

Ivy Cottage (Ackton) Ltd

Ivy Cottage

Inspection report

Ackton Lane
Ackton Featherstone
Pontefract
West Yorkshire
WF7 6HP

Tel: 01977701370
Website: www.ivycarehomes.com

Date of inspection visit:
14 June 2016

Date of publication:
11 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 June 2016. The inspection was unannounced which meant the staff and the registered provider did not know we would be visiting.

Ivy Cottage provides accommodation and personal care and support for up to 14 people who have a learning disability. People using the service have complex needs and are supported and encouraged to use ordinary community based health and leisure services. People are also supported to do as much for themselves as possible in the pursuit of living an independent ordinary lifestyle.

The service had 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.

The service was split into two sections a large house where 10 people lived and a smaller unit where four people lived. The smaller unit provided a forensic mental health service. Forensic services are specialist services for people who have a mental health problem but have also been arrested or convicted of a crime.

Staff we spoke with knew how to administer medicines safely and records showed that medicines were being administered and checked regularly.

Accidents and incidents were monitored and analysed each quarter to see if any trends were identified.

We saw safety checks and certificates that were all in date. We saw fire drill were taking place but the information provided did not evidence that all members of staff had received at least one fire drill in the last year or if a fire drill had taken place for night staff. The operations manager said they would make sure this happened and update the staff list which still had names of people who were no longer working at the service. Water temperatures were not recorded routinely and fire alarm testing had not taken place since 23 May 2016.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. At the time of inspection three people were subject to a DoLS authorisation. Staff demonstrated a clear understanding of DoLS.

People were supported to maintain their health through access to food and drinks. Each person had their likes and dislikes documented and the majority of people shopped for their own food.

People who used the service chose what activities they wanted to do. In house activities also took place.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose.

The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service. There were sufficient staff to provide the support needed and staff knew people's needs well.

Staff had regular supervisions and appraisals to monitor their performance. Staff received regular training in the areas needed to support people effectively and were suitably trained to manage behaviours that challenge whilst ensuring people's rights were protected.

People and a relative we spoke with spoke positively about the support they received. Throughout the inspection we saw people being treated with dignity and respect. People were actively involved in decisions about their care and support needs.

Three people using the service were using an advocate at the time of the inspection. Information on advocacy was available. Care plans for people who were older documented their end of life care wishes and preferences.

We found care plans to be person centred. Person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person.

The service worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

The service had an up to date complaints policy. Complaints were properly recorded and fully investigated.

The registered provider carried out regular checks to monitor and improve the quality of the service.

Staff felt supported by the registered manager. The organisations values were evident in the way staff provided support.

Feedback was sought from people and their relatives on the quality of the service on a regular basis.

Staff and people who used the service had regular meetings.

The registered manager understood their roles and responsibilities, and felt supported by the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were enough staff on duty and staff were suitably trained.
Staff were recruited safely.

Risks to people were identified and recorded. Safety checks were in place however one member of staff lacked references.

Systems were in place for the management of medicines so that people received their medicines safely.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Good 

The service was effective.

Staff were supported through a regular system of supervision and appraisal, and received regular training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected.

People were supported to maintain a healthy diet.

The service worked with external professionals to support and maintain people's mental health.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People were encouraged to remain independent.

The service supported people to access advocacy services.

Is the service responsive?

Good 

The service was responsive.

Care plans provided information on person-centred care and were reviewed regularly.

People were actively involved in planning their daily activities.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were undertaken on a regular basis.

Staff felt supported by management. The organisations values were evident in the way staff provided support.

Feedback was sought from people and their relatives on the quality of the service.

The registered manager understood their roles and responsibilities.

Ivy Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was unannounced. This meant the registered provider did not know we would be visiting

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [(PIR)] and we received this. 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 the inspection we spoke with four people who lived at the service. We looked at three care plans, and three people's medicine administration records (MARs). We spoke with six members of staff, including the area operations manager, registered manager, deputy manager and three care staff. We reviewed four staff files, including recruitment and training records. We contacted one relative via telephone after the inspection.

We also completed observations around the service and in communal areas. Some people using the service had communication difficulties, therefore we observed staff interaction.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. One person said, "I feel safe, the staff protect me." Another person said, "I feel safe during the day but not always at night, there are lots of behaviours at night. I do feel safe in my bedroom at night but not in the communal areas." We discussed the comments with the registered manager who said, "We make sure a member of staff from the unit next door stay in the larger unit until people have settled to bed, this is working well. But we will review it again"

A relatives we spoke with said, "As far as I am concerned [person's name] is safe."

Staff we spoke with said, "People are safe here, we do our best to make sure they are safe."

Staff demonstrated a good working knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included clear instruction on raising a concern internally and externally. One staff member we spoke with said, "I would report and take further if I thought something untoward was going on, I have never had to it but I would feel fine if I did." And "It is about keeping them [people who used the service] safe, we have a duty of care to them."

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared.

Records confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. Fire drills were documented however the list of staff attending contained names of staff who no longer worked at the service. Fire alarm testing was carried out every Wednesday however records showed that a key had broken in the fire alarm box and since the 23 May 2016 no fire alarm tests took place. We could not find evidence that all staff had taken place in a fire drill in the last year or if night staff had been included. Water temperatures were not recorded routinely to show that water was at a safe temperature. The registered manager said they would start recording water temperatures routinely and arrange for an updated staff record for fire drills to be put in place. The registered manager also arranged for a new key to test fire alarms on the day of inspection. The registered manager followed this up in an email to say they had immediately remedied this.

We looked at individual personal emergency evacuation plans (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Each PEEP included very detailed information on where the person's bedroom was and how to approach the person and encourage them to leave the building.

Risks to people were assessed and plans put in place to minimise the chances of them occurring. Risk assessments were carried out in areas including refusing medicines and behaviours. The risk assessment documented how the risk is increased and an intervention plan. Staff were trained in the management of actual or potential aggression (MAPA). This is comprehensive training that teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner. Where one person was at risk of a diabetic coma, full information on the signs and symptoms of a hyperglycaemic or hypoglycaemic attack was documented plus full instructions to staff on what to do. Another person who used the service would abscond and the service worked closely with the police using the Herbert Protocol. The Herbert Protocol is a risk reduction tool for people living with a mental illness. A form was completed which was designed to make sure if someone goes missing the police have important information as soon as possible and a search is coordinated.

The service recorded accidents and incidents in a dedicated accident/incident log and these were analysed quarterly. Any actions that were triggered by the accidents or incidents were clearly recorded at the front of the file. This meant that there was an effective monitoring system in place that would identify any trends or action needed and thereby keep people safe from the risk of accidents. At the time of the inspection the accident and incidents were about one a month.

We looked at the recruitment records of four staff. We saw evidence that pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed. However we found unexplained gaps in employment for one person and another person who had previously worked at the service via an agency had no references sought. We discussed this with the registered manager who said they were sure a reference was sought over the telephone but had not been documented. They agreed to look into this and followed up to say they had received one and were chasing another. We saw a Disclosure and Barring (DBS) checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. The service updated staff DBS's every three years. We were also told that the service was in the process of asking staff to sign up to the DBS update service.

People who used the service were involved with the recruitment of any new staff. People sat in on interviews and asked questions such as if I wanted to go out for the day would you take me. Interviews lasted a day and potential staff were observed by existing staff and people who used the service to see how they interacted.

Through our observations and discussions with people and staff members, we found there were sufficient staff to meet the needs of the people who used the service. At the time of the inspection there were 14 people who used the service. We saw duty rotas which confirmed that there were enough staff on duty. Each day there were five support workers plus one senior and on a night there were four support workers plus one senior. One person who used the service said, "There are not enough staff on the night, they spend too much time cleaning." We discussed this with the registered manager who explained that night staff should not start cleaning until everyone has retired to bed. They would discuss this again to reiterate that cleaning was not to be done when people were still up and awake.

Appropriate arrangements were in place for recording the administration of oral medicines. Staff had signed medicines administration records (MARs) correctly after people had been given their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Records of administration had been completed fully, indicating that people had received their medicines as prescribed. Medicine stocks were recorded correctly. Any medicines carried forward from the previous month were documented correctly. This is necessary so accurate records of medication are

available and care workers can monitor when further medication needs to be ordered. For medicines with a choice of dose, the records showed how much medicine the person had been given at each dose.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms which stored items of medication. However fridge temperatures were not recorded daily, the deputy manager said they would set this up straight away.

We looked at the guidance information kept about medicines to be administered 'when required'. Protocols for how and when to use and arrangements for recording this information was in place for all people prescribed a when required medicine.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We saw that the registered provider completed a monthly audit on medicines. The medicine files for each person also included information on any certain illness such as epilepsy and on each medicine prescribed. This meant that staff were aware of individual issues and why they were prescribed a medicine.

We saw that the service was very clean and tidy. We saw evidence of staff wearing personal protective equipment (PPE).

Is the service effective?

Our findings

All staff underwent a formal induction period. For the first four days the new member of staff worked with the training coordinator and was introduced to the care certificate. The Care Certificate, is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. The next three days of induction covered mandatory training in subjects such as manual handling, food hygiene, safeguarding and Deprivation of liberty and The Mental Capacity Act 2005. The fifth day the new staff member was assigned to a member of the team to shadow and observe. The training coordinator would contact the new member of staff each week to discuss the progress of the Care Certificate and if any additional support was required. Once the six month probationary period was complete the registered manager then agreed to sign a person off or extend if they felt the person needed more support.

Staff received regular training in the areas needed to support people effectively and were suitably trained to manage behaviours that challenge whilst ensuring people's rights were protected. Staff we spoke with said, "We get a lot of training." Another staff member said "We are always doing training, it is good." People who used the service joined in training such as fire training.

Staff received supervision, every six weeks, and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records of these meeting on staff files. Areas discussed included training and development, personal responsibilities and the issues concerning people who used the service.

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). We checked whether the service was working within the principles of the MCA. We saw that the registered manager was working within these guidelines and where people were waiting for reassessments the registered manager had evidence that they had requested the reassessment at least six weeks before it was required. At the time of our inspection three people were subject to DoLS authorisations,

All staff had received training on MCA and DoLS and staff demonstrated a clear understanding of the basic principles of the Act. Staff we spoke with said, "DoLS and MCA is for there [people who used the service] protection. We must always assume they have capacity and they also have the right to make the wrong decision."

Consent forms were signed by the person, such as consent to care and treatment.

People were supported to maintain good health. Health action plans were in place and were reviewed on a monthly basis. We saw evidence that people were seen by health professionals such as dentists, opticians and psychiatrists. People had a hospital passport. The aim of a hospital passport is to assist people with learning difficulties to provide hospital staff with important information about them and their health if they are admitted into hospital.

People bought their own food that they would eat for breakfast and lunch. People ate when they wanted and what they wanted during the day. On an evening a meal of their choice was made and if they did not want what was on offer they could choose something different. On the evening of inspection it was tuna pasta bake, which we were told was a favourite of everybody's. People tended to sit together on an evening to eat. Although some people preferred to eat in their own rooms.

People who used the service confirmed they buy their own food. One person said, "I like to keep to a healthy diet, I like fresh fruit and orange juice." Another person said, "I cook my own meals twice a week, I like pizza best."

One staff member said, "Everyone gets to choose a meal, they like prawns and lots of variety."

We were told that every Friday is takeaway night; which was funded out of the services food budget. The people who used the service choose what they want such as Chinese, KFC or fish and chips. One staff member said, "Chinese seems to be the favourite."

Is the service caring?

Our findings

We asked people what they thought of the staff. One person said, "The staff are nice, they support me." Another person said, "Staff are alright, fairly good." and "Staff help me to calm."

People were encouraged to maintain relationships with family and friends. One relative we spoke with said, "Ivy Cottage is very very good and most welcoming."

People's privacy and dignity were respected and promoted. Staff were seen to be kind, friendly and caring. We asked staff how they supported people to maintain their dignity and privacy Staff we spoke with said, "Well they all have their own rooms, we knock on doors and ask if we can enter, if they say no, we don't go in." And "If they need support in the shower, I make sure they have everything they need before going in, so I am not running back and forward and leaving them, then I always make sure the door is locked."

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member said, "I love it, I feel I get something from working here and give something back, it is very rewarding." Another staff member said, "It is different every day, we support people to live life to the full."

We asked staff how they promote people's independence. Staff we spoke with said "We are always promoting independence, we get them (people who used the service) to help with the cooking and join in with whatever needs doing, they do their own laundry and (person's name) loves helping with the washing up."

We saw that all people who used the service had access to an advocate if needed and information was available. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of inspection three people were using an advocate for support with DoLS or for their voice to be heard. The service also encouraged befrienders. A befriender is someone who volunteers to meet people regularly and take them out or do what the person who used the service wants to do.

We saw care plans had a life cycle assessment where end of life was discussed and staff documented end of life wishes and preferences for people living at the service who were older.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan and in partnership with them. Individual choices and decisions were documented in the care plans and people were fully involved.

Care plans were reviewed monthly or more frequently if needed. At each review staff and the person who used the service discussed any changes, what activities had taken place that month, social contacts, health care, incidents and what behaviours had taken place and how many antecedent behaviour consequence (ABC) charts had been used. This provided the person time to reflect on the behaviours and discuss why they could have happened and the intervention plan would be updated.

The care plans we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Care plans were legible, up to date and personalised. They contained detailed information about people's care needs. For example, if there were times in the day when a person's behaviour could challenge or how the risk of a behaviour was increased, the care plan documented how staff could prevent it happening or provided planned intervention techniques. Care plans also documented how staff should encourage people to do certain things such as carry out personal hygiene. For one person this was to use sporting heroes as an example. Another person's communication care file stated that staff were not to try and talk to the person if they were involved in an activity, unless there was a potential danger.

Staff knew the people they supported well and could easily explain how each person had different preferences and wishes. One staff member said, "[person's name] was not getting out very often, they loved to go on holiday to Bridlington but still spent time in their room, I suggested a wheelchair to support their mobility needs and now they are out loads and when on holiday they spend all day seeing the sights."

Handover records were documented in a daily diary. This showed that people's daily care was communicated when staff changed duty at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals.

Activities took place on an individual level. Each Sunday people chose what they wanted to do that coming week. One staff member said, "They [the people that used the service] all like different things, some like going on day trips to Scarborough or Whitby, others like going trampolining." Another staff member said, "We encourage them all to be involved in activities." and "Sometimes two or three people may join in an activity together, other times people go out individually with their support worker."

People had the opportunity to go on holidays. One person loved to go caravanning in Wales another person went to Bridlington twice a year.

The service joined in activities at other services operated by the registered provider. They recently had a mad hatter's tea party. Everyone was involved with making decorations and baking. They had sandwiches and cups of tea and booked a photo booth. We were told everyone went along and enjoyed the day. Another service put on a barbecue and everyone came dressed as Americans and chose what food to take with them. Ivy Cottage took Mac'n Cheese." The next day planned was a Wild West day.

We asked people who used the service if there were enough activities taking place. One person said, "It is alright, sometimes it is boring, sometimes it is fun, I have been to tropical world today, I really enjoyed it." Another person said, "I prefer to spend time in my own room watching my DVD's or playing on my PS3. I like horror, action and comedy films. I love star wars and WWF. I am enjoying the Euro's (football) at present" and "I enjoy going into town to look for bargains, I have 210 DVD's."

Staff were actively trying to find employment or voluntary work for some people who used the service. One person attended a day centre in Wakefield where they did different activities such as going to a farm and working on computers.

The service had an up to date complaints policy in place. Two complaints had been received in the last 12 months. These had all been correctly documented and details from the investigations were also recorded. For example, one neighbour had complained about the amount of cars parked, the registered manager followed this up and asked staff to be mindful of the neighbourhood when parking. The complainant was satisfied with this.

We asked a person's relative if they had ever had to complain. They said, "I have never had to complain, absolutely no need to"

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since May 2015.

We asked people who used the service and their relative what they thought of the management of the service. One person said, "The manager is sometimes good, but sometimes is always in the office." The relative we spoke with said, "I don't get out much now so they bring [person's name] to see me, therefore I have only had contact over the phone with the manager but I have no issues at all."

We asked staff if they felt supported by the registered manager. Staff we spoke with said "Both the seniors and the management are approachable." Another staff member said, "Their door is always open, you can tell them anything." Another staff member said "They are always popping in and out of the office they like to be seen."

The services visions and values of individuality, choice, independence, rights and privacy were on display throughout the service and staff were encouraged to adhere to these and actively promote them. The visions and values were also documented in the 'service user guide.'

Meetings for people who used the service took place on a monthly basis. Here they discussed activities, food, impending birthdays and birthday parties and any other topics they would like to discuss. The service also held meetings for people who used the service called 'About Me For Me.' These were more tailored to each individual rather than the service as a whole.

The people who used the service were also involved in 'service user forums.' This was a bi-monthly meeting for all the people using the registered provider's services. Staff were involved but it was run by people who used the service. They discussed joint activities such as setting up a five a side tournament and a walking club. In the March they discussed the format to be used for the upcoming recruitment days. The people who used the service had a role play session one person being the interviewer and the other service user acting as a candidate. This enabled people to develop what questions they would like to use on future interviews and the recruitment days. They also invited speakers to these forums and Health watch were invited to the next meeting. One staff member we spoke with said, "Each service in the group has a chair person, it is good they can put their point of view and ideas across."

Staff meetings took place monthly and topics discussed were health and safety, the people who used the service, activities and people's behaviours. Senior staff meetings took place and they discussed accidents and incidents, night working, documentation and each person who used the service. Staff we spoke with said they found the staff meetings useful. One staff member said, "We complained about a bit of carpet being worn, next thing we knew we had a new carpet."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. The registered manager provided us with surveys they sent to people who used

the service, their relatives and healthcare professionals. Where issues were raised an action plan was produced to take remedial action. We saw complimentary feedback had been given. Comments from healthcare professionals included "I have had nothing but a positive experience when visiting Ivy Cottage." and another said "They [Ivy Cottage] provide an excellent service they show commitment and consistency." Staff also completed surveys and we saw that these had been used to give positive feedback.

We saw that systems were in place to monitor the quality of the care provided. Frequent quality assurance audits were completed. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included checks of; health and safety, infection control, kitchen, environment, medicines and care plans. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. However the health and safety audit had not highlighted the need to update the fire drill checklist. The area operations manager also completed audits; but we saw that where action plans had been put in place, these were not always completed in the relevant timescales. The operations manager said they were going to look at how they can improve this.

The management understood their role and responsibilities in relation to compliance with regulations and notifications were correctly made to CQC.