

Harkins Care Ltd

Ivy House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Ivy House is a residential care home that provides accommodation and personal care to young people who have a learning disability, autistic spectrum disorder, physical disability or sensory impairment. The service can support up to five people. At the time of our inspection visit there were two people receiving respite care.

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

The service was not always well-led. The provider had failed to retain a competent manager. Leadership was poor and ineffective; staff lacked direction and support. The provider's quality assurance systems were not effective in identifying and addressing issues.

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments with measures which were in place to reduce the risk of harm. Safety checks of the premises and equipment were not routinely carried out.

Infection control measures were not effectively implemented. Staff did not consistently follow guidance regarding COVID-19 testing and appropriate visiting procedures were not in place.

Medicine practices were not always in line with best practice guidelines.

The principles of the Mental Capacity Act 2005 were not always followed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were not recruited safely. The provider had failed to gain references from previous employers and gaps in employment were not explored.

There were enough staff to meet people's care needs. Staff had received training for their roles.

Staff knew how to keep people safe from abuse and were confident to raise concerns with external agencies. When required, notifications had been completed to inform us of events and incidents.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

The model of care and setting maximised people's choice, control and independence. People's dignity, privacy and human rights were promoted. The ethos, values, attitudes and behaviours of care staff ensured people using the service led confident and inclusive lives.

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

Rating at last inspection

This service was registered with us on 19 September 2019 and this was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent, environment safety, safe recruitment, infection prevention control, medicine management and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ivy House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ivy House 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 did not have a manager registered with the Care Quality Commission. It is a legal requirement to have a registered manager. The provider is 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 it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

After the inspection

Following our visit we spoke by telephone with the relatives of two people who used the service about their experience of the care provided. We also spoke with one health professional. We continued to seek clarification from the provider to validate evidence found.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been recorded with actions to prevent harm occurring. People who had a diagnosis of epilepsy did not have effective and detailed risk assessments in place. There was no information how to support people with post-seizure recovery or what to do to maintain their dignity during a seizure, therefore people were at risk of not receiving prompt intervention.
- The provider had not ensured people lived in a safe environment. Risks associated with the premises and equipment were not managed through regular safety checks and maintenance at the service.
- Fire safety was not robust. There was no evidence of regular fire alarm testing. Fire extinguishers servicing had expired in January 2021.
- The safety certificate for the passenger lift had expired in July 2020. This meant the safety of people who resided on the first floor was not protected if using this equipment.
- There was no evidence of a gas safety certificate.

The provider had failed to appropriately assess risks to people and health and safety. The provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was preventing people and visitors from catching and spreading infections. Visitors were not screened for coronavirus symptoms and their temperatures were not checked on arrival to the service.
- The risk of coronavirus to people and staff with underlying health conditions had not been assessed.
- The provider did not take part in COVID-19 PCR testing regime for staff and people to ensure any positive cases were identified. The system to check results was not robust.

The failures in the management of COVID-19 risks showed the provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment processes were not in place to ensure people were supported by suitable staff. Checks such as references from previous employers were not received.

- Gaps in people's employment history had not always been explored during the recruitment process.

Failure to ensure staff were recruited safely. This was a breach of regulation 19 (2) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There was sufficient staff to meet people's needs.

Using medicines safely

- Medicines were not always managed safely.
- Where people were prescribed 'as required' medicines, protocols for 'as required' medicines were not in place. This meant there was a lack of information to guide staff on circumstances to administer this medicine.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, "I am happy here."
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed. The Mental Capacity Act (2005) for some people who lacked capacity to consent to their care had not always been followed.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, the use of bedrails. Records showed that the decision for the restrictions had not been discussed and recorded as in their best interest and as the least restrictive option for people.
- For those people who lacked capacity there were no records to show how consent had been sought for their COVID-19 testing.
- Some people had deprivation of liberty authorisations in place. One person's authorisation expired on the day of inspection. There was no evidence this had been reapplied for.

Failure to ensure consent to care in line with the law was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The staff supervision programme had not been maintained. Staff did not receive regular supervision and appraisals in line with the providers policy.
- Staff had received appropriate training to ensure they were suitably skilled in their role. They received mandatory training courses, including first aid, safeguarding, medicines competency and positive behaviour support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure people's assessed needs were care planned. This meant people were at risk of receiving inappropriate care and support.
- People were provided with a varied, nutritious and balanced diet based on their preferences.
- People praised the quality of the meals and food provided. One person said, "I can choose what I want to eat and I love it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
- Staff sought support from health care services were needed in line with people's care needs.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they received good care and support from staff. A person said, "I can have fun and be treated like a lady."
- Staff understood and respected people's diverse needs and individual differences.
- People and staff were treated as individuals and without discrimination, including those with characteristics protected by law.

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

- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Relatives said the staff were kind and caring and there was a 'nice family atmosphere' at the service. People told us they liked the staff describing them as 'nice, caring girls'.
- Staff were kind and compassionate with people and we saw positive relationships with people. A staff member reassured one person who was anxious and spent time sitting with them comforting them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. They said they could spend time on their own if they wished and staff knocked on their door and checked they could come in before entering their bedroom.
- People's independence was promoted. People were encouraged to participate in daily activities in the community and to undertake activities of daily living with support from staff when needed. For example, people were encouraged to make drinks and meals.

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. This meant people's needs were met through good organisation and delivery.

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

- Staff knew the people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person.
- Support plans were in place for people, showing some of their needs, things they could do for themselves. They contained personalised information. People were involved in developing and reviewing their care plans. Goals and aspirations were identified and people's progress towards these were recorded.

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.

- People's communication needs were considered as part of their care plans.
- People using the service could communicate verbally although easy read formats were not always available for people.

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

- People were offered opportunities to engage in social activities. This promoted community engagement for people.
- People were encouraged to develop activities that interested them. For example, one person said they wanted to complete some art classes, so staff organised this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and maintained an overview of complaints. No complaints had been received over the last year.
- Relatives knew how to make a complaint and told us the provider was approachable.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- People were offered the opportunity to express their future wishes in end of life care plans. Some people had chosen not to which had been respected.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and safety of the service were not effective. They had not identified and addressed the issues we found at this inspection. This provider had failed to monitor and improve the quality and safety of the service.
- The provider had failed to retain a competent manager at the service. There was no manager in post at the time of inspection.
- The provider failed to provide effective leadership, direction and support to the staff team. Communication about people's needs and risks and how to manage these was inconsistent. Care staff did not have clear direction and guidance due to the lack of supervision.
- An effective system to learn from accidents and incidents and prevent any reoccurrence and improve people's care was not in place.
- Audits and monitoring arrangements were in place for a range of area's including, care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the providers procedures. There were extended gaps were the provider had not completed any audits.
- The provider had not consistently put in place arrangements to manage and support people and staff against an outbreak of COVID-19. For example, risk assessments had not been completed for all staff and COVID 19 care plans were not in place.

Continuous learning and improving care

- The provider did not gather and use information from the daily running of the service such as care plan reviews to learn and improve the care provided to people.
- The provider did not have a system in place to support the staff to analyse risk information in relation to people's care. This was particularly in relation to people diagnosis'. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Systems and processes to assess risk and monitor quality were insufficient and ineffective in driving improvements.

There was ineffective leadership at the service. Processes and effective systems were not in place to test the quality of the service and respond to failures and concerns. There was a lack of insight about the standard of care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a clear lack of effective oversight from the provider which impacted on the outcomes for people. Thorough checks on individuals' care and quality of their daily experiences were not being completed, to satisfy themselves if the service was good.
- Relatives we spoke with felt able to raise issues.
- Morale within the service was good and the culture was open and relaxed.

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 provider appropriately notified agencies of all incidents.
- The provider had a complaints procedure and although the service had not received any formal complaints, the provider understood the importance of ensuring this was followed.

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

- There were no systems in place to gather evidence feedback from people, relatives and staff. Family members did feel they were kept up to date with people's health and medical needs.
- Staff told us they felt supported by the provider.

Working in partnership with others

- Professional visit records evidenced staff worked collaboratively with other agencies, for example, social workers, local authorities and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice.</p> <p>11 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The providers had failed to do all that is reasonably practicable to mitigate risks to people.</p> <p>The provider had failed to ensure the premises were safe and that the risk of spread of infection was reduced.</p> <p>12(2) (a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure persons employed were of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was ineffective leadership at the service. Processes and effective systems were not in place to test the quality of the service and respond to failures and concerns. There was a lack of insight about the standard of care provided.</p>

The enforcement action we took:

We issued a warning notice against the registered provider.