

Ivy Cottage (Ackton) Ltd

Ivy Mead

Inspection report

Littleworth Lane
Lundwood
Barnsley
South Yorkshire
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Tel: 01226288277
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27 July 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

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 27 June 2016 and was unannounced. The inspection was undertaken by an adult social care inspector. The home was previously inspected on January 24 2014 and was compliant. Ivy Mead is a care home registered to provide accommodation and personal care for up to 19 people with learning disabilities. Ivy Mead consists of two separate houses one with ten bedrooms and the other with nine bedrooms, which is for females. The home is situated in the residential area of Lundwood close to the town of Barnsley.

The service had a registered manager in post at the time of the 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.

People we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely, although some minor concerns had been identified around the recording of medication.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this.

People were involved in menu planning and meal preparation. We saw people were able to choose what they wanted to eat. There was plenty of choice.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect. People's needs had been identified, and from talking to people and observing staff supporting people, we found people's needs were met by staff who knew them well.

Care records we saw detailed people's needs and how best to support people in making decisions. People had been involved in their care planning.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and annual appraisals of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service had received only one complaint since our last inspection, and the registered manager had responded appropriately to the complaint. Information on how to report complaints was clearly displayed in the service

Staff and people who used the service who we spoke with told us that the managers were approachable and the service was well led.

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.

People told us they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse. Systems and processes were in place to ensure that people were protected from abuse and improper treatment

People's risks were assessed appropriately and care plans provided guidance on supporting people in ways that minimised risks and promoted independence.

The provider took steps to ensure suitable recruitment checks were undertaken prior to people starting employment at the home.

There was enough skilled and experienced staff to meet people's care needs.

Is the service effective?

Good ●

The service was effective

People's care was delivered effectively. Staff and people were confident that the staff had the skills and knowledge they needed to meet people's needs. Staff worked in partnership with health and social care professionals to ensure people's needs were met.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences.

People were assessed in line with the Mental Capacity Act 2005 where needed. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

Is the service caring?

Good ●

The staff were caring.

People received kind and compassionate care. Staff communicated with people in an open and friendly way and people were involved in discussions about their care

Staff had a detailed knowledge of people's history, what was important to them and how best to support them.

People were treated with dignity and respect and their privacy was protected

Is the service responsive?

Good ●

The service was responsive

Person centred care plans were in place and contained detailed information about each person and provided staff with clear guidance on how to meet people's needs.

A system was in place to receive and respond to complaints or concerns raised.

People regularly accessed the community and were able to undertake activities and interests that were important to them.

People made choices about their day to day lives.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

There was a positive and open culture. There was an experienced registered manager in post who led by example and was always approachable.

There were systems in place for monitoring the quality of the service provided. Where improvements were identified these were addressed and followed up to ensure on-going improvement.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

Ivy Mead

Detailed findings

Background to this inspection

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Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Prior to our inspection, we spoke with the local authority to obtain their views of the service.

During the inspection spoke to the registered manager. We also spoke to three care staff and the training manager, four people who used the service relatives and other health care professionals and we looked at records relating to staff, medicines and the quality and development of the service.

As part of this inspection we spent some time with people using the service observing the support they received, to help us understand the experience of people using the service. We looked at documents and records that related to peoples care, including two people's care and support plans.

Is the service safe?

Our findings

People and their relatives we spoke with described the service as very good. For example, one relative told us, "I think they are great here, you couldn't do better than this place. I am confident my (relative) is safe, well cared for and happy. They (person) have been in multiple other services before this one and they had all broken down." The staff are great I have nothing bad to say about the place".

People living at Ivy Mead told us, "it's fantastic living here, the staff are great". Another person said, "I like it here the, the staff look after you really well".

During the inspection we saw staff assisting people to go out strawberry picking, to the pub for lunch and to participate in other activities within the community. Staff supported people to access the community in a safe and reassuring way, advising and supporting people to make decisions whilst acknowledging sometimes people may make unwise decisions. For example, in one person's care and support plans they did not like crowds and busy places. The care plan told staff how to support the person to make a decision by providing advice and support and talking before the activity.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff 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. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

People's care and support plans contained identified risks and how identified risks should be managed. For example, identifying what makes a good day and what makes a bad day. The plans clearly described what to do if someone was becoming anxious and ideas about how to distract the person and understanding what people were communicating by their behaviours. The care and support plans included information about what was important to the person to help them through the day and possible diversion techniques. The plans included clear instructions for staff and had been developed to manage any identified risks in the least restrictive way. We saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way.

During our inspection we observed sufficient staff were available to keep people safe and the deployment of staff was effective. The registered manager explained that they had been running with a staff vacancy and that this had put pressure on the staff team. However they had recently recruited new staff into post and he felt this would take the pressure off the rest of the team.

The registered provider's recruitment procedures were robust and helped to minimise the risks to people

who lived at the home. Applicants were required to complete an application form which detailed their employment history and relevant experience. Employment was only offered on the receipt of satisfactory references and a satisfactory check had been received from the disclosure and barring service (DBS). This enabled the registered provider to make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

We looked at the system's in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for three people. Medicines were stored safely, at the right temperature and records were kept for medicines received. However, we saw evidence that a prescribed cream that should have been administered three times a day had not been signed for 37 times in one month. We discussed this with the registered manager and they agreed to review the system to ensure medicines administered were clearly recorded and documented. Staff were able to explain how they supported people appropriately to take medication that was prescribed as and when required, for example, pain relief. They were aware of signs when people were in pain or discomfort, agitated or in a low mood to ensure they received their medication when required.

During the inspection there was an incident when a person had a severe choking episode. The staff responded calmly to the situation reassuring the people around them whilst calmly administering first aid and calling for the emergency services. The team responded efficiently and effectively in an emergency situation.

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us "I have a lock on my bedroom door and staff always knock if they want to come in." Another person said, "Its good here, but I would like to go out on my own a bit more. When I asked the staff they told me I need to build up trust." People were supported to maintain good health, have access to healthcare services and received on-going healthcare support as and when they required it. We reviewed three care and support plans. People's care and support plans provided evidence of effective joint working with community healthcare professionals. For example, the care and support plans included a booklet called 'All about me, my life, my health, my wishes'. People also had a traffic light hospital assessment that contained important information for hospital staff in case people were admitted to the hospital.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. When we spoke with staff they were able to tell us their understanding of the MCA and DoLS and demonstrated that they understood the principles and were able to apply the requirements of the legislation in practice, ensuring people's day to day care and support was appropriate and that their needs were met.

There was clear evidence in the care and support plans that people were supported to make decisions, including decisions which others may consider unwise. For example, within the care and support plans there were decision making agreements, which clearly documented the best way to support a person when they were making a decision. The decision making agreements looked at what is important to the person, who the best person was to support them making a decision, the information required to make the decision and the right time and place to enable the person to make a decision.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure a balanced diet. One person commented to us "It's fantastic here, it's like a 5 star hotel, and we get steak, bacon and eggs whatever we want". Another comment we received that showed people had a good choice of food was "The food's good here and you get choice". People also told us about a healthy lifestyle course they were attending, which helped them to think about choices of food and activities that would help them improve their health and wellbeing.

People also told us about the shop, eat and cook group where they go out and buy the ingredients to cook something they like and that they had individual cupboards where they could keep their weekly shopping, which helped them to be more independent.

All new staff were required to complete the in-house induction. This induction included moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity and report writing. Staff shadowed experienced staff until such time as they were confident to work alone. One member of care staff said, "We work well as a team. Everyone's really supportive to each other and I love coming to work". Another member of staff said, "We have lots of training opportunities. We have access to Barnsley local authority training and we have a mandatory induction before we start work."

Staff had completed qualifications in health and social care such as the National Vocational Qualification in Levels 2 and 3. There were opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended training on end of life care to be able to meet

the needs of people who used the service and the registered provider had developed bespoke training around managing behaviours that challenge and finances. The training manager said that the registered provider was very supportive of staff.

The training offered to staff enabled them with the skills and knowledge to effectively meet people's needs. We saw the staff training matrix that identified that 88% of staff had completed essential training, for all other staff the registered provider had scheduled a meeting for the following week to address the outstanding training requirements.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. One staff member said, "The management are really approachable and they are good at recognising the work we do". Another staff member told us "It's not like coming to work, every day is different. It's nice to enjoy your job." All staff felt well supported in their roles and said they were able to approach the registered manager and the deputy manager with issues at any time. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required, for example, when staff first commenced employment. We saw staff meetings were also held regularly to ensure good communication.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received. People who used the service told us "I really like living here, the staff are good at looking after you". Another person said "It's great living here, if I had any problems I would go to the manager or staff and they listen to me."

We found that staff spoke to people with warmth and respect and day to day procedures within the home took into account people's privacy and dignity. Staff spoke of people kindly and with warmth and affection. One member of staff said she treated people as if they were family. Other comments included "I love working here encouraging people to move on and develop and they really do put the people first and another staff member said "I would be happy to have my family to live here."

We observed the staff working with people in a calm friendly manner. They took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. Staff were aware of how best to communicate with people. Throughout the inspection we heard conversations between care staff and people who used the service and it was clear that staff understood people's needs. We also saw staff and the people they supported laughing and joking together.

Staff we spoke to told us it was important to ensure that all people who lived at Ivy Mead were treated with dignity and respect. They explained it was a basic human right, not an option and that staff were at all times compassionate, person centred, efficient, and willing to try new things to achieve this. This was by improving the quality of care and experiences for people who used the service. We looked at one file where the person concerned had experienced an incident which resulted in the way they were being supported being changed. The care plans accurately reflected these changes, and a staff member we spoke with spoke knowledgeably about the changes. The staff member was also able to explain how they had worked with the person to rebuild their confidence and their independence and the sense of achievement this had given them. The person had developed their confidence so much that they had decided they wanted to move on to supported living. The registered provider had helped the person to organise a person centred review where people came to help them to think about where they were now and where they wanted to be in the future. The plan had been broken down into realistic and achievable steps and the person was in the final stages of moving on to supported living. We saw evidence of this in a plan that had been done to show the different steps that the person and their circle of support would need to achieve this move. This had ensured their dignity was maintained and improved their quality of life.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. We met with visitors on the day of the inspection. One relative told us that they were able to "come in at any time"; another said "I visit whenever I want to, there are no restrictions".

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished and they all had a key to their bedroom doors.

People's confidentiality was respected and all personal information was kept in a locked room.

Staff were aware to maintain people's confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

All staff we spoke with were passionate about providing high quality care. They all knew the people well who they supported. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported.

We found that care plans showed the degree of involvement that each person had with reviewing their care needs. Each care file included a sheet that documented in both a written and pictorial format how they were involved in their care planning. The care files were very person centred and individualised. The files included a circle of support, including, important things I need to help me get through a day and a 'life story file'; this was in an easy read format with lots of pictures. It showed who was important to the person and things they had achieved and their goals. The files also included decision making agreements which gave staff clear guidance on how best to support a person to make a decision.

Is the service responsive?

Our findings

The people who used the service told us the staff were good and provided support that met their needs. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they met people's needs. Staff were also able to explain to us how each person responded differently and when this required a different approach and methods, this evidenced staff were responsive to individual's needs.

The service was responsive to people's needs for care, treatment and support. Each person had a one page plan that gave staff at a glance information of what people needed to have in place to keep them safe and happy. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs.

Staff knew people's individual communication skills, abilities and what made a good day and what made a bad day for the person. They provided clear guidance to staff about the person's individual needs, and instructions on how to manage specific situations. This was to help staff in delivering better person centred care.

People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. People took part in group activities in the communal area of the home, as well as individual and one to one activities. One person told us "The activities are good."

Throughout our visit people were consulted by staff about what they wanted to do and when. We saw this during activity sessions where people were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. This meant the service promoted people to have fulfilled lifestyles.

Staff were very passionate about the activities they offered people. The registered manager told us that all staff take it in turns to hold activity sessions and were always trying to find activities that people enjoyed. One member of staff described how they had set up a weekly around the world session, where people were supported to learn about other countries and cultures. Another member of staff talked about one of the people who used the service who had recently been diagnosed with dementia and how they had developed a memory book for them. The care staff talked passionately about how this had supported the person and their family to reconnect with their past and their memories.

Support was provided to enable people to take part in and follow a range of interests and hobbies. This included regular access to the local community and access to community social activities. We saw people participating in activities like shopping, going out for lunch and on the day of the inspection they had planned to go strawberry picking. One person told us, "We do all sorts. We go on day trips, we go out for meals". Another person told us "We have user group meetings and we talk about what we want to do like trips to Skegness, clubs, birthday's celebrations". Another person told us, "I like to go running and the staff come with me."

Daily records contained information about what people had done during the day, what they had eaten and

how their mood had been. .

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version. This was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The service had received one complaint about the number of staff hours they were currently providing. The registered manager provided evidence of how they investigated the complaint and the outcome was that they had reviewed all staff rotas and as a result increased staffing levels.

The registered manager was able to explain the procedure to ensure anything raised would be taken seriously and acted on to ensure people were listened to.

People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. The registered manager said they meet with people and their families when they visit regularly to ensure people are receiving the care and support they need.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. Throughout our inspection we observed that staff were provided with the leadership they needed from the registered manager and senior staff to develop good person centred practices.

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said there were clear management responsibilities and good communication within the home. Staff had handover meetings at the start of each shift which enabled them to pass on important information to each other and to plan events for the day. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. Comments from staff member included, "We are a very person centred team, it is really about what the people want". Another member of staff said, "I feel valued and supported". Other comments included, "I think it's brilliant working as a team, and everybody brings different ideas" and "we work well as a team supporting each other."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress.

The service had various quality assurance and monitoring systems in place. We looked at the audits completed by the service. Audits covered areas such as the environment, accidents and incidents, medicines, care plans, and compliments and complaints. This ensured that the service complied with legislative requirements and promoted best practice. Where improvements had been identified, the registered manager ensured that they checked on the relevant area again after several months to ensure that the improvements made had been effective and were being sustained. One example of this was where the registered manager had developed a training package on dealing with behaviours that challenge.

The home sent surveys to people, their relatives and visiting professionals three times a year. The results of the most recent surveys were in the entrance way and demonstrated a very high level of satisfaction with the care and services provided at Ivy Mead. The report also provided people with information about the home's commitment to ensuring they provide a safe and high quality service.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner, with statutory notifications submitted to us as required. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.