

Ivy Lodge Care Limited

Ivy Lodge Retirement Home

Inspection report

Briergate
Haxby
York
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 1 December 2015. The inspection was unannounced. At the last inspection of the service which took place on 28 May 2014 the provider was compliant with all of the regulations assessed.

Ivy Lodge is registered to provide care and accommodation for up to 34 older people. There were 31 people living at Ivy Lodge on the day of our inspection. The building is situated in a residential area of Haxby, approximately four miles from the centre of York. The

home provides accommodation on two floors. There is a choice of communal space and a passenger lift to the first floor to make access easier. The home has a garden area, and parking places are available for visitors.

Ivy Lodge has a registered manager. 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.

Summary of findings

People and their relatives spoke of the outstanding care they received. They described the care they received as 'excellent' and 'fantastic' and told us of the high regard they had for the registered provider, his wife, the registered manager and staff who they told us were consistently prepared to go the extra mile. They gave an example of the registered provider popping out to the shops to get something that they fancied to eat or drink or bringing in a jigsaw. People consistently felt that 'nothing was too much trouble' and they knew that they mattered.

People spoke of the outstanding leadership and management at the service stating that the registered provider and registered manager 'led by example.' The registered provider and his wife spent time at the home on a daily basis. It was evident that management were passionate and committed about valuing those they supported and their staff. Staff were proud to work at the home. There were clear values in place which the management and staff were committed to.

The registered provider and registered manager had systems which supported people in sharing their views and opinions and where suggestions for improvement were made these were always acted upon. Their approach to offering 'compassionate and person centred care' was evident and this view was echoed by visitors and the professional we spoke with.

People told us that they were treated with dignity and respect. We saw examples of this during our visit. A professional said "They really do know the people they support." People viewed Ivy Lodge as 'Their home', and we were struck by the warm, friendly, caring ambience that was clearly in place.

There was an open and transparent culture and all of the people we spoke with told us that they were asked to feedback their views. There were good management systems in place which enabled the registered provider to review the quality of care being provided.

People spoke highly of the staff and told us that they responded quickly to their needs. Staff received a varied training programme so that their knowledge, skills and experience could be kept up to date. The registered provider and registered manager were enthusiastic about evaluating and improving practice at the home and they had recently won a national care home award.

They had an excellent working relationship with their GP who told us that the service was proactive in ensuring people received the right health support. There were good systems to monitor people's health and wellbeing. People consistently told us that the standard of care and support was 'excellent.'

Staff had a clear understanding of The Mental Capacity Act and the importance of consent. People told us that they could make decisions and choices regarding all aspects of their lives, which was a comment echoed by relatives. Staff provided clear explanations to people before carrying out any care.

People received a varied range of social opportunities which helped to prevent isolation and was designed to respond to a range of sensory elements. People spoke positively of the social opportunities provided. They made suggestions for places they wanted to visit or things they wanted to try.

No-one who we spoke with could think of any improvements to make at Ivy Lodge. They told us that the registered manager and staff were constantly making improvements as they wanted to provide the best care to people. People told us they could raise complaints but also told us that they did not have any as minor niggles were dealt with immediately.

People consistently told us how approachable, warm and friendly the registered provider and staff were. The service was focused on those who lived there and extended to their families and friends.

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 safe.

People consistently told us they felt safe. Staff were clear about safeguarding policies and procedures and the action required if they thought someone was at risk.

People spoke positively with regards to the staff and staff confirmed that they went through a robust recruitment process before they commenced employment.

Medication was safely stored, administered and reviewed.

The home was clean and smelt pleasant and there were systems in place to monitor the control and spread of infection.

Good



Is the service effective?

The service was effective.

Staff received induction, training and supervision which supported them in their roles.

The registered provider and staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

People received a varied diet and their views were taken into account with regards to the menus on offer. People's nutritional needs were monitored and advice sought where necessary.

The premises were well maintained and suitable for those living there.

Good



Is the service caring?

The service went above and beyond to provide care which was outstanding.

People consistently told us that staff went above and beyond to provide outstanding person centred care. The home was very much a 'family home' where people living at the home and staff were valued.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people. People were encouraged to be independent and to live the life they wanted.

Outstanding



Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care and care records were detailed and person centred.

A varied programme of activities was provided which were very much based on individual choices.

Good



Summary of findings

People's views and opinions were sought and their ideas and suggestions were responded to.

People did not have any complaints but consistently told us they could talk to staff if they did.

Is the service well-led?

The service was well led

People living at Ivy Lodge, their relatives and staff spoke highly of the management team. There was a warm friendly atmosphere and staff spoke of a positive culture where the managers 'led by example.'

The registered provider and registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

The service worked effectively in partnership with other organisations.

Good



Ivy Lodge Retirement 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.

The inspection was carried out on the 1 December 2015. The inspection was unannounced. The inspection was carried out by one Adult Social Care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of older person services.

Prior to our inspection we gathered and reviewed information which included notifications and other

information we hold. 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.

During our inspection we talked with nine people using the service, six of their relatives and friends or other visitors, five staff, the registered provider, registered manager and hairdresser.

We looked at three peoples care records; three peoples medication records, four staff recruitment, files, four training and supervision files and the training matrix. We also looked at maintenance records and records to monitor the service such as audits and other quality management records.

We sought feedback from the local authority and from the GP. Feedback was positive.

Is the service safe?

Our findings

All of the people we spoke with told us that they or their relatives were safe. Comments included; “Everyone is very attentive, no- one gets cross and they always have plenty of time for you. It all makes me feel very safe and cared for” and “I feel very safe indeed here. I have no worries at all.” Also “I feel very safe and well looked after.” The positive and meaningful relationships between people living at the home and the staff employed meant that staff were able to recognise and respond to any safety issues quickly and confidently.

Staff demonstrated empathy in their approach to people but also had an enabling attitude so that people could continue to take risks and make decisions. This meant people living at Ivy Lodge were empowered to make decisions and choices regarding all aspects of their lives.

All staff had recently received an annual update in safeguarding adults from abuse. They were clear of the types of abuse and what action to take if they had any concerns. All of the staff we spoke with told us that they would have no hesitation in whistle blowing (telling someone) if they had any concerns. They were clear that there would be no recriminations for doing this. They had read policies and procedures and were confident that any concerns would be acted upon immediately by the registered provider and/or registered manager.

There was a transparent and open culture which encouraged staff to be supportive of people taking risks so that their lifestyle choices were respected and so that people could continue living valued and fulfilling lives.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. These were included in people’s individual care files. This included risk of falls, manual handling risks or the use of equipment. Risk assessments were reviewed regularly and updated. A member of staff told us “People have risk assessments. These change based on needs.”

Accidents and incidents were recorded and reviewed by the registered manager to look for any trends which could help to prevent re-occurrence.

We spent time with the maintenance manager who showed us the records which they held. We saw risk assessments

for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the home knew what action to take if the alarms sounded. The fire risk assessment had recently been updated by an external company and there were plans to change the fire alarm system at the home.

The home carried out a range of other maintenance checks which included water temperature checks and checks to monitor the safety of the premises. We saw evidence of these checks during our visit. We also looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and portable appliance checks. These were up to date and helped to ensure the safety of the premises. Monthly checks were also carried out to ensure the safety of equipment.

We looked at staff rotas and spoke with staff to gain their feedback regarding the number of staff on duty. There were three care assistants, a senior care assistant and the assistant manager on duty when we carried out our visit. People told us that staffing levels were sufficient. Comments included; “There are enough staff – yes” and “I get on well with all of the staff. They are very nice.” A member of staff said; “We have enough staff to care for people.” In addition domestic and kitchen staff were on duty each day.

There were enough competent staff on duty and staffing levels were regularly reviewed to ensure that there were sufficient staff who were able to meet people’s changing needs.

We looked at the recruitment files for four staff employed at the service. We saw that any new staff employed since the registered provider had purchased the home had been appropriately recruited. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

Is the service safe?

Where staff had been employed under the previous ownership we did identify some gaps in the information which was held. The registered manager told us that these staff had worked at the service for years and that they struggled to go back and gain the appropriate documentation.

However to ensure people's safety they were carrying out updated DBS checks so that the information held was as current as possible. The registered provider told us within their 'provider information return' (PIR) that "It is our Company policy not to employ agency staff and we have a bank of relief staff." This helped to provide continuity of care to people as they knew the staff who were providing care to them.

We looked at medication systems within Ivy lodge. Medication was only given by senior support staff who had completed medication training. Medicines were managed consistently and safely.

We reviewed three medication administration records (MAR) sheets and saw that medication had been administered and recorded appropriately. We also carried out a check on the controlled drugs which were prescribed to people. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs legislation. Staff had a clear understanding of the process of storing and stock checking medication. Regular stock checks were completed and this helped to minimise the risks of errors.

The provider told us within their PIR that there had been no medication errors in the last twelve months. People received their medications as prescribed and were involved in the review of their medicines.

We saw that there were clear directions for any creams or 'as and when' required medication to be given and we observed staff administering medication appropriately. The registered manager showed us a recent audit on medicines which had been completed by the pharmacy in October 2015. The home had achieved a 96% rating, and were taking action to address the suggestions for improvement which had included staff re-reading the policy on medication management.

Ivy Lodge was clean and smelt pleasant throughout. We carried out a tour of the premises and saw that toilets and bathroom facilities were clean with ample supplies of liquid soap and paper towels. There was plenty of personal protective equipment (PPE) such as gloves and aprons available and we saw staff using these during our visit. The home had a member of staff who led on infection control who carried out regular spot checks and delivered hand hygiene training to staff. Audits and checks were also completed on the premises and on mattresses and we were shown the cleaning schedules which were in place. This helped to ensure that high standards of cleanliness were maintained throughout the building.

Is the service effective?

Our findings

We looked at induction, training and supervision records for staff. Two new staff were enrolled on The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. In addition to the care certificate new staff attended an induction which included a self-assessment tool, a checklist of safe conduct and observations which had been implemented by the home and three initial shadow shifts where new staff could observe more experienced staff. This helped to ensure that staff were competent to deliver care to people.

We were told that recent training updates had been provided for all staff. This had included fire safety, infection control, first aid, health and safety, manual handling, safeguarding adults from abuse and mental capacity. We were told by the registered manager that additional training in dementia, diabetes and end of life care had been provided to staff. Training helped to ensure that staffs knowledge and skills were kept up to date.

The provider told us within their 'provider information return' (PIR) that staff were rewarded for completing distance learning training. They also said 'A training matrix has been introduced to track the need for further training and highlight necessary updates.' They recognised the importance of having a skilled and trained workforce.

Staff told us that they received a varied training programme. One staff member said "I have just started the Care Certificate and I have recently had training in first aid, manual handling, health and safety and fire safety. I also did lots of shadow shifts before I started working on my own."

In addition to the regular training which took place the home also worked in partnership with other organisations, this included the district nursing team, who had provided training in diabetes and stroke awareness. The registered manager told us that staff would be accessing a two day course on person centred care. They also told us that a member of senior staff had attended a train the trainer course in dementia care so that this could be cascaded to all staff. This helped to ensure that staff were trained to follow best practice and where possible to improve practice.

We looked at supervision and appraisal records for staff on duty on the day of our visit. We found that staff received regular supervision and an annual appraisal. Supervisions were used to discuss recent performance and any improvements in practice required. A member of staff said "The manager and deputy watch us carrying out care tasks; these are then discussed in supervision."

The registered provider told us within their PIR that the home was a member of the Independent Care Group. They told us that 'This helps us keep our business up to date with changes in the industry as well as providing help, advice and support with compliance and staff training opportunities.' In addition they told us that management attended road shows and meetings so they could see what other homes were doing well. They told us they checked the Skills for Care website and received Care Matters magazine. They had recently won an award. Staff confirmed that they were constantly striving to improve.

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

A member of staff said "We have one person who we have to make decisions for. They have a DoLS in place."

We saw that people gave their consent to their care or treatment. Staff told us that people could make decisions regarding all aspects of their lives. Comments included "We give people choices about drinks, food, time to get up and go to bed" and "People are able to make their own decisions, for example, if they want a bath or a drink there are no set times." One person said "I can choose my own time to go to bed and someone just helps me in."

Is the service effective?

We observed staff guiding and supporting, those people who needed it, into the dining room for lunch and then for a nicely laid out afternoon tea. During lunch staff encouraged people to drink as well as eat. There were regular drinks trolleys throughout the day which were taken to people's rooms as well as communal areas to ensure that people received sufficient hydration. We saw that fresh fruit was available at all times.

We sampled the lunch time meal. The food was tasty and looked appetizing. The tables were nicely laid out and there was a nice 'buzz' of chatter between people. We observed staff chatting to people ensuring that they had enough to eat and drink. We observed that almost every one cleared their plates. One person said "It was delicious but then it always is." Another person said "I have been here a year, the food is excellent and I eat everything that is put in front of me." Another person said "There is really decent food provided here and staff treat me well. I have special needs for food and these are always met."

We spoke with the cook who told us "We provide a well-balanced diet, plenty of vegetables and everything is freshly cooked. We provide two choices and I have a list of people's likes and dislikes." The cook went on to show us a list which highlighted any specific needs for example anyone at risk of malnutrition, people with diabetes or people prescribed supplements. They had also set up an allergy and intolerance file and were recording all the ingredients used in each meal. They told us that they were enrolled on a nutrition course. They told us that they gained additional information and ideas for menus from suppliers and from the internet. They told us that they could buy in specific items which people requested and regularly asked people for feedback regarding the meals provided.

The registered provider told us within their PIR that 'The Head Cook spends time with each person on admission to the home to establish needs, preferences and allergies.' This was confirmed by people we spoke with who said that their views and preferences were taken into account.

People told us that they were well cared for and had access to a range of health professionals. Ivy Lodge was supported by a GP who holds a surgery at the home once a week. They were also visited regularly by a community nurse, podiatrist and a chiropodist. A record of all health professional visits was maintained.

The registered manager and staff told us that Ivy Lodge had just taken part in a physiotherapy trial, commissioned by the Care Commissioning Group. All staff were involved in this, with an emphasis on how to support and prompt people to be more independent. This had already had results with one person telling us "My goal is to walk to gate and the staff are supporting me in this. I am building up slowly. I only just started to walk again after my fall, when I came here and my confidence is growing all the time because of the help and encouragement that I get. I can see my improvement and I know I will be able to do it." The staff had received training in falls and balance which was helping them to support people with their mobility.

People had hospital passports in place which recorded information regarding their health and the relevant professionals involved and could be shared with relevant professionals should they need to be admitted to hospital.

The home had a number of champions in place whose role it was to support staff. This included champions in infection control, end of life and dignity. These champions helped to monitor and improve practice and were able to provide additional support to staff.

The home was well maintained and decorated and furnished to a high standard. There were lounges where people could see their visitors in private. We observed a warm welcoming atmosphere in the reception area and in the lounge. There was always a 'buzz' of conversation in the background and a real feeling of life about the place. Appropriate aids and adaptations were in place to support people with mobility. The registered provider told us within their PIR that 'The home is maintained and decorated to a high standard taking into account the ambience, practicality and safety of the people who use the service.'



Is the service caring?

Our findings

People spoke of the outstanding care they received and confirmed that they were extremely happy living at Ivy Lodge. Comments included “Everything is really excellent. The staff are fantastic, they are all caring and nice there are no harsh voices” and “Staff are friendly and very nice indeed.”

Relatives commented “Everyone is friendly from the owners, right the way through all the staff.” Another relative said “We are happy to say Ivy Lodge it is outstanding in every way. We have no criticism, only praise. My relative is so very happy and content here and their quality of life is wonderful.” “The home appears to be really excellent and outstanding.” Also “The home is smashing, absolutely smashing.”

All of the people we spoke with were positive about the caring attitude of staff. This was further exemplified by the compassionate and caring interactions observed throughout our visit which demonstrated a warm, friendly and caring approach between staff and people using the service. The staff always greeted people and their family members by name and took care to ask if people needed anything.

We spoke with a health professional who said “It’s extremely good. I can’t think of a better home. The focus is on service users; they know and understand them and their families.”

It was evident that people received care from staff who knew and understood their preferences, likes, dislikes, needs, hopes and goals. When we spoke with staff it was evident that they knew the people they supported and were enthused and committed to providing person centred care.

Equality and Diversity training was provided for all staff and staff understood the importance of respecting people’s diverse needs. One member of staff said “Everyone is treated equally here.” Another member of staff said “I have had Equality and Diversity training and there are policies and procedures to support us which are held in the office.”

People were involved in discussions regarding their care and we saw that they took part in reviews. People signed their agreement to their care records.

We spoke with relatives who made the following comments; “My relative has been here for four years but is becoming more poorly. The staff are very proactive, very observant and very caring. We have always been kept informed and always made to feel very welcome, nothing is too much trouble.” Another relative told us that during phone calls to their relative’s room, their relative occasionally dropped the phone. They told us that when they phoned the home members of staff had always gone round to their relative’s room and helped them to re-establish telephone contact.

It was evident from the feedback received that the staff and managers of Ivy Lodge were prepared to ‘go the extra mile’ and really placed the person at the centre of their care, so that the care was built around their needs rather than their needs having to fit into the pattern of care offered.

Examples included decoupage which one person had said they wanted to try, this was arranged and then others also wanted to participate so the registered providers went out and bought additional items. Another person told the registered provider that they enjoyed jigsaws; the registered provider supplied a jigsaw table and jigsaws for the person which they told us they enjoyed. Some people enjoyed a glass of wine or a sherry or wanted something specific to eat. They told us that the registered provider would take them to the shops or items would be bought into the home at their request. A comment frequently used was “Nothing is too much trouble.”

We spoke with a person who received respite care; they said “The staff are all very friendly and caring. I have absolutely no complaints and have looked forward to coming in as I don’t have to worry about anything.”

We spoke to the hairdresser who had been coming to Ivy Lodge for 11 years. They said “It’s very special here, each of the residents are treated like family.”

This sense of being part of an extended family was exemplified in something another person said “[The owner] is a gem. They came round at Easter with little presents for everyone. They make you feel special.”

A member of staff said “This is an outstanding place because of how staff are with each other and with residents. Staff have been here years and this is the key to it and to building up good relationships. We all care about each other.”



Is the service caring?

The care of staff extended beyond just caring for people that used the service, as we found that the owners and staff had also formed a bond with people's relatives. We were told by a relative who had suffered a bereavement that "[the owner] has been fantastic; we have also got great support from all staff over our relative's death." They went on to say "We particularly appreciated the fact that [the owner] chose to come to the funeral today- even though this inspection was going on."

Throughout our time in the home we witnessed staff continually greet residents by name in communal areas. When in one person's room a member of staff came in with the tea trolley, they greeted the person by name but also the visitors and all were given tea or coffee and biscuits.

When the staff member left the relative turned and said "Now you can see why we always like to come here. There's such great service."

Other comments included; "When you walk in you get a really good feeling", "As soon as I came in I thought this is for me and I am glad I did. I would recommend it to anyone" and "I went round loads of other homes before I chose this one. As soon as I came here I really liked it and decided it was for me. I have never regretted it." Also "We looked at a lot of homes and compared to the others this looked and felt wonderful." Another relative said "Ivy Lodge is very comfortable and friendly and I would recommend it to others. It is really outstanding when you take everything into account."

We saw staff providing information and explanations before carrying out any care. They were sensitive and warm in their approach to people. It was evident that staff knew and understood people's individual communication skills and preferences. We observed staff making eye contact, getting down to the same level as people and being tactile. Staff knew and understood the importance of spending time with people so that trusting relationships could be developed. It was evident that the staff working at Ivy Lodge were motivated and skilled in offering care which was compassionate, and that the management strived to develop the approach of their staff team so that this was sustained.

People consistently told us that they were treated with dignity and respect by staff. We observed staff knocking on doors before entering, speaking to people politely and asking or explaining what they would be doing and addressing people in the way they wanted to be addressed. People were appropriately dressed and staff were mindful that any personal care should be offered in a way that promoted the individuals dignity. We witnessed staff attending to people appropriately, we heard a member of staff while bending close to a person's ear when pushing them in a wheel chair say, gently "Mind your elbows." We also observed a member of staff helping settle a person into a chair from walking with a frame and then ensuring the frame was within reach if they needed it.

Comments from people included "I am treated with dignity" and "I am always treated with dignity."

People were treated with respect. The hands on approach from the registered provider and registered manager ensured that the values of the service were maintained. Both management and staff said that any practice which fell short would always be challenged and this was a comment which was echoed by staff.

We looked at the service user guide which stated 'Our aim is to foster an atmosphere of care and support which enables and encourages service users to live full, interesting and as independent a lifestyle as possible, where rules are kept to a minimum.'

We spoke with staff who said the following; "People are really cared for here, we receive positive comments from families" and "I love it here, it's such a nice place to work, it's a homely atmosphere and I would happily have my own relative living here, it's like one big family."

Another member of staff said "It's the best place I have worked, the providers are really caring."

People were supported to make their preferences for end of life care known and these were recorded. People received compassionate and supportive care at the end of their life as staff knew and understood their wishes. Training in end of life care had been completed by staff in October 2015.

Is the service responsive?

Our findings

The interviews and conversations we had with people using the service, family members, the owners, the registered manager and staff demonstrated that Ivy Lodge was very responsive to meeting the needs of not only people living at the home, but also their relatives as well.

The registered provider told us within their 'provider information return' (PIR) that 'We ensure care is consistent by appointing a contact worker and a key worker so that people feel welcomed into the home. We use the care plan to record a person's needs, wishes and choices.'

We looked at care records for two people. Care records had recently been reviewed and updated following feedback from a local authority visit. Care plans were detailed and person centred. They reflected the individual way in which people wanted to be cared for which included their choices and preferences. They included a short summary of needs, information regarding people's health conditions and those involved, personal care needs, life histories and risk management. Care plans were signed by the individual and/or their relatives where they had agreed to this. Regular reviews were carried out and people and their relatives were involved in these reviews. This helped to ensure that the care provided was consistent and met people's changing needs.

Care records were detailed and reflected a person centred approach which meant that they focused on the individual.

People told us that staff knew how to care for them and understood their needs and wishes. One person said "If I forget something, staff spot it for me and say 'no problem I will get it for you' without even being asked." Examples included someone forgetting their glasses, or something which they had left in their room. This simple example demonstrated that staff were not only in tune with people's experience, but were proactive in spotting what they needed and responding to it. We also observed that the registered provider noticed that one of the people was without their hearing aid, they mentioned this to one of the staff who immediately went to get it for them.

It was evident throughout our observations and discussions with people that staff knew how to meet their individual preferences and understood how people wanted to receive care, treatment and support. People were consulted with so that they were listened to and their views

valued. A sentiment which was also echoed by visitors and the health professional we spoke with. People confirmed that care was person centred and based on sound knowledge and practice.

People told us that staff responded quickly to call bells. Comments included "At night there is a bell clipped on my pillow and I can pull it and they are there instantly" and "You just need to ring the bell at night and they come straight away." People told us that this level of responsiveness was exemplary and did a lot for the confidence of people and their relatives.

There were two activities co-ordinators in post at the home. One was one of the owners and the other was someone who used to be a carer at the home, who told us that they had obtained a Care Activities Organiser Certificate. They told us that they chose the activities by; listening and talking with people so that they got to know them on an individual level and by linking in with care plans, responding to issues and ideas put forward at residents' meetings and by seeing what was available locally that may interest people. They also told us that they had researched the internet for ideas.

There was an interesting, varied and innovative activities programme which had been designed to stimulate and respond to a range of sensory elements. The programme included kinaesthetic or tactile activities, for example, visits from a local charity who provided small animals which people could pet and hold, visits from a small Shetland pony- that comes indoors to meet the residents, baking, arts and crafts, also special food events. One of these food events was a Chinese evening accompanied by Chinese lanterns which people had made earlier. Also afternoon teas were held which friends and relatives were invited to and where the dining room was set out like a proper tea shop with tiered cake stands.

There were auditory and visual activities, for example, a group of singers/musicians came in and performed 'Singalongs' and a children's' Ukulele Group performed for people. This demonstrated that the home encouraged people to engage with people in their local community. Arts and Crafts and painting activities were also offered to people.

We were shown a dossier of photographs chronicling the various activities undertaken by people. This included activities in Ivy Lodge itself and external visits and trips. The

Is the service responsive?

owners always accompanied people on outside trips and the local Red Cross bus provided the transport. This included outside visits which provided a stimulating change of scene and examples included trips to the theatre, the railway museum and Burnby Hall. One person told us “Groups come into sing and someone comes in to play piano, which we all look forward to and enjoy.”

People spoke highly of the activities on offer. Comments included “I enjoy the activities, there is something on every day so I never get bored”, “I can use outside in better weather. I go out on all the day trips”, “There are loads of activities and things to do” and “I enjoy the activities and always make sure to go out. They are very good at doing different things here.” Another person gave a very specific example of responsiveness. They said “They (the staff) discovered I liked a jigsaw and then someone put jigsaws out for me.”

People’s spiritual needs were also addressed. One person said “Every fortnight there are religious services and I enjoy those.” Relatives were encouraged to visit at any time and staff supported people to maintain relationships for example via telephone contact with their relatives.

We were told by the activities co-ordinator and the owner that budgets for activities were never an issue and “If an individual or a group of people want something money will be found.”

The activities co-ordinator said that they wanted to develop chair based exercise routines for the residents, but were aware that they needed training first. The registered provider had agreed to fund this.

When we were in the reception area, we overheard the registered provider having a joke with one of the people that used the service. They told us later that they “Loved the provider as they make me laugh.” Another person said “You can talk really straight and have a bit of banter with the provider. There is no edge; it is only ever good humoured. You can also go to resident’s meeting where grievances get aired and things change.”

People told us they were confident that if they had any problems they would be listened to. Comments included “If I had a problem I would have no worries in approaching any staff or manager”, “If I have worries I can always get them sorted out. I go to the resident’s meeting and they are good at sorting things out” and “I can talk to anyone about worries, they are all so nice.”

Although Ivy Lodge had a complaints procedure in place no complaints had been received. The registered manager said that they put this down to dealing with issues immediately. They had also implemented a minor concerns book so they could monitor minor issues and record what action had been taken to address any issues. Examples included not liking sandwiches or having tea too early. We could see that the action taken to address these comments was recorded.

Is the service well-led?

Our findings

Ivy Lodge had a registered manager. People spoke positively of the registered manager and the registered provider. Comments included “The home is very well led, it runs like clockwork. They are always trying to do something for you.”

We spoke with each of the owners who were passionate and enthusiastic regarding their role. This was confirmed in discussions with staff who said “Yes, they are running a business, but as the provider said this is not just a job, or a place of work, it is a way of life.” It was evident that the registered provider, registered manager and staff were actively seeking and acting upon the views of others, as any suggestions for improvement were immediately acted upon.

The fact that the providers went the extra-mile was recognised by staff, people using the service and relatives. A member of staff said “The owners are not frightened to muck in, they really listen to ideas.” We were told by relatives that “The providers were very involved, which is nice to see. They lead from the top. There is effective leadership and good management. It is a real family run firm that benefits us as families.”

The registered manager told us that they had started working with the providers three years ago, that they got on instantly and that they shared the same beliefs and values, which were in the mission statement and clearly displayed in the reception area. The registered manager told us that this wasn’t just a piece of paper but a real living, breathing vision. The registered manager told us that they saw their key role as “Helping to create a home which supports residents to be peaceful happy and independent.” They also told us “Staff were valued.” This was something that was re-iterated by staff in our discussions with them. One member of staff said “I am proud to work here. It is coming to work to be with all your friends, staff and residents and I would speak to the manager if I had any concerns. The bosses just muck in and are part of the team.”

A culture of continuous improvement was key to good leadership and this point was recognised by relatives. One relative said “They are always looking at the service and trying to improve it.” This was further demonstrated in an example from our conversation with the registered manager who told us that they had received some

critiquing feedback regarding their care plans. They didn’t get defensive and realised they could do better. So they had reviewed their process and all their care plans and had provided additional training for staff.

We spoke with a health professional who told us that the provider had been pro-active in contacting them regarding the falls prevention trial. They said that staff were pro-active in preventing problems and were professional, trustful and reliable. They said “They are professional and caring. I am impressed by how much they know about individual clients.”

We observed a real sense of a team effort within the service with everyone playing a vital role. The owners and manager led by example and we observed and were told of a positive open culture. One staff member said “There is a positive culture here. Management review the service and we get asked for suggestions for improvement. We are asked to give feedback and we are listened to.”

The registered provider told us that they understood the need to value staff and to recruit, retain and train staff who would be loyal to the home and be able to deliver on its vision and values.

Ivy Lodge residential home had won second place in a national care home award for Yorkshire and Humberside following research conducted by Care Homes UK Ltd. They had come first in York, something the managers and staff were proud of. This was further evidence of the quality of leadership and outstanding service provided by the home.

The registered provider told us within their ‘provider information return’ (PIR) that ‘We ensure open and honest communication. Not adopting a blame culture and encouraging staff to admit to mistakes. Having regular staff meetings to discuss good practice and share information.’ Staff confirmed that they were able to make suggestions for improvement and that meetings were held in which they felt they were able to contribute. We were shown copies of staff meeting minutes and saw where suggestions were made these had been responded to.

There was an open and transparent culture at the home and the registered manager told us that they wanted to learn from any mistakes and to implement improvements where possible.

Staff understood their roles and what was expected of them. They were positive about working at Ivy Lodge and

Is the service well-led?

consistently told us how happy they were. A member of staff said “We get a daily handover, really good support, management are all approachable. I really can’t think of any improvements which are needed here.”

We looked at the service user’s guide to the home which stated ‘Where you feel at home Not in a home. This is the motto at the heart of our philosophy at Ivy Lodge.’ This was re-iterated in feedback received from people during our visit. “This isn’t just a care home, it is my home.”

The provider told us within their PIR that ‘We have a statement of purpose which is displayed for all to see in reception. We carry out visitor and resident surveys each year and a report is available in reception so that people can see the outcomes of this. We openly encourage people to air their views at residents’ meetings and minutes are held, issues acted upon and results displayed on the notice board. We hold monthly and yearly reviews so that people can share their views. We also have a suggestion book in reception.’ Themes from the compliments and surveys received included that ‘Staff were kind and considerate always taking time to talk to people, staff cared and were professional, people were treated with dignity and respect, people were treated with kindness and a high standard of accommodation and food was provided.’

We were shown copies of meeting minutes, surveys and audits which had been completed, all of which supported the provider’s comments in their PIR. 100% positive scores had been obtained in the professional visitors questionnaires. Comments had included ‘Excellent, high level of care in all aspects that I have encountered’ and ‘Ivy Lodge reaches the highest possible standards.’ In the visitors questionnaires Ivy Lodge again scored 100% with comments including ‘This is a very well run care home in all respects’ and ‘My family and I are very happy with the care. Nothing seems to be too much trouble.’

We looked at the service user satisfaction questionnaire and saw that three people had suggested changes to the menus. We saw that action had been taken, for example, requests for changes in menus and discussions with the cook had taken place. It was evident that the registered provider utilised this feedback to provide improvements to the quality of care being provided.

We looked at the service user’s guide to the home and saw that Ivy Lodge offered ‘Compassionate and person centred care for people.’ A sentiment which was echoed throughout our visit.