

Sanctuary Care Limited

# Ivydene Residential and Nursing Home

## Inspection report

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30 October 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ivydene Residential and Nursing Home is a care home for up to 57 older people. The home provides care and support to people with varying and at times complex care needs, including those who were no longer able to live safely at home, those with nursing needs and those who were living with dementia.

The home is purpose built to provide three care areas, one for nursing care, one for residential care and one for people living with dementia. Care is provided over two floors and a passenger lift provides access to the first floor. There is also a large enclosed garden. At the time of the inspection 53 people were living at the home: 27 people in the nursing unit, 12 people in the residential care unit and 14 people in the dementia care unit.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

### Why the service is rated Good

The care and support provided at Ivydene Residential and Nursing Home continues to meet all relevant fundamental standards.

People received safe care and support. One person told us, "Heavens, yes. I never feel at risk, I feel quite secure." The home employed sufficient numbers of safely recruited and well-trained staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence, which guided staff to support them in a way that minimised risks.

People's healthcare needs were monitored and people received their medicines safely. The home was involved in a new initiative with the local Clinical Commissioning Group. This involved increased monitoring of people's health care needs in the care home by the GP and a pharmacist to try to avoid admissions to hospital. In addition, a consultant in the care of older people visited the service periodically to review those people with the most complex care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People told us, and we observed, that staff were kind, caring and patient. One person said, "Believe me, they're good; I cannot fault the place. I am lucky to be here. When I had to go to hospital I couldn't wait to get home here." Another said, "They pamper me, they look after me wonderfully. Nothing is too much trouble".

Individualised care plans provided staff with clear guidance and information about people's care needs and

their preferences. People said they enjoyed the social activities provided by the home, particularly the visits from the children from the local nursery. People told us the management team were open and approachable. The registered manager encouraged feedback about the quality of care and support provided at the home. Complaints were fully investigated and responded to.

There were effective monitoring systems in place to ensure the home provided person centred care in a safe environment.

People were supported by sufficient numbers of well trained and safely recruited staff.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Ivydene Residential and Nursing 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 checked whether the provider was 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 comprehensive inspection took place on 23 and 30 October 2017 and the first day was unannounced. One adult social care inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had experience in the care needs of older people including those living with dementia.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection, we spoke in detail with 12 people living at the home and two relatives. We also spoke with the registered manager, the provider's regional manager and 12 members of staff, including care, housekeeping and catering staff. We looked around the premises and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. Some of these people, due to their complex care needs, were not able to tell us about their experiences of the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on the care they experienced. We reviewed a number of records relating to individual care and the running of the home. These included six care and support plans, three staff recruitment files, including one for a registered nurse, as well as records relating to staff training, medication administration and the quality monitoring of the service.

## Is the service safe?

### Our findings

People told us that they felt safe living at the home. One person said, "Heavens, yes. I never feel at risk, I feel quite secure". Relatives also told us they felt people were safe: one said, "I feel safe leaving my husband here."

People were supported by staff who knew how to recognise and report abuse. Information on safeguarding people was displayed in the office areas in each of the three care units. The registered manager had reported to and worked closely with the local authority's safeguarding team when concerns over people's welfare had been raised.

Risks to people's health and safety, including those associated with healthcare conditions, were assessed and management plans put in place to reduce these. Care files contained assessments in relation to risks associated with poor mobility; skin care; nutrition and hydration, including the risk of choking due to swallowing difficulties, as well as needs associated with health care conditions such as diabetes. We observed staff assisting people who had limited mobility. Where equipment was used such as a hoist, this was also done safely. Staff spoke with and gave information to each person throughout the process. Accidents and incidents were recorded and reviewed by the registered manager and the provider's regional manager. This helped the management team ensure that action to mitigate further risks was taken.

People were supported by sufficient numbers of staff both during the day and at night. At the time of the inspection, in addition to the deputy manager and registered manager, there were 10 care staff and a nurse on duty: a nurse and five care staff on the nursing unit, three care staff on the dementia care unit and two care staff on the residential care unit. Overnight there were five care staff and one nurse on duty. The home also employed administrative, catering, housekeeping and laundry staff. One person told us, "They [staff] come pretty quickly unless they are very busy" and another said, "They come immediately, sometimes before I've finished pressing the bell." Throughout our observations, we saw call bells were answered promptly and staff spent time with people in the communal areas. This indicated there were enough staff on duty to meet people's needs. The registered manager said they kept staffing levels under review and monitored how long it took staff to answer people's call bells.

Staff were recruited safely. Staff files showed the registered manager ensured the necessary pre-employment checks were undertaken to ensure staff were suitable to work at the home. These included disclosure and barring (police) checks, references and proof of identity as well as checking with the Nursing and Midwifery Council to ensure the nurses held a current registration with them.

During the inspection, we observed some people receiving their medicines: people received these safely and as prescribed. Only the nurses and staff who had received training in the administration of medicines and had been assessed as competent by the registered manager gave people their medicines. Records relating to the receipt, administration and disposal of medicines were well maintained. A pharmacist visited the home every week to review people's medicines and to offer guidance and support for staff.

The environment was clean, tidy, and well maintained. Equipment used to support people's care, such as hoists, was serviced regularly to ensure it remained safe to use. Fire safety checks and personal evacuation plans were completed. Staff received regular fire safety training and people confirmed the fire detection equipment was tested weekly. Protective clothing such as aprons and gloves were available throughout the home for staff use.

## Is the service effective?

### Our findings

People were supported by staff who were appropriately trained and supervised for their roles. Staff told us, and records showed, staff had received training in topics relating to people's care needs, such as dementia care and end of life care, as well as health and safety topics including moving and handling and infection control. All staff had recently received training in relation to equality, diversity and human rights.

People were able to see health and social care professionals when needed. One person told us, "I just have to ask and the GP comes out to see me and the pharmacist comes around every week and she's very helpful." The home was involved in a new initiative with the local Clinical Commissioning Group. This involved increased monitoring of people's health care needs by the GP and a pharmacist to try to avoid admissions to hospital. In addition, a consultant in the care of older people visited the service periodically to review those people with the most complex care needs. Records showed people were also referred to other healthcare professionals such as the community nurse, dietician and chiroprapist as needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working in accordance with the principles of the MCA and found that they were. Not all of the people living in the home were able to consent to the care and support they received. Where this was the case, appropriate assessments had been completed and best interest decisions were documented. DoLS applications had been submitted where needed for those people who would be unsafe to leave the home without supervision. Due to the high number of applications received by the local authority, these applications were awaiting authorisation.

People told us they enjoyed the meals provided. One person told us, "It's all fresh. The food is very good. Like home cooking really". Another person said, "I can have tea and snacks whenever I like." On the first day of the inspection, one person told us that at times their meal was cold. We discussed this with the staff who recognised that they did not always warm this person's plate before serving the meal. They gave assurances that they would ensure the plate was warmed before each meal. On the second day of the inspection, this person told us their meals were now being serviced on a warm plate and their food was no longer cold.

Over the two days of the inspection we observed people having their lunchtime meal in all three care units. Staff told us people were able to choose what they wished to eat at the time the meal was served. People were shown each of the meal choices before making a decision. The home provided adapted cutlery to support people's independence with eating. For those people who required staff assistance with eating, we saw this was done safely and at each person's pace. People who were at risk of not eating or drinking



sufficient amounts had their intake monitored. When necessary staff liaised with relevant health professionals, such as dieticians, for guidance and advice over people's nutritional intake. The catering staff told us food was nutritionally enhanced for all those at risk of not eating enough to maintain their health.

The home was purpose built and provided a safe environment for people with limited mobility and those living with dementia. The lounge and dining room on the residential care unit on the ground floor were open plan and spacious, giving access through the conservatory to the garden. The lounge room on the dementia care unit was attractively decorated with period pieces of items of interest, such as sewing machine as well as books and magazines. It also provided access directly onto the patio and garden area.

## Is the service caring?

### Our findings

At our previous inspection in July 2015, people spoke very highly of the staff. At this inspection, they continued to praise the staff's kindness. They described staff as "wonderful" and "lovely", saying they were caring and compassionate. One person said, "Believe me, they're good; I cannot fault the place. I am lucky to be here. When I had to go to hospital I couldn't wait to get home here." Another said, "They pamper me, they look after me wonderfully. Nothing is too much trouble". A relative told us they were pleased with the care their relative received. One person told us of the acts of kindness they received from staff and the registered manager. This included bringing them particular food items they liked.

Comment cards for people and visitors to share their views about the care and support provided were available in the entrance way. We reviewed a selection of these from October 2017 which praised the care and attention provided by staff.

People told us staff respected their privacy and treated them with respect. This was confirmed by a relative who said, "They always knock the door before entering and shut the door when giving care." Staff asked for people's consent before providing care. One person told us staff always asked, "Do you mind if I give you a wash?"

Throughout our inspection, we observed staff interacting with people in a friendly and respectful manner. Staff were seen in conversation with people and there was lots of laughter between them. Staff were patient when supporting people and they did so in a way that promoted their independence, choice and dignity. One person told us, "It's a lovely atmosphere here. I look out of the window and enjoy the birds". Another person said, "It's excellent here."

Staff knew people well and were able to tell us about people's preferences, interests and the people who were important to them. The registered manager said they always asked people about their important relationships before they moved into the home and they encouraged people to maintain these after they moved in. The staff said the home prided itself on supporting people's diverse needs.

People were supported to be involved in planning and reviewing their care. Records showed care plans were reviewed monthly and people had signed their plans to demonstrate their involvement and agreement. One person told us their care plan reflected their needs: they said, "They [staff] regularly review my care plan." Relatives were also involved where this was appropriate.

People were supported to receive care at the end of their lives. People were asked about their wishes at this time and we saw these had been recorded in people's care plans. Staff had undertaken training in providing end of life care. One nurse had recently completed a training programme with the local hospice and was in turn providing additional training to the care staff.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and respected their choices and preferences. Each person had a care plan that described their individual needs and guided staff about how to promote people's independence and when and how to offer support. For example, one person's care plan identified they were often disorientated when they woke. Staff were guided to stay with this person until they were more settled before assisting them with their personal care. We looked at the care plans for six people with complex care needs: two people from each care unit. In addition to describing people's care needs and the support they require, the plans identified people's communication abilities and guided staff about how they should support people to communicate their needs and preferences. This included the use of pictures and symbols for some people.

The home employed an activity co-ordinator who planned daily social events. This member of staff discussed with people their interests and hobbies and organised events around these. People told us they enjoyed the activities particularly the regular visits from children from a local nursery. Staff told us they had seen a positive impact on people's well-being since the children had been visiting the home. For example, some people who lacked interest in food and only ate a small amount would eat more when they were encouraging the children to eat. People's communication and involvement increased when the children were present in the home. In addition, when people were in the town and walking past the nursery, the children would recognise them and they would stop to talk to them. This boosted people's feeling of worth. Social events for October 2017 also included chocolate tasting and a chocolate fountain, a cheese and port evening, a harvest festival with children from a local school, a horse racing evening, baking, pet therapy as well as board games and arts and crafts. People also received support with their spiritual needs. On the first day of the inspection a Holy Communion service was held.

Staff told us people were supported to be as independent as possible. For example, some people liked to keep their room tidy and dust their own ornaments. The staff said they made sure each person had what they needed to be able to do this. For those people being cared for in their rooms, records showed the activity co-ordinator and staff spent time with people. The care plan for one person who was being cared for in their room due to frail health, described their love of classical music. Staff were guided to ensure this was playing in the person's room. We visited this person and saw their radio was playing classical music.

People and relatives said they knew how to make a complaint. None of the people or relatives we spoke with had any complaints. One person said, "If I had a complaint and anything was wrong I would talk to the manager." People told the registered manager listened to them and they had confidence in them to resolve any issues. The complaints procedure and policy were accessible for people in the main entrance. When complaints had been received, these were recorded and addressed in line with the policy.

## Is the service well-led?

### Our findings

There had been a change of registered manager since the previous inspection. The registered manager had previously worked at the home as the deputy manager and as such knew people and staff well. 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, relatives and staff said the home was managed well. The registered manager was described as "very nice". A deputy manager and a number of nurses and senior care staff supported the registered manager in running the home. Each had specific responsibilities in relation to the three care units as well as overall management roles. One nurse said they were "very impressed" with the way in which the home was managed by the registered manager and the provider. A 'head of department' meeting, including nursing and care staff, catering, housekeeping and administrative staff, was held each morning with the registered manager, or the most senior nurse on duty in their absence. These meetings discussed any issues of concern over people's well-being and the planned events for the day.

The home had been recognised by a local university as a suitable training environment for student nurses. Recent feedback from a student nurse described the home as a "brilliant" place for people to live, the staff as "excellent" and the management and leadership as "great".

The registered manager completed daily audits which included the checks and observations made during their 'walk rounds' where they met and spoke with people, relatives and staff. These checks ensured the home was clean and tidy, that equipment necessary to support people's care was available and whether there were any concerns. The daily audits also included observations made at meal times to ensure people were supported appropriately and that meal times were a pleasant experience for people.

Other regular audits and reviews were undertaken and the registered manager prepared a monthly report for provider's quality assurance team and regional manager. These reports included whether there had been any accidents in the home, whether anyone had developed an infection or a pressure ulcer, whether anyone had suffered weight loss, and the actions taken as a result. The report also provided the outcome of the dependency assessments to identify people's staffing needs.

Staff told us they felt very well supported in their role. One said, "I love it. It's a lovely place to work. Staff had access to a counsellor and were provided with a confidential advice line should they wish to seek independent advice about their role. Staff told us of the "kindness" reward scheme which recognised staff's commitment and outstanding work performance. Staff were nominated by people living in the home, their relatives as well as other staff members. This reflected the provider's mission statement of "Keeping kindness at the heart of our care."

Regular meetings between the registered manager and staff as well as for people and their relatives were

held every two months. We saw these meetings communicated updates in the home and asked for feedback. In the minutes for a recent residents' meeting, people were asked to share their views about what it was like to live at the home. We saw the responses were positive.

An annual survey was used to formally gain the views of people, their relatives and staff regarding the quality of the services and support provided by the home. The results of the recent survey undertaken in September 2017 showed a very high level of satisfaction. In addition a 'thank you' card recently received from a family member described the home as "superb".

Records were well-maintained and stored securely. The registered manager was aware of their responsibility to keep CQC informed of significant events, such as accidents.