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Ivonbrook Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection at Ivonbrook Care Home on 10 and 11 October 2016.

Ivonbrook Care Home provides accommodation with nursing and personal care for up to 40 people, some of whom were living with dementia. At the time of our inspection 8 people were using the service.

A registered manager was not in post, as the previous registered manager had left the service prior to our last inspection in June 2016. However, an acting manager was in post and was present throughout the first day of this 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.

At our last inspection in June 2016, we found the service to be rated as 'Inadequate' overall and the service was therefore placed in 'Special measures'. In all, we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. At the time of this inspection we found enough improvements had been made to take the provider out of special measures. However, there were still some improvements not yet completed.

Systems for identifying and reporting concerns had improved. The acting manager had informed the Care Quality Commission (CQC) of any changes and reportable incidents at the service.

At the previous inspection, we found people's care records were not effectively updated and evaluated. At this inspection we found improvements had been made, however we could not be assured information had always been shared and updated effectively.

We saw improvements had been made to medicines management; staff had received support and training to manage medicines safely. There were procedures in place to keep people safe in emergencies. We saw there was an extensive plan of refurbishment and redecoration taking place. The acting manager was in the process of recruiting new staff to the service, although none had yet commenced their employment.

People were supported to have access to health care professionals at the time they required. Staff received training and looking at ways to implement new skills and knowledge. There were sufficient numbers of staff available to meet people's needs.

We saw drinks were readily available throughout the day. Where people required special diets or supplements, we saw the staff ensured they were provided. People told us they were involved in making decisions about the support they needed and felt able to ask staff should they need any help or something in particular. People's dignity, privacy and independence were respected by the staff.

People were encouraged and supported to spend private and quality time with their family members. Staff were kind, caring and compassionate. People felt listened to and informed of developments at the service. People were supported to follow activities and interests of their choice.

A complaints procedure was in place and were monitored, investigated and acted upon. Improvements had been made in relation to sharing information with the local authority and the Care Quality Commission (CQC). People felt the acting manager and the staff were visible and approachable. Other improvements were still in progress. For example, updating of people's care plans and staff training.

There was no registered manager in place and day-to-day management of the service was provided by the acting manager who received support and guidance from care home consultants. Staff supervisions were not carried out on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's care records were not always effectively updated which meant there was a potential risk for them to receive care which did not reflect their changed needs. Staff knew how to report and share safeguarding concerns to the local authority safeguarding team. Medicines were managed, administered and stored safely. People felt safe living at the service.

Is the service effective?

Good 

The service was effective.

People and their relatives thought the staff understood their roles. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments and best interest meetings were carried out to ensure their rights were protected. People were supported to have access to health care professionals. People were supported to have sufficient to eat and drink.

Is the service caring?

Good 

The service was caring.

People were supported to maintain their independence and had the opportunity to express choice about their care, preferences and routine. We saw caring interactions between staff and the people who lived in the service. People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Staff had a good understanding of people's care and support needs. A complaints procedure was in place and people told us they felt able to raise any issues or concerns. They were confident they would be listened to and any issues raised would be taken seriously and acted upon. People were asked for their

opinions about the service.

Is the service well-led?

The service was not always well-led.

There was no registered manager in place at the service. Effective supervisions of all staff had not taken place. Auditing of the service had commenced. Staff were aware of their responsibilities and felt supported.

Requires Improvement 

Ivonbrook 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 10 and 11 October 2016 and was unannounced on the first day. The inspection team consisted of an inspector, an inspection manager and an expert by experience, on the first day. The second day was announced and consisted of one inspector only. The expert by experience had specific experience of dementia care and older people's services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in June 2016.

We spoke with all eight people using the service, two relatives, a representative of the provider, a cook, a senior carer, two care staff and the acting manager. We also spoke with the care home consultants.

We spoke with one social care professional and two visiting health care professionals. We reviewed care plans and associated records for three people who used the service. We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in June 2016, we found the provider had failed to ensure people using the service were protected from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people did not receive safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify these breaches. At this inspection we found some improvements to the safety of people at the service had been made.

People and relatives told us they felt safe at the service. One person said, "Yes I'm safe; I'm not on my own." Another person told us, "Actually yes, safe." A third person said, "Yes I feel safe with the people who care for me." A fourth person said, "They (staff) keep stressing, my safety is important." Relatives told us they felt sure their family members were safe. One relative said, "Safety – I have no problems or concerns at all; it is clean and tidy."

Staff were able to tell us how they supported people to remain safe. When asked about people's safety, one staff member said, "Yes, residents are safe; safety has improved." The staff member went on to say, "Things weren't right before the last inspection but it is much improved here now. We didn't have enough hours in the day before; we had no leader and guidance." They followed this by saying, "We work together now as a team; [acting manager] gives us support."

Systems for identifying and reporting concerns had improved. Staff knew how to report and share safeguarding concerns to the local authority safeguarding team. The staff and acting manager had also acknowledged when they were no longer able to meet people's needs. The acting manager, with the support of the consultant, had implemented systems to ensure people were protected from potential harm. The acting manager had informed the Care Quality Commission (CQC) of any changes and reportable incidents at the service. For example, if someone had fallen or taken ill the acting manager ensured CQC and relevant social care professionals were informed and what actions had been taken. A visiting health professional told us the service and staff had made improvements. When asked about people's safety, the professional told us they had no concerns relating to safety.

At our last inspection, we saw there was a 'stand-alone' air conditioning unit in one of the treatment rooms. The bucket on the unit was overflowing, causing water to leak onto the floor. At this inspection, we saw the air conditioning unit had been removed and the treatment room was not in use. The room had been completely stripped of all fixtures and fittings and was being completely re-fitted. This meant the previous potential risks to staff and people had been removed.

At the previous inspection, we found people's care records were not effectively updated and evaluated. At this inspection we found improvements had been made, however we could not be assured information had always been shared and updated effectively. The staff and acting manager had recognised one person's needs had changed and we could see from their care records a referral had been made to the relevant

professional in a timely manner. We were verbally informed staff had been given advice and specific instructions by a professional; however we saw this information had not been updated in the person's care plan or on the handover sheet. There was no record of the specific guidelines being shared with other staff members on the date we were given. This meant there was a potential risk for people to receive care which did not reflect their changed needs.

Risk assessments were carried out in relation to people's care, and were reviewed each month, or earlier should it be identified and necessary. The assessments identified what control measures (or actions) staff should take to minimise the likelihood of harm. Accidents and incidents were recorded, and the acting manager had started to collate the information from them in the form of an audit. The information was then to be monitored and reviewed, for trend analysis. We saw analysis had taken place for the first months audit, however the analysis had been started but not completed for the subsequent month. We spoke with the acting manager about this, and they acknowledged action needed to be taken to ensure risks to people were analysed and reviewed.

People and relatives told us they were happy with the arrangements for the staff to manage their medicines. We saw improvements had been made to medicines management. We observed a senior carer administering medicines, and noted they were not interrupted by colleagues, nor were they expected to answer the telephone. The ordering and storage of medicines had improved and we were assured by how much better medicines were managed.

We spoke with a senior carer, regarding the policies and procedures for the safe storage, administration and recording of medicines. They told us, staff with responsibility for dealing with medicines had received the necessary training and their competency had been assessed by the external consultant. This was confirmed by the consultant and supported by training records we saw. After lunchtime we observed medicines being given and saw all medicine administration records (MAR) were accurately completed. All the bedrooms had newly fitted storage cabinets for people's creams. We reviewed recording of people's creams and found improvements had been made. This demonstrated that medicines were managed safely and consistently

There were procedures in place to keep people safe in emergencies. For example, we saw personal emergency evacuation plans (PEEPS) were in place in people's care plans, daily plans and bedrooms, in the event of an emergency, such as a fire. We saw there was an extensive plan of refurbishment and redecoration taking place and people told us this was being carried out with the least amount of disruption to them as possible.

We looked at staff recruitment at the service. We found the acting manager was in the process of recruiting new staff to the service, although none had yet commenced their employment. The acting manager told us, that although relevant pre-employment checks, for example, Disclosure and Barring Service (DBS) checks had been requested, they had not yet been returned. DBS check help employers ensure potential staff are suitable to work with vulnerable people who use care and support services.

Is the service effective?

Our findings

At our last inspection in June 2016 we found people did not receive safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff did not receive adequate training to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people were not always assessed in relation to their capacity to make decisions about their care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify these breaches. At this inspection we found improvements had been made and they are now compliant with these regulations.

People were supported to have access to health care professionals at the time they required. One person said, "You don't feel on your own; if one day I think, oh heck I don't feel very good today. They will call the doctor." A relative said, "Staff keep us informed of any changes to [family member] health; the staff let us know if [family member] is ill. We are encouraged to stay involved." Health care professionals told us there had been improvements in people's care. One health care professional described staff and the service as, "Much improved," however they noted the numbers of people living at the service was greatly reduced. They told us when they visited they would be accompanied by a senior carer, to ensure, "Effective communication and consistency." They went on to tell us, any instructions they put in place were carried out by the staff at the service. This meant, people were supported and had access health services when it was needed.

All of the people we spoke with told us they were well looked after by the staff. A relative said, "Staff seem to know what they are doing." When we asked whether staff had the right skills and training to support people, a relative said, "I am sure they do have training; yes." Staff told us the training they received had increased recently. One member of staff told us they had attended numerous training courses and was booked on to attend more. A member of staff said they, "Found dementia training really interesting; it has given me lots of ideas." They went on to tell us they had begun to research further how they could improve the life of those people who were living with dementia and gave an example of memory boxes. Memory boxes are recognised as a beneficial tool for reminiscence recall and communication for people living with dementia. This showed staff received training and looked at ways to implement new skills and knowledge.

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible. Staff understood their role in supporting people to make decisions regarding their care and treatment.

People can only be deprived of their liberty so that they can 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). The acting manager understood they may

be required to make an application to deprive a person of their liberty. We saw documentation had been completed previously, and the acting manager told us they were in the process of reviewing applications, as they were completed prior to our last inspection.

We checked whether the service was working within the principles of the MCA. One staff member told us they had taken part in training in relation to the MCA and DoLS. The staff member said, "We (staff) must ensure people's capacity is assessed and it is decision specific and not just lacks capacity." In the staffroom, we saw information relating to the five key principles of the MCA, to aid and remind staff about capacity and decision making. We saw evidence of capacity assessments and when required, best interest decisions had been completed. This meant service promoted people's rights and worked in accordance with the MCA.

Mealtimes were a social and enjoyable part of people's day. At lunchtime people and staff were heard to chat together about topical news items and the day's events. We heard and saw staff offer people a choice of food at mealtimes. People told us they were satisfied with the meals provided and there was enough to eat and drink. One person said, "Yes, we are well looked after; food is okay, they will get anything you like. I usually have sandwiches and cake (for tea)." Another person said, "Food is very good; there's a big menu." A relative said, "The food always looks good; we are always offered food and drinks when we visit."

Menu choices were available and we saw people were offered alternatives when they did not want or like the main choices on offer. The cook told us they were happy to prepare alternative meals to suit people's personal choice, and people confirmed this. We saw drinks were readily available throughout the day. Specialist guidance from the speech and language therapist was available for staff to refer to. We saw evidence of this being followed, as staff ensured people received their dietary supplements or special diets.

Staff were attentive to people's needs; they made sure people had drinks, sauces and condiments to accompany their meal. When they assisted people with their meal, the staff were engaging and helpful and did not see it as a task, but as an opportunity to provide a good mealtime experience. The lunchtime meal we observed looked appetising and there was very little wasted.

Is the service caring?

Our findings

We saw and people told us, staff were kind, caring and compassionate. One person told us, "Yes, kind; yes, caring; they are a good lot." Another person told us, "I like it here. The staff are kind, compassionate and caring definitely. Yes I feel comfortable with the staff." A third person said, "They're lovely; I feel at home." A relative told us, "The staff really are excellent; we as a family are very happy with [relatives] care."

People were encouraged and supported to spend private and quality time with their family members if they wished. A relative told us, "I can visit whenever I want."" Another relative told us, "We visit at different times and we are always made to feel welcome." This meant there were no restrictions on visiting hours.

A relative told us, "[Family members] new bedroom is lovely; it has been nicely decorated – it is lovely." People were able to personalise their bedrooms as they wished. Bedrooms had recently been decorated and re-furnished with new wardrobes and matching drawers. People had chosen the colour of the paint and coordinating furnishings, for example, the curtains. One person's bedroom had been fitted with additional lighting. They had a degenerative sight condition and the provider had sourced lighting to improve their quality of life. This showed the provider had started to improve the environment to meet people's individual needs.

People told us they were involved in making decisions. They felt able to ask staff should they need any help or require something in particular. One person told us how much they enjoyed watching their TV and showed us their new TV box which the provider had arranged to be installed. They told us they had recently moved to a re-decorated bedroom and having their TV and new box meant they could spend time watching their favourite films and programs.

A person-centred culture had started to develop at the service. Staff demonstrated this throughout our inspection visit. For example, we saw staff ask one person if they would like a bath. The person asked the staff if they could leave it till after lunch; the staff told them the choice was theirs. After lunch we saw the staff supported the person to have a bath, as they had previously discussed. We also saw photographs had been taken of each person at the service. We queried this and one person told us, "We all agreed we would like our photographs taking and displayed." Another person told us, "The staff always ask; they ask if we're alright, if we need any help."

When asked if staff supported them to remain independent, one person told us, "I ask for help if I need it - I'm very independent." Another person told us, "I don't feel rushed; they let you do things in your timescale." A third person said, "I'm independent but the risk is my mobility. Staff come quickly." People told us staff treated them with dignity and respect. We saw staff knocked on people's bedroom doors before they entered and assisted with any requests. One person told us, "They knock or shout to come into my room." Staff recognised the need to protect people's dignity when they supported them with personal care. A staff member said, "We (staff) are visitors in people's home." This showed people's dignity, privacy and independence was respected by the staff.

We saw the service had quiet spaces, which included, lounges, people's own rooms and a small accessible garden area. This enabled people to enjoy private time with family and friends who were important to them. Most people chose to spend some of their time in the main lounge, the dining-room and their bedrooms.

People had been included in decisions relating to their care and end of life care. We saw information was included in people's care plans regarding decisions for 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR). We also saw, one person had specific instructions relating to after their death; staff were aware and understood the specified instructions.

Is the service responsive?

Our findings

At our last inspection in June 2016, we found care was not person centred. This was a breach of Regulation 9 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were planning, to rectify the breach. At this inspection we found improvements had been made.

At this inspection we found people received individualised care and support. Each person had their own personalised care plan, which provided detailed information about what was important to them. People were offered the opportunity to contribute to their own care planning. One person told us they did not want, "To be involved or know about care, as I would worry." We saw a booklet, called, 'This is Me', had been completed by people and their family. The document is a simple and practical tool, that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. The document gave important and historic information about people; and provided staff with information for reference and discussion, with the aim of reducing anxiety for people.

People felt listened to and informed of developments at the service. We saw the provider had informed people and relatives of the previous ratings inspection and of the concerns raised by professionals. A relative said, "After the last inspection, I was worried and was considering alternatives; [relative] was adamant he wanted to stay and I had to respect his decision." They went on to say, "I am glad [relative] decided to stay; he is happy and settled." One person told us, "We have little meetings and they asked us what would occupy our minds more." They went on to tell us, "They are going to get films in the lounge when they get organised." We saw minutes of a recent meeting which had taken place at the service. A staff member told us, "We had a residents meeting the other day and it went really well; residents are being listened to and that is positive."

We saw staff supporting people to follow activities and interests of their choice. One person told us the staff supported them to continue to follow their interests. We were told people chose to take part in table top games in the afternoons and we were able to confirm this. On the first day of our inspection, we heard people arranging to meet later in the afternoon to play cards and dominoes. We also saw one person was supported by staff to plant potatoes, in a special wheelchair accessible planter. This showed the service was working with people to complete activities of their choosing.

A recently updated copy of the complaints procedure was clearly displayed in the reception area. People and their relatives told us how satisfied they were with the service; they told us they knew who to and how to make a complaint if necessary. People felt they could approach the staff if they had any concerns; and felt confident they could speak with the acting manager or any of the staff, at any time. One person said, "I have no complaints whatsoever." Another person said, "I would speak to the manager if I had a problem." Relatives told us they had no complaints or concerns with the care and support their relatives received. One relative said, "We know we can speak to any of the staff or [acting manager] if we had a complaint; but we don't." A staff member told us they were confident any issues or concerns they might need to raise with the

acting manager, would be listened to, acted upon and dealt with appropriately. Since our last inspection, we saw the provider had received one complaint. This was being handled and investigated by the consultant, who the provider had employed to support the service. This showed complaints were being monitored, investigated and acted upon.

Is the service well-led?

Our findings

At our previous inspection in June 2016, we found people were not protected from risks to their safety. This was a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found we had not been notified of events at the service, as we would have expected. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breaches. At this inspection we found the improvements had been made.

Following our last inspection, the provider and the acting manager had made improvements in relation to sharing information with the local authority and the Care Quality Commission (CQC). The acting manager was aware of the provider's responsibilities to submit statutory notifications to CQC. Notifications are changes, events or incidents, providers must tell us about, in a timely manner, as they are legally required to do.

Since our last inspection in June 2016, the acting manager had introduced various audits to assess the quality of the service. The audits covered a number of key areas, such as nutrition, medicines and dignity. We saw the audits identified any areas for further development and improvement. We saw a number of improvements were in progress. For example, redecoration of people's bedrooms, updating of people's care plans and staff training.

Staff told us they felt supported by the provider and the acting manager. Staff were very positive about the changes that had already taken place at the service. Staff told us they felt more empowered and included, in decision making and taking the service forward. However the staff told us supervisions had not been carried out on a regular basis. Supervision is recognised as a supportive meeting held between a manager and staff member. The acting manager told us they had carried out only three supervisions since our last inspection, and recognised this was an area which needed developing.

There is a requirement for Ivonbrook Care Home to have a registered manager. At the time of our inspection, the day-to-day management of the service was provided by the acting manager who was receiving regular support and guidance from care home consultants.

People and relatives told us the acting manager and the staff were visible and approachable. A relative told us, "[Manager name] and staff keeps us informed; they tell us what is going on at the home." All the staff we spoke with told us the acting manager was approachable, supportive and understood the needs of the people at the service. Staff told us they now felt involved with the development of the service and gave us example of how they were being listened to with regards to people's care and support. A member of staff said, "We (staff) work together; we have had a couple of staff meetings and we get the opportunity to speak up and people are listening." Another staff member said, "There's been progress in a short space of time, and we (staff) have to work together to sustain it."

The acting manager was positive and motivated to improve the service. They recognised and valued the

hard work of the staff team. They also recognised the support they received from the care home consultants, was beneficial to them and the service as a whole. The acting manager told us there had been a number of staff who had left since the last inspection. They told us they were actively recruiting new staff and were hoping to have a consistent team of staff. Staff spoke highly of the acting manager and were supportive of the changes being made. One staff member said, "[Acting manager] is supportive and listens. Another staff member said, "[Acting manager] is great; she is approachable and works hard to make things better." Staff understood the need for the improvements being made.

Systems were in place to monitor the running and overall quality of the service. Maintenance and servicing records were kept up to date for the premises and any specialist equipment used to care for people.