

FSHC Newco 2 Limited

Ivybank House Care Home

Inspection report

Ivybank Park

Bath

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 5 January 2016 and was unannounced. When the service was last inspected in June 2014 there were no breaches of the legal requirements identified.

Ivybank Care Home is registered to provide accommodation and personal care for up to 43 people. At the time of our inspection there were 36 people living at the service.

There was no registered manager in post at the time of inspection. 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. The current manager has been in post since December 2015. They told us that they intend to process their registered manager's application form.

Medicines were not always managed so that people received them safely because controlled medicines were not being managed safely. Controlled medicines are controlled under the Misuse of Drugs legislation. Stricter legal controls apply to controlled medicines and govern how controlled medicines can be stored, produced,

Summary of findings

supplied and prescribed. Controlled medicines were not being stored safely because stock balance controls were not being maintained by staff, which meant it was not always clear how much of a medicine was in stock.

Staff were not consistently supported through an effective training and supervision programme. The new manager told us they were aware of this position. They provided evidence that plans are in place to ensure the training compliance rates and regularity of supervisions will improve.

People were generally cared for in a safe, clean and hygienic environment. During the inspection concerns were raised about the kitchen and these were largely taken forward on the day of the inspection.

A range of checks had been carried out on staff to determine their suitability for employment. Staff we spoke with demonstrated a good understanding of how to recognise and report suspected abuse. Staffing levels were maintained to a sufficient level to keep people safe.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

People spoke positively about the staff and told us they were caring. One person told us, "The staff are nice. They're all helpful. They discuss what I need." Staff told us they aimed to provide personal, individual care to people.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

The overall feedback about the service and the new manager had been positive. Staff spoke positively about the manager. People were encouraged to provide feedback on their experience of the service and the manager had systems to monitor the quality of service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Medicines were not managed safely.

There were sufficient numbers of staff to meet people's needs safely.

Safe recruitment processes were in place that safeguarded people living in the home. A range of checks had been carried out on staff to determine their suitability for employment.

Requires improvement



Is the service effective?

The service was effective.

Staff training and supervisions required up-dating and this was being taken forward by the new manager.

People's nutrition and hydration needs were met.

Staff monitored people's healthcare needs and made referrals to other healthcare professionals where appropriate.

Good



Is the service caring?

The service was caring.

People spoke positively about the staff and told us they were caring.

Staff were knowledgeable about people's needs and told us they aimed to provide personal, individual care to people.

Good



Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure it was in line with people's wishes and needs.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Good



Is the service well-led?

The service was well-led.

Systems were being operated effectively to assess and monitor the quality and safety of the service provided.

Where risks were identified, the provider introduced measures to reduce or remove the risks to minimise the impact on people within a reasonable time scale.

Good



Summary of findings

People were encouraged to provide feedback on their experience of the service.

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.

This inspection took place on 5 January 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed the information we held about the service. This included previous inspection

reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

We spoke with six people and five members of staff. We also spoke with the deputy manager and manager.

We reviewed the care plans and associated records of four people. We also reviewed the Medicines Administration Records (MAR) of a sample of the people who lived at the home. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

Medicines were not always managed safely because controlled medicines were not being managed properly. Controlled medicines are controlled under the Misuse of Drugs legislation. Stricter legal controls apply to controlled medicines and govern how controlled medicines can be stored and prescribed. Controlled medicines were not being stored safely because stock balance controls were not being maintained by staff, which meant it was not always clear how much of a medicine was in stock.

Documentation in relation to when people were given controlled medicines was also not consistently documented. In particular, staff had documented an incorrect stock balance of one controlled medicine on 1 January 2015. The medicine was subsequently administered twice a day (as prescribed) for the next 25 days; [50 doses]. However, the stock balance continued to be documented incorrectly by staff until the error was noted on 26 January 2015. Staff were not counting the amount of medicine in stock as robustly as they should.

On 1 February 2015 and 8 February 2015 another person had controlled medicines administered but these were not recorded in the controlled drugs register, which meant the stock balance was also incorrect. We asked to see how these incidents had been reported and investigated, but there was no incident logged.

Despite the errors described above, other incidents in relation to poor record keeping and documentation were also observed. On 19 December 2015 there was no entry in the register that medicines had been administered and on 21 December 2015, 27 December 2015 and 31 December 2015 only one member of staff had signed the register. There was no witness signature to confirm that the medication had been administered. This was in breach of the provider's own medication policy.

Staff responsible for the management and administration of medication were not suitably trained. The provider's training compliance audit highlighted 71% of staff had completed the Care of Medicines Foundation training and 50% had completed their Care of Medicines Advanced training.

Medication audits were undertaken. The last audit was completed on 6 December 2015, but the issues we found during the inspection had not been identified during the provider's own audit.

Medicines stored in the fridge had not been dated or signed when opened to indicate how long they were safe to use. In the fridge there were four opened bottles of a prescribed high energy drink supplement. The label stated the contents should be discarded after the bottle had been opened for 48 hours, but as staff had not dated the bottles to indicate when this had happened, it was not clear whether the contents were safe to use or not. The member of staff we showed this to disposed of all four bottles immediately.

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

Other medicines were administered safely and in accordance with people's prescriptions. Medicine administration records (MAR charts) were in place and were all signed and up to date. The staff member administering the medicines knew people well. We observed that they asked people if they required any pain relief and they were patient and did not rush people when giving them medicines. Staff knew people's preferences and gave people their medicines in the way they wanted them. One person was self-administering their own medicines and there was a risk assessment in place for this within the person's care plan. The assessment had been reviewed monthly to ensure the person was still safe to do this.

People were generally cared for in a safe, clean and hygienic environment. Staff knew their responsibilities in relation to the prevention and control of infection. Personal protective equipment (PPE) such as gloves and aprons were readily available and we observed staff using it prior to assisting people with personal care. Hand gel dispensers were available throughout the home and were in working order.

We observed that the hallways, rooms, communal areas and shared facilities were clean. Each room had a scheduled daily clean and a monthly deep clean. In 2015 the kitchen had been awarded a five star food hygiene rating by the local authority. Daily and monthly cleaning schedules were completed and food was stored at the correct temperature. We did advise the chef and the

Is the service safe?

manager that the kitchen looked tired compared to the rest of the service. We noted that the dishwasher was leaking, the grill wasn't working and the metal hobs required a thorough cleaning. We noted that the monthly food safety audits conducted in October 2015 identified that the blender required fixing and the chopping boards needed replacing and these had yet to be actioned. The manager agreed to assess the position.

The provider made sure that all new staff were checked to make sure they were suitable to work at the service. These checks included seeking references from previous employers and obtaining information from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

People told us they felt safe at the service and with the staff who supported them. They told us they could talk to any of the staff. Staff told us they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns confidentially about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

People were supported by sufficient numbers of staff to meet their needs. Staffing levels were assessed by following the Care Home Equation for Safe Staffing (CHESS) dependency tool. The tool determines the level of staffing required whilst taking into account the dependency needs of the people who lived at the service. Staffing rotas demonstrated that staffing levels were maintained to the correct level. Where unexpected absences occurred the

manager told us that they could call on existing staff to provide cover. On the day of our inspection a member of staff called in sick and their shift was covered by another member of staff. Staff we spoke with felt the staffing levels had improved and the current level was generally manageable.

People's care plans contained risk assessments in relation to topics such as self-administering medicines, mobility, falls and pressure area breakdown. Where risks had been identified, the plans contained details on how staff should support people to minimise the risks and all had been reviewed at least monthly. All of the plans contained comprehensive fire risk assessments, which provided staff with detailed guidance on how to assist people to evacuate the building in the event of a fire. For example, plans contained guidance such as, 'Can walk independently with a Zimmer frame but will need staff to show the way to the nearest exit.'

Excluding the controlled drugs incidents the provider had appropriate arrangements for reporting and reviewing incidents and accidents. The manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up. An example of this included an analysis of a monthly falls risk assessment and reviewing the falls outcome record.

There were appropriate governance systems in place to monitor health and safety and the welfare of people. These included audits on fire safety records, legionella, water temperatures, maintenance of safety equipment, gas safety, boilers, call systems, Portable Appliance Testing (PAT) and window restrictors. The service had recently appointed a maintenance member of staff. They told us that they were in the process of ensuring that any action items identified in previous maintenance audits were being actioned. We found these actions were being taken forward and recorded in the maintenance log.

Is the service effective?

Our findings

Staff were not consistently supported through an effective training and supervision programme. The provider's supervision of staff policy was not being adhered to. According to their policy supervisions should take place every eight weeks or six times per year. The monthly audit conducted by the regional manager in December 2015 also identified that supervision checks were not up-to-date. Most staff were unsure when their last supervision sessions had taken place. One member of staff told us, "It was probably in the summer. Because of the manager changes I haven't had one for a while." The lack of supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon. To ensure they're now conducted on a regular basis the manager had produced a supervision matrix. The matrix demonstrated that regular supervisions were scheduled for all staff.

New staff undertook an induction and mandatory training programme before starting to care for people on their own. Staff told us about the training they had received; this covered a variety of subjects such as moving and handling, infection control, fire safety and first aid awareness. New staff members also shadowed more experienced members of staff until they felt competent to provide care on their own. The training records demonstrated that staff mandatory training was out-of-date and required up-dating. The December 2015 regional manager's report stated that the current compliance for mandatory training was currently 62% against the provider's target of 95%. The new manager told us they were aware of this position and provided evidence that plans were in place to ensure the compliance rates will improve.

Although some staff training required up-dating they demonstrated an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. At the time of the inspection no one was subject to a DoLS safeguard. The manager demonstrated an understanding of the procedures which needed to be followed to apply for a deprivation of liberty if required.

People's nutrition and hydration needs were met. People were assessed for nutritional needs, and when people required specialist support this was sought appropriately. For example, people's weight was monitored and if there was continued weight loss the GP was informed. Some people were receiving food supplements and weight charts confirmed that people had subsequently gained weight. Where necessary, people were having their food and fluid intake monitored, but this was only done for as long as it was needed. One person's weight had reduced when they were unwell, and staff had recorded their intake for one month, but once they were well again and their appetite returned to normal, the monitoring was discontinued. Alongside this, when people were identified as being overweight, support and advice was sought on how staff could support them to lose weight (if the person wanted to). There was a plan in place for one person who required a calorie controlled diet and their weight chart showed that with staff support they were losing weight at a sensible rate.

We received mixed comments regarding the food. One person said, "The roast dinners are good, but the other food isn't that great." Another person said, "The food is boring, badly cooked and only ever warm, not hot"; and "I like the soups and nice sandwiches. Some of the lunches are very good, others are awful." However everybody was aware about the service's decision to partner with a new group to deliver the catering. The partner was starting in the next week. Through this partnership it was intended that the service will have access to professional skills and systems and they would be able to ensure that menus will be varied and nutritious.

People had access to healthcare services when required such as the GP, district nurse and mental health team. The service referred people to their GP when needed. One person had been unwell and staff had documented that

Is the service effective?

they had contacted the GP for advice. The GP had visited the person the following day and prescribed some medication. Staff were monitoring the person's condition and this was clearly documented in the person's care plan.

Is the service caring?

Our findings

We observed that people were treated with kindness and compassion by the staff. There was a friendly atmosphere and staff knew people by name and vice versa. People spoke positively about the staff and told us they were caring. People's comments included, "The staff are super. They're very kind"; "The staff are very nice and helpful. They get things when I need them. It's quite peaceful and very friendly."

All of the staff said they felt the team worked well together. One said, "We have good relationships with the residents and their relatives." We observed one person walking along the corridor who did not seem to know which way to go. A member of staff approached them and asked, "Where are you going? Shall I take you there?" We observed them talking with the person as they walked offering reassurance.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they

discussed people's care needs with us it was clear they knew people well and understood the support they needed. They spoke of people in a respectful and kind way. One member of staff explained, "We get to know people as individuals. We're proactive and staff know what to do and how to care for people. We have productive shift handovers and talk about not only what we need to do, but why."

People's privacy was respected and all personal care was provided in private. We saw signs on people's doors saying "Do not disturb" which were in place when people were receiving personal care. Staff knocked before entering people's rooms. One member of staff told us, "Everyone is different. Some people are more independent. I assist them with any help they need. I always ask them what they want and knock at people's door before entering their room." Staff encourage people to be independent. One person told us, "I need assistance with getting in and out of the bath. I wash myself and they help me to dress. I'm as independent as I can be and they help when required."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Each person had an initial assessment before they moved into the service. This was to make sure the service was appropriate to meet the person's needs and expectations.

Care plans were person centred and comprehensive. The plans showed that people had been involved in decisions about the level of support they required. People were supported to maintain their independence where possible. A staff member said, "We know that maintaining people's independence promotes their well-being". One care plan informed staff the person required some assistance with dressing but was able to choose their own clothes to wear. The plan also informed staff that the person could mobilise independently using their Zimmer frame for short distances, but would need staff to use a wheelchair if they wanted to go further. When we spoke with this person about their needs they confirmed the content of the plan. They said, "I could only walk a couple of steps when I first came here but I can now get along to the conservatory on my own. If I want to go downstairs, the staff wheel me."

People's choices were taken into consideration. For example, one person had been assessed as being at risk of developing pressure sores. They had been provided with pressure relieving aids such as a special cushion for their chair, but they refused to use it because they didn't like it. Staff had assessed the person as having capacity to make the decision for themselves, but the plan also informed staff to continue to 'Advise to use pressure relieving cushion'. The plan also informed staff to monitor the person's skin integrity for any signs of breakdown and to date the person's skin had remained intact.

Another person had previously regularly refused assistance with personal care. This person had also been assessed as having full mental capacity to make that decision, but the

plan informed staff to continue to encourage the person and to document when they were offered a shower. The person's relative had also been involved in the care planning process and this was also the case for other plans we looked at.

Care staff said they had access to the care plans and that they read them. When asked how they knew about people's needs, one staff member said, "I read the care plan and talk to the resident". People had the time they needed to receive their care in an unhurried manner. Staff said people chose when they wanted assistance to get washed and dressed, and whether they wanted help with a bath or shower. People confirmed that they didn't feel rushed by staff, and could choose when they received the support they needed.

A dedicated activities coordinator was employed by the service. There was a structured weekly activities programme. This included shopping trips, films, men's pub lunch, team games, songs of praise and yoga. Many of the people we spoke with provided positive feedback about the activities programme, particularly the outings. One person told us, "A lot of us are fairly able and would like more active activities such as gardening."

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. One person commented, "I have regular family visits and go and see my husband at his nursing home. I'm in a fortunate position."

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain, but had never had cause to. They felt confident that they would be listened to and their complaint would be investigated by the manager. One person said, "I came here because I heard good things, and that's why I've stayed".

Is the service well-led?

Our findings

Staff and people spoke positively about the new manager and they felt well supported. One member of staff told us; “I feel very well supported by the manager. It’s all a massive team and there is no obvious hierarchy. They listen to what you need. Any problems you can discuss with the manager.” Another member of staff described the manager as being, “Good and fair.”

The manager communicated with staff about the service to involve them in decisions and improvements that could be made. We found recent staff meeting minutes demonstrated evidence of good management and leadership of staff within the service. Agenda items identified action items which needed to be taken forward such as the new care documentation, re-introducing the key worker system and up-dating people’s room folders. Staff said that although morale had been low previously, it was improving because of management changes and new staff starting. One new member of staff said, “This is the most welcome I have ever felt starting a new job. I was really made to feel part of the team.”

The manager also held daily meetings with the heads of departments. The meetings covered a number of operational issues such as attendance, arising concerns with people in the service, maintenance, menus and activities. This ensured that each team were aware of any issues that needed to be dealt with on each day. It also allowed the manager to feedback any issues arising from their daily management report which involved a morning tour of the service and a sample review of care plan records.

The regional manager visited the service regularly and compiled a monthly visit report. The visits were used as an opportunity for the regional manager and manager to discuss issues related to the quality of the service and welfare of people that used the service. Clear action plans were evident and timescales given to areas in need of attention. Actions from previous monthly visits were reviewed to ensure appropriate actions had been forward within the required timescales.

The home had a ‘resident of the day’ system which focused on a particular person on a rotational basis. The family of the person receive an invite to attend the service to speak in person about their family member. The care plan was audited, their room had a deep clean and the resident had time to speak with key departmental heads such as the manager, the chef, housekeeping and maintenance staff to ensure the service was sufficiently meeting their needs. This demonstrated the way the service was reviewing care and adapting to change.

The provider sought feedback from people so that they could evaluate the service and drive improvement. A recent resident and relatives meeting had been held which enabled an open forum for discussion and enabled people to express their opinions. There was a general feeling expressed in the meeting that there have been some improvements in the service and that communication in particular had improved. It was noted in the minutes; “[person’s name] said he thought there was light at the end of the tunnel now [manager’s name] had taken over.” Where concerns had been expressed to the manager action had been taken. An example of this included the refurbishment of the conservatory and the installation of net curtains at the windows. Some people thought the curtains reduced the view and made the room look smaller. The manager arranged for the curtains to be tied back and this remedied the concern.

Annual customer surveys were conducted with people. The results of the survey were available in the foyer for all to access. 10% of people responded to the 2015 survey. The survey highlighted that 86% of people rated the service good or very good and a 100% felt at ease when speaking with staff. They also displayed a “You said and we did” folder on how the service was responding to the issues raised. An example of this included the inclusion of a curry on the menu occasionally. People knew who the manager was and said they had been round and introduced herself to them when she commenced her employment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
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	Medicines were not managed safely.
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	Staff responsible for the management and administration of medication were not suitably trained.
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