and Best Interest decision put in place.

The person, and those important to them, were involved in planning their care. Staff discussed how the person expressed themselves when they were unhappy. This was through informal means such as becoming agitated or distressed. Staff also reflected on the person's preferences when considering the quality of support they provided. This meant the person's views were considered when planning for the service. The person's relative told us they felt fully involved.

The person's quality of life was enhanced by the staff team's commitment to ensuring a respectful and inclusive culture. Systems were in place to monitor the quality of the care and support the person received.

Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

The staff, registered manager and home leader were open and transparent throughout our inspection. The registered manager and home leader acted efficiently on queries and feedback throughout the inspection.

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

This service was registered with us on 11 August 2020 and this is the first inspection under this legal entity.

Rating at last inspection

The last rating for the service under the previous legal entity was Good, published on 24 May 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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.

Ivy View

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Ivy View 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We looked at all the information we had received about and from the home. We sought feedback from Commissioners of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Two inspectors visited Ivy View on 13 April 2022. We looked around the home and observed staff supporting the person. We met with the one person who used the service and spoke with one relative about their

experience of the care provided. The person who used the service was unable to verbally communicate with us. We observed this person, including their body language and interactions with their staff.

We reviewed a range of records. This included the person's care records, medication records and a variety of records relating to the management of the service including policies and procedures.

We spoke with four members of staff and the registered manager. The lead inspector spoke with the registered manager by videoconference about the governance of the home on 26 April 2022.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice.
- The person who lived at the home was supported by a consistent staff team, who knew the person well and understood how to protect them from abuse. The person looked very comfortable and relaxed with the staff who supported them. Staff understood that our visit may be unsettling and helped the person to feel safe and relaxed during an unfamiliar situation.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager would work with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep the person safe.

Assessing risk, safety monitoring and management

- The person lived safely because the service assessed, monitored and managed safety well.
- The person had detailed risk assessments and an associated care plan. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with the person managing their emotions and behaviour, personal care, physical health and nutrition and hydration.
- Staff understood these plans and were able to describe the support the person needed. This included structured support that suited the person. We observed support provided in line with the care plan including involvement with the tasks of day to day life.
- The person lived in a home where health and safety of the building was regularly checked by staff and outside contractors. This included regular checks of the fire detecting equipment.
- Relatives told us that they had no concerns with safety.

Staffing and recruitment

- The service had enough staff, including support for the person to take part in activities and visits, how and when they wanted. Staff said they always had the correct number of staff on duty and this was sufficient to meet the persons needs at home and when accessing the community.
- Staff recruitment processes promoted safety. The provider had a recruitment policy in place. No new staff had been recruited since the last inspection under the previous legal entity.

Using medicines safely

- The person received their medicines safely from staff who had received specific training and had their competency assessed annually. This helped to ensure staff followed safe medicines administration.

- There was guidance for staff to follow to make sure the person was given medicines in accordance with their wishes and chosen routine. This included a protocol for medicines being given on an as required basis.
- Clear medication administration records were kept. Staff signed when administered or refused. This enabled the effectiveness of medicines to be monitored.
- Topical creams were dated when opened to make sure they were only used when at their most effective. However, we saw that topical creams did not give details of where on the body they should be applied. The home leader gave assurances that this would be rectified.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep the person safe. Staff supported the person to follow good infection control practices. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in the person using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting the person's health and wellbeing.
- The service's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for the person living in the home in line with current guidance.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep the person safe.
- All accidents and incidents were analysed by the registered manager and provider. Where incidents or accidents showed changes to practice were needed lessons were learnt and shared with the staff team. For example, it had been identified the person became unsettled at times of the day when staff changed. Some changes to the staffs shift pattern had been made to support the person at these times.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The person's needs were fully assessed before they began to use the service. These assessments enabled care to be tailored to the person's needs and wishes. We were told that the service was specifically set up for the person who lived at the property.
- The care plan reflected a good understanding of the person's needs, including relevant assessments of the person's communication support.
- There were clear pathways to future goals and aspirations in the person's support plan. This included the reintroduction of community activities that the person enjoyed prior to the pandemic.

Staff support: induction, training, skills and experience

- The person was supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. For example communication, positive behaviour support and equality and inclusion.
- Updated training and refresher courses helped staff continuously apply best practice.
- Staff told us they felt well supported by each other, the home leader and the registered manager. The support was provided both informally and formally through supervisions. One staff member told us: "There is always someone to talk to, lots of support."

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

- The person received support to eat and drink enough to maintain a balanced diet.
- The person was involved in choosing their food, shopping, and planning their meals. The person has been doing online shopping during the pandemic. Discussions were ongoing about restarting shopping trips for the person who enjoyed this.
- We observed the staff supporting the person to be involved in preparing and cooking their own meal.
- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight. Staff worked with a dietician and nutritionist to make sure the person received an appropriate diet.

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

- The care home was a domestic bungalow which had been adapted to meet the needs of the person and the staff who supported them. There was access to a garden area which the person helped to maintain.
- The person's care and support was provided in a safe, clean, well equipped and well-maintained environment.

Supporting people to live healthier lives, access healthcare services and support

- The person was supported to access community health care professionals such as their GP and dentist

when needed and were referred to specialists when required.

- The person had a health action plan in place. Accurate records relating to the persons health were maintained and regularly updated.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered the person to make their own decisions about their care and support. Staff were able to recognise the person's requests for various things, such as food and drinks, and respected their choice.
- The person's care records included capacity assessments where needed. Where the person was assessed as lacking capacity to make a decision, best interest processes were followed and recorded.
- The service was working within the principles of the MCA. Staff had received MCA training and ensured the person was encouraged and supported to make decisions about their lives.
- Applications had been made and authorised, for the person to be deprived of their liberty where they needed this level of protection to keep them safe. The person did not have access to all the areas of their home. Whilst these restrictions were not reflected in the person's DOL's, during the inspection the registered manager reviewed these restrictions, with some restrictions removed and a Mental Capacity Assessment and Best Interest decision completed.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The person who lived at the home had built trusting relationships with a small, consistent staff team that had supported the person for a number of years. Staff spoke about the person they supported with familiarity and obvious care.
- The person received kind and compassionate care from staff who were calm, and attentive to the persons emotions and support needs. A relative spoke positively about the persons staff and commented that "[The person] appreciates their calmness."
- We saw staff were kind, caring and patient. The person interacted and responded with familiarity to staff.
- Staff supported the person to maintain relationships with family members. They made sure family were always made welcome at the home and supported the person to visit family and spend time with them.

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

- The person's views, likes and dislikes were evident in their care plans. This information was used to ensure support was provided in a way that afforded the person meaningful choice.
- Staff took the time to understand the persons individual communication styles and develop a rapport with them. Staff were using and trialing various communication methods which were personal to the individual to enable them to express themselves. We saw picture cards had been used to support mealtime choices.
- The person, and those important to them, took part in making decisions and planning of their care. We spoke with the person's relative, who told us they felt fully involved.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and dignity. Although staffing levels were high, staff appreciated that this could be intrusive and worked in ways that enabled the person to have safe time alone when needed.
- The person was supported to learn independence skills. Staff supported the person to take part in activities of daily living which helped them to be independent. These included helping with laundry and preparing meals and drinks.
- Staff told us that prior to the pandemic, the person attended and enjoyed a number of community activities but due to the restrictions associated with the pandemic, the person was not currently attending these. The registered manager advised that this will be reviewed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person had a detailed care plan. This had been reviewed and changes were recorded to ensure the plan reflected the person's current needs.
- Staff told us the persons care plan had been "Updated recently", and that it reflects the persons needs and support they require.
- Staff understood the plan and were able to describe the support the person needed. Staff were also observed to be providing the person with personalised, proactive and co-ordinated support in line with then persons care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured the person had access to information in formats they could understand.
- The person had an individual communication passport that detailed effective and preferred methods of communication.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when the person was trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to participate in their chosen social and leisure interests on a regular basis. Staff, and the registered manager, were aware of the impact of the COVID-19 pandemic on the persons presence and participation in their community. Whilst some of the activities the person enjoyed were not able to continue during the pandemic, the person had been supported to be out and about doing other activities they enjoyed in line with government guidance. The registered manager advised that a plan was in place to review this and start to reintroduce the community activities that the person enjoyed prior to the pandemic.
- Staff provided person-centred support with self-care and everyday living skills to the person.
- The person was supported to maintain meaningful relationships with family. This support was provided with respect. The persons relative told us that as well as visits they receive a call weekly from staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. There had not been any formal complaints made in the year prior to our visit.

- The service treated all concerns and complaints seriously. The person's relative told us that they felt they could raise concerns and complain if necessary. Although there had not been any formal complaints made in the year prior to our visit, the person's relative told us they had raised a concern which was "Resolved and sorted".

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- The registered manager told us they had started discussions about end of life wishes and these would be recorded when established.
- Staff received training on death and bereavement.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The care home had been designed around the needs and wishes of the person who lived there. All care and support provided put the person at the centre. One member of staff told us "The whole of Ivy View is tailored around [the person]"
- The team at Ivy View enjoyed an open culture and showed their commitment to providing person centred, high-quality care. Staff told us they were a small consistent team that had supported the person for a long time and know the person well. They were passionate about delivering personalised care and gave examples of how they do this to achieve good outcomes.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with the management team without fear of what might happen as a result.
- Management and staff put the persons needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The registered manager told us they had an open and transparent culture.
- Relatives felt they were kept fully informed about everything.
- The provider and registered manager understood their responsibilities to notify The Care Quality Commission of certain events such as serious incidents and applications to deprive a person of their liberty. The provider was responsive and acted when asked to notify us of the outcome of the person's application to deprive them of their liberty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also registered at another home owned by the same provider. A home leader oversaw the day to day running of the home supported by senior staff. This ensured there were clear lines of responsibility and accountability. Staff spoken with were clear about their job roles and responsibilities.
- The registered manager had had a period of time away from the service. Staff told us that they were glad the registered manager had now returned as whilst away there was a "Ghost management structure" and that they didn't feel fully supported during this time.
- The registered manager had the skills, knowledge and experience to perform their role, and a clear understanding of the persons needs/ oversight of the services they managed. The registered manager had

been registered with CQC since February 2018. Staff spoke highly of them, told us they felt supported and "If anything needs doing, she will make sure it is done".

- The home leader supported the site visit. They were able to explain their role confidently.
- The staff, registered manager and home leader were open and transparent throughout our inspection. The registered manager and home leader acted efficiently on queries and feedback throughout the inspection.
- Governance processes helped to hold staff to account, keep the person safe, protect the persons rights and provide good quality care and support. These included regular audits of care plans, medication, cleaning practices and health and safety. This helped to ensure any shortfalls were quickly identified and lessons were learnt to improve the person's quality of life.
- The provider completed quality assurance reviews and the actions identified in these reviews were evident on the providers improvement plan. However, not all actions we had been told were being taken throughout the inspection were detailed within the improvement plan e.g. the review of community activities for the individual and the reintroduction of team meetings.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes possible.

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

- The person contributed to the internal quality assurance systems with support from staff who knew them well and supported them to communicate effectively. Staff discussed how the person expressed themselves when they were unhappy. This was through informal means such as becoming agitated or distressed. Staff also reflected on the persons preferences when considering the quality of support they provided. This meant the persons views were considered when planning for the service.
- The provider sought the views of staff to influence the running of the home and monitor standards. Staff were able to share their views through staff surveys and one to one supervision sessions. There was also a process for raising any comments via the providers concerns cards. Due to current challenges there has not been many team meetings. The provider assured us that meetings will soon be restarted.
- Relatives told us they were kept up to date and felt fully involved and listened to. They spoke positively about the service stating "There is no one better as far as I am concerned".

Working in partnership with others

- The person was cared for by staff who worked with other professionals and organisations to make sure they received the support they needed.
- The persons care records detailed the involvement of appropriate professionals to ensure the best outcomes for the person. This included involvement from a dietician and physiotherapist.
- The provider also worked in partnership with other healthcare professionals to reduce the medication the person received. This was in accordance with the STOMP agenda (stop over medication of people with learning disabilities, autism or both with psychotropic medicines.)