

Ivy Cottage (Ackton) Ltd

Ivy Mead

Inspection report

Littleworth Lane
Lundwood
Barnsley
South Yorkshire
S71 5RG

Tel: 01226288277

Website: www.ivycarehomes.com

Date of inspection visit:
11 November 2020

Date of publication:
11 December 2020

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

About the service

Ivy Mead is a residential care home providing personal care for up to 20 people of various ages. Most people have a learning disability and/or mental health needs. It is split into two separate houses. At the time of the inspection 20 people were living at the service.

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

People received medicines as prescribed by competent and trained staff.

We have made a recommendation about the management of some medicines.

Risk assessments were in place and had been reviewed regularly. Systems and processes were in place to protect people from abuse, and concerns had been raised with relevant authorities. People were cared for by sufficient numbers of staff. Infection prevention and control measures were in place. Accidents and incidents were reviewed and trends and themes considered to inform learning lessons to prevent recurrence.

People's needs and choices were documented and well-known by staff. Staff received regular training and their skills were refreshed. People's meal choices were documented, and people were supported and encouraged to eat and drink healthy options. People's rooms and the environment were personalised. People were involved in how the home was run. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. 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 guidance CQC follows 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. For example, people's choices, control and independence was maximised. People received care which was person-centred and promoted people's dignity, privacy and human rights. The service followed an embedded ethos to encourage and empower people and staff upheld this principle.

There was a clear vision for the service. Staff were reminded of the service ethos and values in memos and meetings. There was a clear governance framework. Surveys and meetings involved people, relatives and staff in how the service was managed. Action plans were produced and outcomes shared.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivy Mead on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ivy Mead

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 one inspector.

Service and service type

Ivy Mead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the Nominated Individual, registered manager, senior support workers, and support workers. 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 three people's care records and four people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely.
- Medicines were administered by staff who were appropriately trained and received regular updates and competence assessments.
- Medicines administration records contained all the necessary information for the safe administration of people's medicines. People's allergies were documented and risks to people from these were mitigated.
- Records for people who had been prescribed topical creams on an 'as and when basis' did not contain enough information about when and where they should be applied, although staff were very knowledgeable about these.

We recommend the provider consider current guidance on 'as and when' medicines and increase the information in their records.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure clear instructions about safe food options were available and so people were placed at risk from eating food considered to be high risk by health professionals. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff had considered the least restrictive option when doing so.
- A pre-admission assessment was completed to identify and record key areas of managing risks to people's safety. This was used to inform the care plans, which recorded how to care for people safely.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible. People had signed to confirm they were involved in managing risks where they were able to do so and had agreed with the actions in place.
- Staff ensured information was shared with each other, people and their relatives when appropriate.
- External contractors undertook regular servicing of the premises and equipment. Internal checks took place to ensure the environment was safe.

Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe a person said, "Perfectly!" Another said, "Yes, cos the staff are ace." A relative told us, "I've never had to worry."
- People were supported to understand how to keep safe and to raise concerns. People confirmed they knew how to do this, with one person explaining who they would tell.
- Staff knew how to recognise the signs of abuse and protect people from abuse. Staff knew about whistleblowing procedures and staff we spoke with told us they were confident senior managers would act on concerns raised.

Staffing and recruitment

- People's needs were met in an unhurried manner and staff said staffing levels were good. A relative told us, "Their interviewing criteria is rigorous, all staff seem to be spot on."
- Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- People had been involved in the recruitment process by taking part in interviewing potential staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.
- Management reviewed all accidents and incidents each month and analysis was produced to identify themes and trends. Detailed graphs and reports were available from this electronic management system. Action plans were produced and tracked.
- Management encouraged staff to report accidents and incidents, and these were dealt with promptly. Lessons learnt were discussed during staff meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. During the Covid-19 pandemic some of the refresher training had not taken place, however management had made alternative arrangements to ensure staff remained competent. A training schedule had been devised so that refresher training was completed by the end of the month. Following the inspection the nominated individual provided an update to show training completion.
- Staff told us they were well-supported by the registered manager, and senior managers. Staff received regular supervisions and appraisals.
- New staff received an induction and were supported by more experienced staff.

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

- Support plans contained detailed information about people's care and support needs, and people had been involved in these. One person told us, "(Staff have) known me very well for years now."
- Assessments of people's needs were comprehensive and outcomes were identified. People's support needs were reviewed monthly or when their needs changed.
- A person told us, "They (staff) do everything, they do it right."

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

- People were encouraged and supported to eat and drink and maintain a healthy diet.
- People chose and decided the menu each week. One person said, "I'm having wraps tonight, yum yum."
- Clear information about people's dietary needs and preferences, allergies, and likes and dislikes was available to staff, and staff were knowledgeable about these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Clear processes were in place to refer people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- People had health action plans in place. A health action plan helps people with learning disabilities to stay healthy. People received regular health checks from their GP.

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

- People were involved in decisions about their environment and their individual preferences were met. One

person told us, "I love everything now, (it) keeps me busy", when describing how they were supported and encouraged to maintain their environment.

- Another person took great pride in their bedroom and had been fully involved in its decoration, including getting a lampshade and towels to match the colour.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were able to describe how people were supported within the MCA requirement and how people were involved in day to day decisions about their support.
- Staff told us how people were supported to have maximum choice and control of their lives and we observed people were supported in the least restrictive way possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives praised the support they received and the outcomes staff encouraged people to accomplish. One person told us, "(I'm) happy with it all. Staff push me on and help me." Relatives described how their family members had been encouraged and supported by staff. Comments included, "Everything just changed, her outlook, [name of person is] a lot happier unbelievably so", and, "(There's been massive progress for [name of person])".
- Staff and management were clear about the vision for the service. This was celebrated on staff notice boards and focused on person-centred care.
- People, relatives and staff told us the service was well-led. People and relatives confirmed they knew who the manager was.

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

- The provider and registered manager had a good understanding of their responsibilities and those of their staff.
- Good governance arrangements were in place. The nominated individual undertook regular visits and received monthly reports about the service from the registered manager.
- The registered manager had good oversight of the home. An audit tracking system was used to ensure all aspects of the home were checked and analysed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people, relatives and staff. Although meetings for relatives had not taken place during the Covid-19 pandemic relatives explained they had been communicated with regularly.
- Senior managers and the registered manager were open and honest with people and relatives when things hadn't gone right. There was a good flow of two-way information between all parties.
- Full consideration was given to people's equality characteristics.

Continuous learning and improving care

- Staff told us they were consulted with to discuss suggestions and improvement to the service. Staff told us they were free to offer suggestions.
- Regular surveys were completed to gain the views of people, relatives and staff. Feedback from these was used to improve people's support. Actions were tracked and monitored.

Working in partnership with others

- Staff worked as a team. Comments included, "I like how we work as a team", and, "Nothing could be better, everyone has pulled together".
- The provider shared experiences across the group and managers received support from their peers.
- The home had organised support from other local organisations to facilitate work and volunteering opportunities for people.