

Brighterkind Health Care Group Limited

Ivybank House Care Home

Inspection report

Ivybank House
Ivybank Park
Bath
Somerset
BA2 5NF

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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

This comprehensive inspection took place on the 25 June 2018 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 1 March 2017. The service was rated 'Requires Improvement'. Four breaches of legal requirements were found. One breach related to safe care and treatment. After the comprehensive inspection, we used our enforcement powers and served a Warning Notice on the provider for this breach on 7 April 2017. This was a formal notice which required the provider to meet the legal requirements by 5 May 2017. Following the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection in July 2017 to follow up the breach detailed in the Warning Notice and to confirm that they met legal requirements. At the focused inspection we found that the provider was still not meeting the legal requirements. We asked the provider what action they took already following the feedback they were given after the inspection and asked how they plan to meet legal requirements.

The breaches previously identified in the last comprehensive inspection in March 2017 were followed up as part of this inspection. You can read the report from our last inspections, by selecting the 'All reports' link for Ivybank House Care Home, on our website at www.cqc.org.uk. The service remains rated as requires improvement.

Ivybank House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ivybank House is registered to provide accommodation for up to 43 older people who require nursing and/or personal care.

Accommodation is provided on the first and second floors, accessed by a lift. Communal areas such as dining rooms and lounges are situated on both floors of the service. At the time of the inspection, 28 people were living at the service.

At the time of this inspection, the service was being managed by a newly appointed manager supported by the deputy manager, regional support manager and regional manager. The previous registered manager had left the service at the end of May 2018 and prior to the new permanent manager being appointed, two different registered managers from the providers other services had supported the deputy manager and the staff 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.'

At our last inspection, we found that staff were not supported to undertake training to enable them to fulfil the requirements of their role. We found that whilst staff told us there had been an improvement in training provision, some staff had not had training other than provider's statutory updates for some months .

At our previous inspections, in January 2016, March 2017 and July 2017, we found that medicines were not always managed safely We found the management of medicines required further improvement to ensure medicines were handled and received safely.

At our last inspection in July 2017 lack of monitoring meant there was a risk that people might not have enough to eat or drink. At this inspection, we found that this had improved and people that were at risk from malnutrition and dehydration were now being monitored effectively.

At our last inspection in March 2017, we found the quality and content of care plans was variable. Although some were well written, with clear guidance for staff to follow, this was not consistent. We saw that some people's care plans had been rewritten and/or updated since our last inspection. We saw these care plans were more centred on the person and were being regularly reviewed.

People we spoke with told us they felt 'safe'. Relatives we spoke with did not express any concerns about their family members' safety. However, we received concerns from relatives and staff about the staffing levels at the service.

At our last inspection, we found the registered providers systems to assess, monitor and improve the quality and safety of the service required improvement. At this inspection we found whilst there were improvements, they did not highlight the issues relating to the management of medicines that we identified in this inspection showing they were still not effective.

People we spoke with were satisfied with the quality of care they had received. We saw practices at the service that promoted dignity and respect. We also saw staff offering choice and/or obtaining consent.

People and relatives, we spoke with told us the level of activities and quality and suitability of activities were excellent. Comments included, "The activities always suit people, there loads to do" and "My [family member] cannot take part in anything, and they always get a one to one visit."

The provider had a complaint's process in place and this was displayed in the reception area. People we spoke with told us that concerns and complaints were listened to by staff.

We found the registered provider ensured that people and their representatives views were actively sought for continually evaluating and improving the service. The deputy manager told us they had held meetings for people, relatives and staff.

We found two continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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 consistently safe.

People's medicines were stored and handled safely, however there were continued areas for improvement .

Effective recruitment procedures had been followed to ensure that new staff were of good character.

Regular checks of services and equipment were carried out. All parts of the premises were clean and the service had infection control measures in place.

Requires Improvement ●

Is the service effective?

The service was mainly effective.

Staff said they had not received regular training and supervision to ensure they knew how to work safely and effectively.

Food and fluid monitoring charts were now being completed consistently.

There was a lack of information about people's capacity to make specific decisions and limited evidence of consent being obtained.

Appropriate DoLS applications had been made to the local authority.

People had a choice of meals and malnutrition risk assessments were completed monthly.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that staff treated them with compassion and kindness. Staff could describe people's likes and dislikes.

People were treated with respect and staff maintained and dignity.

Good ●

People were supported to make informed decisions about the care that they received.

Is the service responsive?

The service was responsive.

People were involved in the review of their care as required with people's personalised needs and choices being known by staff who knew them well .

A range of stimulating activities and outings were arranged. People were involved in deciding what activities took place.

Complaints were not often received and people told us that they had no need to complain about the service. However, people were aware of the complaints process should they wish to use it.

People were supported sensitively at the end of their lives by a staff team who actively engaged outside healthcare professionals, in a timely manner.

Good ●

Is the service well-led?

The service was not consistently well-led.

We found that the service had systems in place to monitor quality assurance. However, the auditing system was not robust and had not highlighted concerns found at this inspection.

There was a management team who provided leadership and support to the new manager and staff team.

The new manager was in the process of registering with CQC.

Requires Improvement ●

Ivybank House 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.

We visited the service on 25 June 2018. The inspection was unannounced and was carried out by two adult social care inspectors, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at the information CQC had received about the service including the monthly action plan and notifications of incidents that the provider had sent us, complaints and safeguarding. We read information received from the local authority.

We had received the Provider Information Return (PIR) within the timeframes requested. This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make.

We observed care and spoke with people, relatives and staff.

We spoke with 11 people who used the service, one relative, one health and social care professional and 10 members of staff including the manager, the deputy manager, regional support manager and regional manager. We observed care and support in communal areas and staff interaction with people. We looked at 12 people's care records and records relating to health and safety, staff, and the management of the service

Is the service safe?

Our findings

At our previous inspections, in January 2016, March 2017 and July 2018 we found that medicines were not always managed safely. In March 2017 and July 2018, we found people's risk assessments were not always updated. After the March 2017 inspection we served a Warning Notice which required the provider make improvements by 5 May 2017. At the focused in section in July 2018, we found some, but not all the required improvements had been made. We asked the provider to send us action plans monthly stating how they were going to meet the legal requirements. People's allergies to particular medicines were not recorded in people's care plan or their Medicine Administrations Records (MAR). Medicines were not stored safely as fridge and room temperatures were not recorded. Inconsistencies in the recording of the administration of lotions and creams were found and it was not recorded when they had been opened. We also found that the risk assessments in care plans did not ensure people were cared for safely.

At this inspection, we found the provider had taken actions to meet the regulation. However, further improvements were required in the safe management of medicines. People still did not always receive their medicines safely and medicines were not always given as prescribed.

When we looked at people's MAR, one person was prescribed Morphine Sulphate. Initially this had been twice daily at 8am and 8pm. The deputy manager then said that the GP had added a new section on the MAR, that a further one or two 5mls could be given every four hours as required. The times were listed as 7am, 12:00 pm and 4pm, the previous times had not been crossed out. This left the potential risk for the morphine to be administered at both 07:00 and 08:00 resulting in an overdose. The potential risk from this had not been identified by the medicines auditing processes. Following the inspection, the regional operations manager stated that they had contacted the GP and it was confirmed that the GP had in error not crossed out the 7am administration time and that it should have picked up on this when auditing the records. We saw that another person was prescribed Zopiclone at night as an "as required" (PRN) medicine. The deputy manager told us none had been administered because the person was also prescribed Lorazepam. We found that there was no protocol for when staff could administer the PRN Zopiclone. This was confirmed by the deputy manager. However, we found there were protocols for other PRN medicines, such as Paracetamol. It is good practice to have protocols in place for the use of these so that staff know when people might require them and the reasons why.

Some people self-administered their medicines. We looked at one person's risk assessment in detail. There had been no review of this risk assessment. However, the deputy manager said that this would be addressed.

We also checked if prescribed topical medicines had opening dates on them. Most had but not all. For example, one person was prescribed Epimax. There was no opened date but their Cavalon did have an opened date. Therefore, it was unclear how staff would know whether they were still safe to use on people. The use of these topical medicines was being recorded on the TMAR.

One person had an allergy to codeine recorded on the MAR but not within the medicines care plan.

However, it was recorded on the 'Care Alert' at the front of the care plan. We spoke to the manager about the inconsistencies of recording.

The home had had a pharmacy monitoring visit in November 2017, we checked with the deputy manager that the advice notes had been followed up. We found most had been followed up. For example, the fridge temperatures, people's medication reviews and balance checks. We found that body maps were used well for identifying where pain relief patches were placed on people and all were dated and signed. However, one person who was prescribed 'Proshield' there was no body map for its application.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "They (the staff) bring me my tablets every day without fail"; "I get my tablets every morning like clockwork, I never have to think about it, they just arrive" and "I get my medication every day on time, just when I need them, I like to have my breakfast first."

When administering medicines we observed that staff wore a red tabard stating not to disturb. We observed people receiving their medicines. Staff checked the records, administered into paper pots and took it to the person, where they explained what they were doing and chatted to them as they gave the medicine. We saw each person had their preferred method of taking their medicines described on their MAR. The deputy manager said for one person "[Name] likes his tablets just after his breakfast" and we observed waited until the person had finished their breakfast.

Staff told us, "It feels like I am doing five jobs at once all the time. I am always answering phones as we have no receptionist. There should be two seniors and five or six carers." However, another staff member said "We have some issues with staffing levels but apart from that, it's fine. The call bells answered straightaway if we have enough staff. We do the best we can. We are sometimes short of numbers but they always do their best to get staff in."

People and relatives thought there was enough staff but that they were busy. People said, "I think that there is plenty of staff around here, but they are so busy, the bells never seem to be answered" and "Yes, I think that there are enough staff here, but the bells take a long time to be answered." One relative said "I feel the home is generally well staffed, but at night they have less people about, my loved one had a fall and needed to go to hospital to be checked over, the ambulance staff wanted an escort, they could not spare anyone, so they rang me and I went." The manager had identified that the number of staff on duty at night needed to increase from two to three and recruitment was taking place to cover this. They also told us that they were trying to reduce agency staff during the day and had been successful in recruiting more day staff. We looked at the rotas and the providers dependency tool and saw that according to the tool there were enough staff to support people but that the service would be understaffed if staff were called away to support people at short notice.

People we spoke with said the home was safe. One person told us, "I am absolutely safe here, no worries." Another person said, "I have been here nearly five years I always feel safe, I have no concerns, if I did I will tell them." Staff received training about safeguarding, with updates periodically. We spoke with staff who said they would have no hesitation in reporting any concerns. Contact information was available for them in the staff office. Care Quality Commission (CQC) records showed that the manager had reported safeguarding incidents as required and full records were kept of safeguarding referrals that had been made.

Risk assessments were recorded in people's care notes and plans were in place to reduce the risks identified. For example, one person had been identified as being at high risk of falls and the action to reduce the risk was to have a low-profile bed and crash mats.

Risks of abuse to people were reduced because there was a thorough recruitment procedure for staff. We looked at the recruitment records for seven members of staff. These showed the provider had carried out interviews, obtained references and a full employment history. Disclosure and Barring Service (DBS) checks had been carried out which checked people's criminal record history and their suitability to work with vulnerable people before they commenced employment.

A log of accidents and incidents was maintained and the records showed that appropriate action had been taken when accidents occurred, for example referral to the falls prevention team and use of technology. The manager had informed CQC of serious incidents that occurred. Accident reports were analysed to find out if there were any trends, for example the time of day when accidents occurred or the part of the building they had occurred in.

Housekeeping staff covered cleaning, laundry and kitchen duties. There were at least two domestic staff on duty each day along with a laundry assistant. Disposable gloves and aprons were available for staff to use when providing personal care. All parts of the premises were clean.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the service's maintenance person. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors. Automatic closers were fitted to bedroom and corridor doors so that they would close in the event of fire. A fire risk assessment was in place and had had been kept under review. Fire evacuation equipment was available on staircases. Regular fire drills were recorded and there was a personal emergency evacuation plan for each person living at the home. A weekly fire alarm test was carried out and recorded.

Is the service effective?

Our findings

At our last comprehensive inspection, we found that staff were not supported through an effective training and supervision programme. Staff were not supported to undertake training to enable them to fulfil the requirements of their role. We also found that people's records were not consistently monitored to support their nutrition and hydration needs. At this inspection, we found that the recording of nutrition and hydration had improved and was consistent. However, we found that the training and supervision of staff required further improvement.

Some staff we spoke with told us they had had little good quality training. One staff member said, "There is next to no training. Nigh on impossible to do any training for the team as there are only two seniors. We had a lady from Boots come in and had first aid in first week. The moving and handling training in my first week was abysmal ., but that was some time ago" However, one staff said, "The training was very poor at one point but it is getting better now. I feel confident and knowledgeable." We found the training records in staff files were out of date. The manager told us said not all paperwork in staff files was complete and this was a piece of work the services' trainer was going to be doing ensuring all records are completed correctly. The manager said they needed to find the paperwork to match the dates in the files and vice versa and if that cannot be done staff will have to be re-booked on the training. Senior staff told us that training records were kept online and all online files were up to date and they supplied us with the electronic training matrix where it appears most people have had statutory training and people who require updates have been highlighted. One healthcare professional we spoke with wanted to emphasise the importance of staff training, especially for new staff, "Most historic issues have come down to training."

Staff told us that had not had consistent supervision. Staff told us, "I have never had any formal supervision since I have been here", "I have supervision every six months" and "I have had one supervision with [Name], the previous registered manager since I have been here. It was very brief and they put on the form that we had a discussion and told me to sign here. I raised that I wanted support for end of life care but nothing has happened." We found that some staff were receiving the required support and supervision, the chef stated "I do supervision with my kitchen staff every two months. I think I had my [own supervision] last one four or five months ago. I have already met [name of manager] and we are due to have one [supervision] this week."

The supervision records in staff files were not up to date, for example, there were some staff with only one supervision recorded, some had two or three but not all of them were dated and signed. When we asked regional manager about this they said the paper records were not up-to-date but they had online records that showed everyone had had recent supervisions. Following the inspection, we received a copy of staff supervision and appraisals dates which showed that all staff should have had had supervision recently, however we did not see evidence of the supervisions' or appraisals in all the files we looked at.

Evidence based nutrition screening tools and risk assessments were in place for people at risk of malnutrition or dehydration and dietary intake was recorded for these people. Staff were using these appropriately and effectively. We saw that all food and fluid charts had been completed fully and the actions

noted in the provider's action plan to meet this legal requirement had been sustained.

People told us they enjoyed the food provided, "Bacon for breakfast, a cooked lunch all good, what more can I ask for" and "They have a really good cook here, everything all of the time is very nice food wise, no complaints from me." During the inspection, we carried out an observation of both the breakfast and the lunch time experience in the main dining room. At both meals the tables were laid with cutlery, napkins, crockery, and glasses. When staff entered the dining room each person was addressed by name. Each person was then able to choose what they would like to eat for breakfast, this choice was then brought to the table. In the dining room we saw that all the people could eat unaided, however a staff member was in the dining room throughout if people required any support. Some people chose to have their meals in their own rooms.

We spoke with the chef and they were aware of people's dietary needs and preferences.' They told us they always made alternative for people who did not want to have the meals on the menu . The chef said, "People have two menu choices and I am always happy to do a jacket potato, omelette or salad or something if people do not want either of the two choices. People who don't like to come to the dining room have menu choices sent to their room." We saw a list of people who had for example, diabetes or were at a choking risk were recorded. The chef told us about the food passports , which were completed for every person with their food likes and dislikes, allergies etc. "The food passports are updated monthly and Brighterkind and Compass do checks on these. I follow a standard menu that provides a balanced diet and it provides me with information on people who needs increase." The chef said they spent time talking with people about what they would like to eat and adapting the menu. The menu had a four-weekly rotation. We saw plenty of fresh produce, fruit and vegetables, in the kitchen store.

We saw a number of 'Hydration Stations' throughout the service. Staff were encouraged to ensure people drank plenty of fluids. We heard staff asking people if they would like drinks throughout the day. We were told by the chef, "Housekeeping provide people with water throughout the day and people are ticked off on a list at the tea run to say they have had a drink ."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

The previous manager had made appropriate DoLS applications to the local authority. Some of these had been authorised but others were still awaiting consideration. We saw completed consent forms in people's care plans. One consent form had been signed by a person who had been assessed as lacking mental capacity to make decisions so it was unclear whether they had understood the document they were signing. We found a lack of information in the care files about people's capacity to make specific decisions. However, most people living at the home could make and express their own decisions. We found some records of Power of Attorney arrangements that were in place. However, this was not consistently seen.. It is good practice for the service to keep a record of any Power of Attorney arrangements so that they are aware of the people legally responsible for making decisions on behalf of a person if needed.

There were appropriate systems to support the staff to communicate with each other, including a handover of information at staff change overs so they always had up to date knowledge of people using the service. Heads of departments had a meeting every morning to discuss any changes or provider information to disseminate to staff. They also chose one of the providers values to work towards during that day . The manager also told us the they had recently brought in the 'Resident of the Day', which meant every day one person was the focus. They had their care plan reviewed and every head of department visited them to discuss the approaches to care. The person had a chance to raise issues and resolve concerns.

People were supported to access the healthcare services they needed. The provider employed qualified nurses to work at the service and they monitored people's health needs throughout the day and night. There was clear information about these and any health needs were incorporated into care plans. There was evidence of regular monitoring of people's wellbeing. The provider had responded appropriately to changes in people's needs or condition. They had made referrals to other healthcare professionals when needed. People told us they had regular appointments with their GP and other healthcare services, which included visiting opticians and dentists.

All parts of the service were warm, comfortably furnished, and accessible. There were several lounges which meant that people could choose where they spent their time. Some people chose to stay in their bedrooms. There was an adequate number of bathrooms and shower rooms on each floor. Outside there was a large garden, however, it was not safe for people as there were steep slopes and no handrails but the manager explained they had gardeners coming in the following week to ensure the grounds were safe for people to use.

Is the service caring?

Our findings

Everyone we spoke with told us they were happy with the care and support they received and that staff were always kind and caring and willing to listen. One person said, "All of the staff are kind and compassionate towards everyone, I get on with them all, they always listen to your point of view" and "Very caring and kind staff here, we are so lucky, they always make time to speak to you." One relative told us, "The staff are caring and kind towards everyone every bit of the time."

Staff members we spoke with told us they felt people received good care and they were happy with the care they received. They also said that people's needs were discussed, so that the staff team were confident they could provide the care and support people required. The policies and procedures of the service outlined the importance of promoting privacy, dignity and independence.

We observed staff knocking on bedroom doors before entering, to respect people's privacy and dignity. Personal care was delivered behind closed doors. One staff stated, "When I am giving personal care I make sure people are comfortable with what I am doing and ask and explain. I keep talking to people and always put do not disturb sign on the door, shut curtains and cover the other half of their body." We also observed staff helping people to maintain their independence, as far as possible by encouraging people to independently move around the service if that was appropriate.

People were offered a variety of choices throughout the day. Staff approached people in a kind and caring manner, they were polite and courteous. One person said, "The staff all do a wonderful job, they are all so kind, nothing is too much trouble." We observed pleasant interactions between people and staff members. People who lived at the service were comfortable in the presence of staff members.

People were well-presented and appropriately dressed. Those who lived at the service told us they felt involved in their care and could make decisions about what they wanted to do. The care files we saw demonstrated that people had been involved in planning their own care.

Records were maintained in a confidential manner, to protect people's personal details and some staff members had completed recent training around the new General Data Protection Regulation (GDPR), which was good practice.

People could receive visitors at any time. We observed visitors come into the service and staff welcomed them in a friendly manner. A range of information was readily available for people, for example what activities were available for the coming day and week. Important policies were also prominently displayed within the service, such as fire safety, hand washing, whistleblowing and complaints. This provided people with relevant information about things they needed to know.

One health and social care professional told us that they had no concerns about the caring nature of staff and they had seen many examples of this during their visits.

Is the service responsive?

Our findings

At our last comprehensive inspection in March 2017 we found the quality and content of care plans was variable. Although some were well written, with clear guidance for staff to follow, this was not consistent. Repositioning records were completed in accordance with people's needs. To alleviate the person's risk people used pressure relieving mattresses. However, it was not clear from the care plans what the correct mattress setting was meant to be because the information had not been documented.

At this inspection, we found that repositioning records and mattress settings had improved. We visited one person and then saw they had a pressure relieving mattress, this was not written in the care plan. However, when we checked whether it was written into any of the care plan reviews it was included. The setting of the mattress was recorded on the staff handover but not in the care plan. Staff told us the district nurses were responsible for the mattress settings.

We looked at a document called 'Position chart' which was a daily record of repositioning kept in people's rooms and recorded on by staff. On the day of inspection, the chart stated three hourly position changes. The deputy manager said this was a mistake by the last member of staff who had completed the record. The previous days were recorded correctly as two hourly repositioning. There was no evidence of negative impact on the person and the deputy manager corrected this straight away.

People had their needs met in a responsive way by a caring staff team who knew people and their individual needs well. People could not always tell us if they had been involved in their personal care plans, or if they were regularly reviewed. We saw records which demonstrated that people were involved in the review of their care. The review records covered areas of the person's life which included a review of the person's general health, any changes to care needs, any new risks identified or changes required to the plan of care and any other actions required to meet the person's needs fully. People and their relatives told us that communication with the staff and management of the service was responsive and stated that they were responded to quickly when they wished to discuss matters regarding theirs or their loved ones' care and support.

People enjoyed a range of activities which was led by an activities co-ordinator supported by the staff team. One person told us, "There is always something going on here, if you get bored it is your own fault." Another said, "They give you this every week, (showing the activity plan for the week), they bring it every Sunday, see lots to do here if you want to do it.". One relative said "My loved one enjoys the singing, the home is really good, they treat everyone as an individual, the home has a very homely atmosphere and the range of activities on offer is very extensive." In addition to the activities planned, the service provided the "Wishing Well Programme", each person or their relative can make a wish to do something and the staff then try to make this wish occur. For example, a person from Cornwall wanted to taste a pasty, staff brought them one, another person asked to visit the town where they were born, this was facilitated. One person used to own a hotel in Weymouth, they wanted to see the hotel again, this had been arranged for the following month. People were actively engaged and provided with opportunities to follow their interests and to develop and maintain social interests of their choice.

People were happy with the service they received and told us that they did not have to raise complaints, but felt comfortable to do so should they ever need to. People also knew that there was a complaints process at the service. One person told us, "The staff listen to you and you can tell them anything, I have no complaints here, everything is wonderful," another person said, "I sit and chat to the staff when I want to, I don't have any complaints at all." Relatives told us "I have no complaints at all, I am the sort of person to raise them if I had any, the staff listen to me and my parents and are very supportive." We saw that the service had received one complaint this year. It had been resolved following the providers policy which laid out timescales and expectations of how concerns, complaints and compliments are recorded and actioned.

The service had received a number of compliments. For example, "My mother enjoyed her time at Ivybank. The staff were caring, thorough and encouraging at all times. We, as a family, were so pleased with the care given to mother" and "During the time [my relative] was with you I was really impressed with the care that they received and the staff were amazing right up to the end. Please pass on my appreciation to all the staff..."

People's views were captured and heard at 'residents' meetings' which took place regularly throughout the year which enabled people to continually contribute to the development of the service and the way it was run.

People were supported compassionately at the end of their lives. We saw evidence that people's care plan folders contained information about those people who had appropriate documentation to instruct staff and healthcare professionals not to commence Cardiopulmonary Resuscitation (CPR) should this be required. This enabled people to have choice at the end of their lives which was either decided by them with the support and agreement of an appropriate medical professional or by a medical professional and those who had legal powers to make health and welfare decisions for people in their best interests.

We reviewed records for people who were currently receiving end of life care at the service. The documentation asked appropriate assessment questions that included medicines and CPR records for people. Anticipatory medicines enable people in last few days or weeks of their lives to have their symptoms managed well to minimise pain, anxiety or discomfort as much as possible. The records reviewed for one person at the end of their life evidenced that the staff at the service had a good awareness of meeting the needs of the person and that appropriate healthcare professionals were regularly contacted. This ensured that the care received was appropriate to their needs and wishes.

Is the service well-led?

Our findings

When we inspected the service in March 2017 we assessed the well-led domain as 'Requires Improvement' because the services audits had not identified any of the issues we found and we served a warning notice. At our focused inspection in July 2017, we found that the warning notice conditions had not been fully met and there was a further breach of the regulations. We asked the provider what action they took already following the feedback they were given after the inspection and asked how they plan to meet legal requirements. The service had been sending action plans monthly stating how they were meeting the breaches of the regulations we had found. We found improvements had been made about the issues found at the focused inspection and the service was now meeting the conditions of the warning notice; however, the service have been in breach of regulation 12 since Jan 2016 and that this inspection further identified that this regulation remains in breach showing leadership and governance arrangements were still not effective.

We saw several audits were being completed, which were effective in identifying issues and ensured they were resolved. For example, the weights of people were audited, this helped to ensure weight issues were not overlooked and people received the appropriate care and treatment. However, medicines audits had not identified the issues we found.

This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last comprehensive inspection in March 2017 the registered manager had left the service. At the time of this inspection a new manager had been recruited. They had only been in post for a very short period and hoped to begin the process of registering with Care Quality Commission.

People, their relatives and staff were all very complimentary about the new manager. Their comments included; "The home is perfect it is as good as my own house, the manager is approachable, but then so is everyone else", "The managers name is... very polite and approachable" and "The manager is very new, not sure of her name, seen her around, seems very nice." One relative said "The manager is called [name]very polite and approachable." Staff told us, "The management is so much better now. The room documentation is better and it doesn't feel so stressful. Staffing levels have improved but not to what they were yet. I am feeling less pressured. I have met [Name], new manager and they seems fair. I have been able to raise issues to management and I feel listened to."

The manager demonstrated a good understanding of the people and topics we asked them about, which provided us with assurance they understood how the service was operating. A health care professional told us they thought the service was running better. They said, "We get really good clear communication. They have someone waiting for us if they know we're coming and have everything ready for us." Staff also told us communication within the service was quite good. The new manager had plans to further improve it.

The manager met with heads of department five times a week to ensure everyone was kept up to date with people's care and support needs. The manager told us they received good support from staff, the provider

and the management team. They explained they were receiving a management induction and were completing their National Vocational Qualification (NVQ) Level 5 in Health and Social Care as well as attending management training in subjects such as safeguarding adults to ensure best practice. We found the manager was keen to implement fresh ideas and improvements within the home and was supported in this by the provider. People, their relatives and staff were involved in the running of the service through meetings and satisfaction surveys, People said "We have residents' meetings, you can say what you think, they listen to your point of view." A relative told us "I have been asked to attend meetings, I was busy last time, I will be coming to the next one. I have the dates of these meetings up until Christmas." A 'residents and relatives' survey had been completed recently and the overall response was very positive. A relative said, "Yes I completed a survey three weeks ago." Where issues had been raised action had been taken to address them. For example, some concerns had been raised about the items of clothing not being returned to the correct owners.

Staff team meetings were held. We saw these were an opportunity to discuss concerns and relay key messages to staff, such as reminding staff of policies and procedures. However, one staff told us, "I have not been involved in any formal staff meetings." A staff survey had recently been completed, staff told us "I have completed a staff survey," the results showed staff felt the top priority was the care of people who used the service. The survey identified staff did not always feel valued; the response to this was areas of dissatisfaction should be discussed in supervision.

We found that the service worked in partnership with other agencies, for example with the district nurses around pressure care and the local hospice nurses supporting people who were having end of life care.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>You had failed to ensure service users were protected from the unsafe management of medicines because people did not always receive their medicines safely, there was a lack of assurance that medicines were given as prescribed and accurate records had not been maintained.</p>

The enforcement action we took:

Notice of Proposal to impose conditions on your registration for the regulated activity: Accommodation for persons who require nursing or personal care at Ivybank House Care Home, Ivybank Park, Bath, Somerset, BA2 5NF. You must carry out monthly audits which ensure the following areas of risk are identified, assessed and mitigated, Medicines management including recording of medicines administration, 'when required (PRN)' medicines care plans and accuracy of records and submit them monthly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The existing systems and processes in place to monitor the safety and quality of care were ineffective and had not identified/rectified the shortfalls in medicines management we found during this inspection.</p> <p>You did not have a effective system in place to ensure you had rectified shortfalls in medicines management found at the previous inspections of January 2016, March 2017 and July 2017.</p>

The enforcement action we took:

Notice of Proposal to impose conditions on your registration for the regulated activity: Accommodation for persons who require nursing or personal care at Ivybank House Care Home, Ivybank Park, Bath, Somerset, BA2 5NF. You must carry out monthly audits which ensure the following areas of risk are identified, assessed and mitigated, Medicines management including recording of medicines administration, 'when required (PRN)' medicines care plans and accuracy of records and submit them monthly