Four Seasons Homes No.4 Limited

# Ivyhouse Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |
| Is the service safe? | **Requires Improvement** |

# Summary of findings

## Overall summary

We had previously carried out an unannounced comprehensive inspection of this service on 25 and 26 January and 03 February 2016. Breaches of legal requirements were found. There was also evidence at that time that people's needs had not been well met. We gave the home an overall rating of Inadequate and the service remained in 'special measures.' After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. In August 2016 the registered provider took the decision to close this home. They have done this carefully and decided to remain open until everyone had moved to new accommodation.

At our last inspection we were concerned that people were not being kept safe. There were not enough staff on duty and staff were not being delegated to meet people's needs. People could not be certain their medicines would be managed and administered safely. The nursing care provided had not consistently been well planned or delivered to ensure people's health care needs were met. At this inspection we found significant improvements had taken place however people were still not receiving a service that was consistently providing safe care.

Ivyhouse is registered to provide nursing care and accommodation for up to 76 older people who may also be living with dementia.  At the time of our inspection there were 27 people living at Ivyhouse on Daffodil and Cornflower Units. During our inspection people were being assessed for new care homes and some people were being supported to move out.

There was no registered manager in post, but the registered provider had ensured someone was in day to day control of the home. They were present throughout our inspection and were supported by a member of the registered provider's management team. 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.

We completed this unannounced inspection on 22 September 2016. We planned this inspection to provide assurance that plans were in place to provide an adequate level of care and support to people until the home closes. We only looked at the key question of safe. This report only covers our findings in relation to the key question of safe. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivyhouse on our website at www.cqc.org.uk.

While the provider had taken some action to improve the management of medicines this was not consistent across the home. Medicated creams and tablets administered directly from boxes were not well managed. People could not be confident they would always receive these as prescribed.

Risks people were exposed to because of their medical conditions had not always been identified, assessed and well planned for. People could not be confident they would always receive care that protected them

from harm.

Although there were less people using the service the provider had not reduced the number of staff working at the service. This had resulted in staff having more time to spend with people and time to focus on their needs. People told us the staff were caring and responsive to their needs. People told us they felt safe and medicines that were administered from a blister pack were well managed.

People told us they enjoyed the food and we observed people being provided with the support they needed to eat and drink. People appeared well presented and staff took action when necessary to maintain their dignity. People were supported when necessary to access a range of health care professionals.

A range of checks and audits had been developed to drive forward improvement at this service and to ensure people safely received the care and support they required until they left the service.

As Ivyhouse is a service in special measures it will be kept under review while it is open. Where necessary, another inspection will be conducted whilst the home remains open. The findings of future inspections could lead to us taking urgent action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

## 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**

People were not always safe.

People could not be confident that their medicated creams and tablets dispensed direct from the box would be administered as they had been prescribed.

Risks associated with people's needs and conditions had not consistently been well managed.

People felt safe, and this view was supported by feedback from relatives and staff.

Arrangements had been made to ensure the safety and welfare of people until the home closed.

# Ivyhouse Care 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 unannounced inspection took place on 22 September. The inspection was undertaken by two inspectors.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We reviewed the information from notifications to help us plan the areas we wanted to focus our inspection on. We sought the views of the commissioners; people who purchase this service on behalf of the people living at Ivyhouse.

During the inspection we met with all 27 of the people who were living at the home and spoke at length with ten people. We spent time observing day to day life and the support people were offered. We spoke with three relatives of people to gain their views of the home. We used our Short Observation Framework for Inspection (SOFI) observation tool to ensure we captured the experiences of people who were unable to verbally share these with us. We spoke at length with the regional quality manager, the person with day to day responsibility for the running of the home, a registered nurse and four care staff.

We sampled some records including parts of four people's care plans and the medication administration records on Cornflower and Daffodil Units. This was to see if people were receiving their care as planned. We looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection we identified breaches in Regulation 12, Regulation 18 and Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not receiving safe nursing care, were not being given their medicines as prescribed because there were insufficient numbers of staff to meet people's needs and the premises were not all clean and fresh. As the registered provider has taken the decision to close the home we did not determine if the provider had taken action to fully meet these breaches but during this inspection focussed on the safety and well-being of the people using this service, and the plans in place to protect them until the home closes.

We looked at the management of medicines. On Daffodil Unit medicines were well managed, and people could be confident they would get the medicines they had been prescribed. On Cornflower Unit medicines had not been consistently well managed. We found that the majority of people had their medicines from a blister pack. Medicines administered from these had been given as the doctor had prescribed. People on Cornflower Unit who had tablets administered direct from the box or required medicated creams could not be certain they would always receive these medicines. We looked at the action taken to obtain a course of antibiotics for a person who had an infection. The communication between the home, the surgery and the supplying chemist meant that the person waited an unreasonable amount of time to start the treatment they had been prescribed.

We looked at the medicated cream for one person who had sore skin and the specific guidance about the frequency with which it was to be applied. Although the guidance was clear and available in several parts of the person's care plan this had not been followed. This would have decreased the effectiveness of this course of treatment and possibly had a negative impact on the healing of the sore skin. We asked people if they received their medicines. People told us," I have a lot of tablets, I don't have any problems with the way they give them to me," and "They bring me my tablets and I take them. I am aware of what I should have, and there has never been a problem." One of the nurses we spoke with described the improvements in the management of medicines, they told us, "Medicines management has really improved. We have in the past run low on stock; that rarely happens now."

As we spoke with people we observed one person had a bruise on their hand. Although the person was able to explain how the bruise had occurred staff we spoke with were unsure how this had been caused, or what had action had been taken. Failure by staff to notice the bruise had meant that no action had been taken to ensure the welfare of the person or to reduce the likelihood of a similar injury occurring.

We had recently been notified of an accident that had resulted in a person at the home being injured. We were informed of the action taken to investigate the circumstances and to ensure a similar event would not occur again. Although on this occasion learning had occurred from the adverse event, people could not be confident that risks relating to their care would always be consistently identified, assessed and planned for.

People we met and spoke with told us they felt safe. One person told us, "The staff are more than kind."

Another person said, "I have been alright here." In a conversation with one person, we asked them if anything was frightening or worrying them. They told us, "No, and if there was I could talk to any of these staff. They treat me like their family." We observed people looking relaxed in the company of the staff who were supporting them. In both of the units we observed that the atmosphere was friendly and we heard people laughing and chatting together. We walked around Cornflower Unit and met four people who were being cared for in bed. With people's consent we visited them in their room and spoke with them or their relatives. All four people had been supported with their personal care to ensure they were clean and comfortable. They all had a call bell within their reach to summon assistance when necessary. People told us that this was something that had recently improved although one person said, "Sometimes they leave the call bell out of my way, then I am helpless, however they make more of an effort now to make sure I have it."

The people who were being cared for in bed had safety rails in place to reduce the risk of them falling out of bed. People who were able to speak with us confirmed they had been asked about the use of the rails and had chosen to have them on their beds. Written records we looked at showed the use of this equipment had been risk assessed to ensure it was the safest and most appropriate support for each person. This ensured people were protected from falls from bed and involved in planning their care.

As the home was making preparations to close we wanted to ensure that arrangements were in place to maintain people's safety and well-being until everyone moved out. Staff told us that they would accompany people to their new homes to ensure they were transferred safely. Once there they met with the new staff in order to make them aware of people's care needs and the specific support they required to stay safe. One member of staff told us, "I wouldn't leave until I knew they were okay."

We made some checks to ensure that people were being supported to meet their personal care needs, to have enough to eat and drink, and to have their specific healthcare needs met. One person told us, "There has been plenty to eat." A relative told us, "Yes, Mum has plenty to eat and drink." At lunch time we observed that kitchen staff had provided one person with a sandwich that they particularly liked. This was to encourage them to eat when they had a reduced appetite. Another person confirmed that the main meals were good and regular but that they sometimes missed out on a pudding as they ate in their room. Records showed that people had increased or maintained their weight. We were satisfied that people had enough to eat and drink.

All the people we met had been supported to undertake their personal care to a good standard. People confirmed staff were available to help them. One person told us, "I have a shower every week and a thorough wash every day." Another person told us, "The carers here are good, they get me up, put me to bed, help me dress and undress and use the toilet. I have no problems."

We checked that people who had specific health care needs, such as a wound were receiving the nursing care they required. Two people explained the support the nurses gave them and records showed that specialist healthcare staff had been consulted. Detailed records had been maintained showing the work nursing staff had undertaken to help a person's wound heal. Staff we spoke with confirmed that although plans were in place for the home to close they currently had no concerns about people's safety. Staff confirmed people were being supported by adequate numbers of staff, that there was adequate food and drinks and that people's care and nursing needs were being well met. One member of staff told us, "Yes, people are safe, they are getting good care." People could be confident that their nursing and personal care needs would be met.

At our last inspection in January and February 2016 we spoke at length with members of staff who were able

to describe the types of abuse people receiving nursing care might be at risk of. The staff confidently described the actions they would take to ensure potential abuse was reported. As the home was closing we did not interview individual staff again. However records provided by the person in charge of the home showed staff had continued to be provided with this training. People continued to be supported by staff who knew what to do if they felt a person was at risk of or was being abused.

We looked to ensure that there were adequate numbers of staff on duty to meet people's needs. At the time of inspection there were enough staff on duty and we were informed that the registered provider had taken positive action to effectively overstaff the home until every person had been supported to move into alternative accommodation. People were seen to be enjoying and benefitting from the increased staff ratios. One relative told us, "The extra staff on duty means my mum is getting a bit spoilt. It is lovely to have the extra staff support." Several members of staff told us that they did not intend to leave the service until it was closed due to their loyalty and affection of the people they supported. We looked at the staff rota to ensure plans were in place for adequate numbers of staff at weekends, evenings and overnight. The rota showed there was. People could be confident there would be adequate numbers of staff to meet their needs.

We asked to see evidence that the registered provider was regularly checking for themselves that this service was safe. We were informed that senior managers working on behalf of the registered provider were making regular visits, and we saw audits that had been completed in recent months to ensure the safe and effective operation of the service. The person in day to day control of the home had also implemented a number of audits and checks to ensure that people received safe care that met their needs. While these had not been entirely effective they had resulted in improvements in the areas of the service we looked at.