

IVY LEAF CARE LIMITED

# Ivybank Care Home

## Inspection report

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Date of inspection visit:  
19 February 2019  
20 February 2019

Date of publication:  
21 March 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Ivybank Care Home provides nursing and personal care for up to 38 people. There were 34 people living at the home at the time of the inspection. People who used the service had a range of support needs related to old age and dementia.

### People's experience of using this service:

When we completed our previous inspection in September 2017 we identified there was a breach of Regulation 17 Good Governance of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014. We found on this inspection the provider was no longer in breach of this regulation.

People receive safe care and staff knew how to keep them safe from harm. People received their medicines as it was prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were noted and trends monitored to reduce the amount of accidents.

People received effective care. Staff were supported and had the skills and knowledge to meet people's needs. The provider followed the principles of the Mental Capacity Act (2005). People's nutritional needs were met and they accessed health care when needed. The environment was welcoming, warm, comfortable and clean.

Staff were caring. People we spoke with were complimentary about the service and said they would recommend the home. There was a culture within the service of treating people with dignity, respect and compassion.

People received responsive care. Their support needs were assessed and planned with their involvement to ensure they received the support they needed. Support was individualised and reviewed. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaints process which people and their relatives were aware of to share any concerns.

The registered manager was known and made themselves available. Spot checks and audits were taking place to ensure the quality of the service was maintained but we identified some additional areas which needed to be included as part of these audits.

### Rating at last inspection:

Inspection September 2017 Rated Requires Improvement (Report published January 2018).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Ivybank Care Home

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

This inspection was carried out by one inspector, a specialist advisor and an Expert by Experience. The specialist advisor had experience of providing nursing care to people who use this type of service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ivybank is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissioned services from this provider.

During the inspection we spoke with seven people about the support they received, six relatives and a healthcare professional. We spoke with three care staff, activities co-ordinator, chef, two of the nursing staff, the registered manager, the clinical manager and the director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We reviewed records relating to people's medicines, six people's care records and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had effective safeguarding systems in place that staff understood. We saw these had been followed when the provider had identified potential abuse to people.
- People told us they felt safe with staff. One person told us "It's the being here that makes you feel safe, the girls [staff] who are with you every day." One relative told us, "She has been very safe, it's been a weight off my mind."

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP.
- One nurse was observed administering medicines and this was done safely. Systems were in place to ensure nurses were competent to administer medicine.
- Where medicines were given 'as and when required' there was guidance in place so this would be administered consistently.

Staffing and recruitment

- People told us there were enough staff to provide assistance when they needed it. Our observations throughout the day found indicated there were enough staff available to meet people's needs in a prompt way.
- Numbers of nursing staff on duty had been increased since our last inspection.
- Staff we spoke with told us there was always enough staff to support people and that the provider was acting to recruit additional staff to reduce the use of agency staff.
- Recruitment processes were in place. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed. This ensured suitable staff were appointed to support people.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- The registered manager and provider monitored incidents. They told us they learnt from issues that compromised the safety of the service and provided examples of how they had changed some practices in the service. The clinical nurse manager provided an example of changes being made to the layout of one

person's bedroom following a fall from bed.

#### Assessing risk, safety monitoring and management

- We found where risks were identified these were being reduced. Risk assessments were in place which showed the actions taken to manage/reduce risks to people.
- Staff could describe people's risks and what they did to support people safely.
- Technology was used to promote people's safety, such as monitors and alarm sensor mats to alert staff if people have got out, or fallen out of bed
- Checks were made on fire safety and the environment and any issues were dealt with as required.

#### Preventing and controlling infection

- We found all areas of the home clean and tidy. The provider ensured regular infection control audits were completed. Since our last inspection the service had improved food hygiene standards and had achieved a five star rating from the local authority
- Red dissolvable bags were being used to launder soiled linen. These bags are used to separate out soiled linen and prevent the risk of spreading infection.
- We observed staff using personal protective equipment when this was needed.
- Cleaning products were stored safely, and colour coded equipment, such as mops, were being used appropriately to ensure the risk of cross infection was minimised.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were in place and being reviewed by the local authority. Decisions made were clear and staff acted in people's best interest.
- Staff confirmed they had received training and understood both the principles of the MCA and were able to say whether people were subject to a DoLS and the reason why.
- The clinical manager made us aware that one person had been refusing their medication. It was assessed that the person lacked capacity to understand the consequences of their refusal. Administering medication covertly was used as a contingency measure and had been assessed in the 'Best Interest' of the person.
- We saw staff asked for people's consent prior to assisting them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a pre-admission assessment so they could be sure they could support people how they wanted.
- The registered manager informed us that people were not admitted to the service unless they were confident staff had the right training and knowledge to meet the needs of the person.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the provider to deliver effective care and support.
- Staff were provided with a thorough induction and regular supervision. Staff confirmed they received appropriate training and felt supported in their role.
- In addition to more formal training, the clinical manager had introduced some internal workshop sessions for staff. Nursing staff had completed formal training on 'sepsis'. Workshop sessions were being held for care staff so they would have some understanding of this condition.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people's nutritional needs were catered for and staff ensured people could make choices as to the meals they had to eat. One person told us, "One of the things when you first come was the food; they asked what you like and don't like."
- The chef had detailed information about people's different dietary requirements. For example, who needed a soft or diabetic diet.
- Where people had specific dietary requirements, staff knew these and could support people accordingly. Where it was required food and fluid intake was recorded and monitored. People's weight was taken regularly if there were concerns and actions taken such as a referral to a GP if needed.
- One relative told us, "They manage to weigh [person's name] to make sure she's not losing weight. They monitor; I think they use high calorie snacks in between meals. "

Adapting service, design, decoration to meet people's needs

- The home was welcoming, warm and comfortable. We saw that people's bedrooms were personalised.
- Improvements had been made to the available communal space to create an additional dining room. We saw that this had a positive impact on people's dining experience.
- Signage was available to help people living with dementia orientate themselves in their surroundings and further improvements were planned.

Supporting people to live healthier lives, access healthcare services and support

- People's health care was a significant part of how they were supported by staff. We found that wellbeing checks were carried out to ensure people were healthy and where there maybe concerns they could be acted upon. One person told us, "If you are unwell they are really good at getting the GP."
- Staff had completed nutritional risk assessments and people had been weighed regularly as required. Where needed, advice had been sought from relevant health care professionals regarding weight loss. We discussed with the registered manager and clinical manager that they also needed to ensure any unexpected weight gain was appropriately monitored. They both gave assurances that action would be taken to do this.
- A health care professional told us that staff acted on advice given.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us how caring and friendly staff were. One person told us, "Yes, they are very kind; we have a laugh and a joke, very kind." Two people described occasions when staff had not been so caring. Action had been taken by the provider to address this. One person told us, "A staff was slap-dash with moving and handling and they got rid of her."
- Our observations showed that staff knew people well. Staff knew when people were anxious and needed reassurance. One person accidentally spilled water on the floor. A care staff showed sympathy explaining to the person not to worry.
- Staff knew the things people liked and disliked.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the care planning process so they were supported how they wanted. One person told us, "They usually ask what do you think about this or what do you think about that."
- Staff respected what people wanted, and responded accordingly in order that people received the right support.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff respected their privacy and dignity.
- Staff demonstrated they understood the importance of respecting people's privacy, dignity and independence.
- We saw that people were encouraged to be independent. For example, adapted plates and cutlery were used by some people to enable them to independently eat their meals.
- Visitors were made to feel welcome and staff clearly knew them well.
- People could be assured that information about them was treated in a confidential way.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- Care records were reviewed monthly or if people's needs changed. We brought to the registered manager's attention that a minority of plans were a couple of days overdue for review. They assured us these would be completed.

One relative told us, "There's an annual review and it deals with any plans we would like. It's a two-way plan because they will comment as well."

- The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. Work was on-going to further develop the accessibility of information for people.

- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.

- Staff understood and knew people's interests and preferences to support them to take part in activities that were important to them. Activities were on offer to keep people occupied both on a group and individual basis.

- Arrangements were in place to reduce people's social isolation. One person who spent time in their bedroom told us, "The activity worker comes in and chats to me."

- People were supported to fulfil their religious and cultural needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and a log was kept when a complaint was made.

- One relative told us, "If there's any issues I will go and talk to them and they are very receptive and very responsive." Another relative told us, "We had a review and we answered all the questions and one of them was if we had a concern. It was all explained to us."

End of life care and support

- People's wishes and preferences were being recorded in relation to what they wished to happen in the event of their deterioration towards the end of their life.

- Staff received training and had sufficient time to be able to support people at this sensitive time.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Some regulations may or may not have been met.

At our last inspection we identified a breach of regulation. Regulation 17 HSCA RA Regulations 2014 Good Governance. We imposed a condition on the provider to send us monthly reports on the audits they had completed. The provider had complied with this condition.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility

- Significant improvements had been made to quality assurance systems. When issues had been identified, action had been taken to make improvements. The provider was no longer in breach of regulation.
- We identified a small number of issues which had not been picked up through the existing quality audits. For example, although care plans were being regularly audited and issues identified were rectified, the system did not include checks to make sure any required short-term care plans were in place. Audits also needed to include reviews of unexpected weight gain as well as loss. Managers were responsive to this feedback and saw it as an opportunity to improve their systems further.
- Managers carried out spot checks on the care people received. We saw examples of unannounced visits being made out of hours where action had been taken as a result to improve care.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement and there was an open and honest culture in the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People and staff spoke positively about the service and the registered manager. One relative told us, "It's very good because [person's name] been here so long and there's been three or different owners so we are in the position to compare what it was then to now. It is the best it's been since we have been here."
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw that the rating was displayed within the home and on the provider's website. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and relatives had completed a survey of their views and the feedback had been used to continuously improve the service. Whilst there was no completed action plan, an analysis of the

results had taken place and a meeting had been held with people and staff to discuss intended improvements.

- The manager made themselves easily available to people using the service, relatives and staff.
- One relative told us, "She's very pleasant; she actually gets around the home. She seems to be out of the office a lot and if you need her you don't have to look too far."
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care

- When improvement had been identified, action was taken to ensure that the quality of the service people received had improved.
- The registered manager used complaints, incidents and accidents and spot checks as a way of improving the service. The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- Staff told us that meetings gave them the opportunity to voice their opinions on the care of people and that management listened.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers and health professionals to ensure the service people received was person centred.
- The registered manager had developed links with a local hospice to improve care and support for people and was continuing to develop these further.