

Ivydene Care Home Limited

Ivydene Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 10 September 2015 and was unannounced. At the last inspection on 3 June 2014, we asked the provider to take action to make improvements to the identifying, assessing and monitoring of risks to the health, safety and welfare of people who used the service. The provider sent us an action plan to tell us how this they were going to ensure that improvements took place. During this inspection we found that the necessary improvements had been made.

Ivydene Care Home provides accommodation for up to twenty three older people, some of whom are living with dementia and mental health needs. There were 19 people using the service on the day of our inspection.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were aware of how to report and escalate any safeguarding concerns that they had. There was a policy in place that provided people with details of how to report safeguarding concerns.

There were risk assessments in place, but it was not always evident that these had been reviewed following incidents.

Staff members were caring and knew people well. Staff received regular training and effective supervision to enable them to fulfil their roles. Staff meetings were held and used as a way of communicating information and changes. Staff felt valued.

People received their medicines safely. PRN [as required] medicine protocols did not always provide specific details about when the PRN medicine should be administered.

The registered manager was knowledgeable about Mental Capacity Act (MCA) and Deprivation of Liberty

Safeguards (DoLS) and aware of the requirements of them. The registered manager had followed the requirements of the DoLS and had submitted applications as required.

People's care plans included information about what was important to them, details of their life history and information about their hobbies and interests. Although there were ideas in development at the time of our inspection people were not being actively supported to pursue their individual hobbies and interests on a regular basis.

People were aware of the complaints procedure and felt able to raise any concerns. Where a concern had been raised the registered manager had listened and been quick to take action.

There were audits and maintenance plans in place that provided timescales within which action would be taken. The audits had failed to identify that the communal toilet doors did not lock and the risks to people using the service from the hot surface temperatures of the radiators. Further improvements were still required to the audits to ensure that issues did not get missed.

We have made a recommendation for the service to consider the guidance from the Health and Safety Executive in relation to radiators within the service.

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 not consistently safe.

People received their medicines safely. Risks associated with people's care had been assessed and control measures to reduce the risks had been put in place. These had not always been reviewed following an incident to ensure that control measures continued to be appropriate.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff received effective training and supervision to enable them to carry out their roles. The registered manager had a good understanding of the mental capacity act and had made appropriate referrals under the deprivation of liberty safeguards. Drinks were readily available throughout the day but there was no alternative snacks offered to a person who was unable to have the snack on offer. There was no detailed guidance in place for staff to follow to ensure that people received the right consistency liquids.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and caring. Staff knew people well. Staff promoted people's independence and people's privacy and dignity was respected. There were no restrictions on visiting times which enabled relatives to maintain frequent contact with people.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's needs relating to their care and how they should support them. Feedback from visitors to the service was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

Good



Is the service well-led?

The service was not consistently well led.

There were audits in place that identified areas of required improvement at the service. The audits had failed to identify the concerns that we found. Staff felt valued and were kept informed of updates and changes at the service. Annual quality assurance questionnaires were in place.

Requires improvement



Ivydene Care 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.

This inspection took place on 10 September 2015 and was unannounced.

The inspection was carried out by three inspectors 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, their area of expertise was for older people with dementia.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five

key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

We spoke with one person that used the service and three people that were visiting relatives at the service. 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 with us. We completed a SOFI observation for four people who used the service.

We spoke with the provider, the registered manager, the deputy manager, two senior carers and two carer workers. We looked at the care records of ten people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

People and their relatives told us that they felt safe. One person told us, “Nothing is wrong with it, it’s safe,” they went on to tell us, “It is a good home.” Relatives told us that they thought that the service was safe.

Staff were aware of how to report and escalate any safeguarding concerns that they had. We saw that there was a policy in place that provided people with details of how to report safeguarding concerns. Staff told us that they felt able to report any concerns. We found two safeguarding incidents that had been referred to the local authority but had not been reported to the Care Quality Commission (CQC). It is a requirement that any abuse or allegations of abuse in relation to a person that uses the service are notified to CQC. We discussed this with the registered manager who told us that they report all future safeguarding incidents and allegations to CQC.

We looked at incident and accident forms that were recorded by the service. We saw that incident forms were detailed and where appropriate body maps had been completed. We found that some accident forms had not been fully completed. This meant that there was not always a record in place of what, if any, further action had been in relation to the accident.

We found one report of bruising to a person who was cared for in bed where no further investigation had been carried out to establish a cause. We found another report of bruising to a person’s face where the service established a possible cause but they had not taken any action to try and prevent it from occurring again.

Risks associated with people’s care had been assessed and assessments were reviewed. However these had not always been reviewed following an incident. For example if people were at risks of falls, risk assessments had not always been reviewed following a fall to ensure that control measures in place were still suitable or if any other measures could be put in place to reduce the associated risks.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan and personal emergency evacuation plans in place that could be used in the event of an emergency or an untoward event. Regular servicing on equipment used at the service was undertaken to ensure that it was safe.

The majority of radiators were covered to protect people from the risks associated with hot surface temperatures. However there were some radiators and storage heaters that were not covered by any type of protection and the surface was exposed. Some people were at risk of falls, had limited mobility and were living with dementia and mental health needs. This meant there was a risk that if people fell against the radiators they would be unable to move away or recognise the danger of the heat. **We recommend that the service consider current guidance from the Health and Safety Executive in relation to radiators in care homes.**

The registered manager told us about the staffing levels that they had in place. They told us that the service never used agency staff. They told us that when staffing levels are needed to be increased in response to a particular need this is facilitated by staff coming on shift earlier or staying later to cover. This was confirmed by other staff that we spoke with. One staff member told us, “Staff are often staying on after their shift has finished if it is needed or if one of the residents is poorly.” We observed that there were a number of times when there were no staff available for up to seven minutes in one of the communal lounges and a person who was at high risk of falls and unsteady on their feet tried to walk without staff support. On one occasion a relative of another person encouraged them to sit back down and on one occasion we intervened. We discussed this with the registered manager who told us that they were still assessing this person’s needs. They had made a referral to seek further advice and requested a review the persons’ individual needs. The day after our inspection the registered manager told us that in the interim they had asked staff to check on the person every 15 minutes to try and keep them safe.

We saw that the service had a recruitment policy in place which they followed to ensure that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for two staff members. We found that all relevant pre-employment checks had been carried out before staff commenced work.

We found that there were appropriate measures in place to ensure that controlled drugs were managed safely. Medicines were all stored securely but the temperature of medicines fridge was being consistently recorded as above the recommended temperature. It was not clear if this was

Is the service safe?

an error with the thermometer or if the fridge was temperature was too high. This was discussed with a senior member of staff who told us they would take action to ensure that this issue was rectified.

We observed staff administer medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Staff explained to people what the medicine was for and once a person had taken the medicine the MAR chart was then

signed. We saw that when a person had declined their medicine this too was recorded. This meant that there was an accurate record of when people had or had not taken their medicines.

Where people had PRN [as required] medicines there were protocols in place but these did not always provide specific details about when the PRN medicine should be administered. Staff that administered medicines had worked at the service for a length of time and had an understanding of when these medicines should be given. However, this was not recorded in detail within the PRN protocols.

Is the service effective?

Our findings

Staff told us that they'd received regular training that enabled them to understand and meet people's needs. They told us that they had attended courses such as diabetes management, dignity in care, safeguarding and some practical sessions with hoist and slings. We saw evidence that training sessions had taken place. We saw that some staff had attended a course which then enabled them to carry out training in that subject, known as a train the trainer course. These staff then provided the training in those areas for other staff at the service. We saw that in addition to this some long distance learning courses were also offered to staff.

Staff received effective supervision and appraisals. Staff told us that they received supervision every 3 months. Records that we saw confirmed this. We saw that supervisions notes were detailed and included time for staff to reflect on their practice and discuss any concerns with their supervisor. We found that appraisals were also carried out.

The Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The provider's information return advised us that all care plans contained a statement relating people's mental capacity. We saw that these statements were in place but they included very general statements about people's capacity. People's mental capacity should be assessed on a decision specific basis. This was not always evident. We discussed this with the registered manager who was knowledgeable about MCA and DoLS and aware of the requirements of them. They advised us that they would look at the statements. The registered manager had followed the requirements of the DoLS and had submitted applications for standard authorisations to the local authority for people at the service that were under constant supervision and unable to leave independently.

We saw that throughout the day people were offered drinks and biscuits both on an individual basis and when a tea trolley was taken round. We saw that a person who was

diabetic was supported to have a drink but staff advised them they were not able to have a biscuit due to their diabetes. No alternative snacks were provided for this person.

We saw that where people required food supplements that these were provided. Two people required thickeners in liquids to ensure that they were safe for them to drink. We saw that these were provided by staff but there was no detailed guidance to follow to ensure they were making it the right consistency, staff did this by looking at it. We discussed this with staff who were going to contact the speech and language therapy team for some more detailed advice.

One person told us, "The food is ok." We saw that there was a three week rolling food menu in place. We saw that there was a main hot meal of the day provided at lunchtime and with a vegetarian option also being available and alternatives such as salad, soup and jacket potato's. On the day of our inspection the hot meal was lamb grills, cheese and potato pie and baked beans. We saw that gravy was offered to people individually once they had received their meals. We saw that three people did not want the food they were provided with so they were offered alternatives. There was no visual choice of meals offered and the weekly menu was on a sheet of A4 paper on the wall. This could have been difficult for people that used the service to read and understand.

We saw that people were not rushed to eat their meals but we did see that some people were provided with their puddings before they had finished their main course. As it was a hot pudding this meant that by the time that some people began to eat their pudding that it had gone cold. One person commented on this but staff appeared not to have heard them.

A relative told us how the service always updated them if they had been in contact with any other health professionals in relation to their relatives care and needs. We saw evidence of this. The relative told us, "It feels like they are all working together to get it right for [my relative]." Another relative told us how the service always contacted the GP if their relative was unwell. We saw that the in-reach community mental health team were involved in people's care. We also found that where the registered manager had identified the need for further support and guidance with a person's care, they had contacted the community mental health team. Following a discussion with a consultant they

Is the service effective?

had arranged for a member of the in reach team to visit the person. This showed that people were supported to have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us that the staff were kind and caring. A relative told us, “They [the staff] are very caring,” another relative told us, “They are very professional and proactive,” they went on to tell us how staff spent time with their relative when they were feeling anxious. We saw that staff appeared to know the people well and responded to people when they made requests. For example one person asked for a sandwich as they were hungry, we saw that staff provided them with a sandwich. We saw that staff said ‘hello’ and ‘good bye’ to people at the start and end of their shifts.

There were limited interactions between people and staff during the morning and throughout lunchtime. We saw that during the afternoon these increased. Staff interactions that we observed were polite and friendly. Staff knew people and relatives by their preferred names. Staff were quick to respond when they observed people trying to walk without their frames and they spoke to them in a calm voice and encouraged them to sit back down.

One person told us, “I am very independent and I do what I can.” They went on to tell us how staff supported them to be as independent as they were able to be by encouraging them to do as much as they could themselves. A relative

told us, “They [the staff] support [my relative] to be as independent as [my relative] can be.” A staff member told us, “We’re happy to keep people as independent as possible.”

People were encouraged to bring items into their rooms which enabled them to personalise their own private space and feel ‘at home’. We saw evidence of this in people’s rooms, with items of personal value on display, such as photographs and other personal belongings that were important to them and reflected their interests.

Relatives told us that people’s privacy and dignity was respected by staff. We saw that when people were assisted to the bathroom this was done so in a discreet way. However we were concerned that two toilets that were frequently used downstairs were not able to be locked. This meant that people were able to have privacy when they were using the toilets downstairs as the doors did not lock. The deputy manager told us that this would be addressed.

There were six shared rooms at the service. We saw that there were curtains available in these rooms to ensure that people were able to have privacy if they required it.

Relatives told us that they were able to visit the service when they wanted to. A relative told us, “I visit frequently and I am able to.” Another relative told us, “I visit at all sorts of hours, due to work commitments, so I know what goes on, they [the staff] are so kind.”

Is the service responsive?

Our findings

A relative told us, “[My relative] has a dedicated carer who deals with all their care and all the paperwork.” They went on to tell us, “They [the staff] check on a regular basis if they are meeting [my relatives] needs or if [my relatives] needs have changed.” Another relative told us, “They look after [my relative] and meet [my relatives] needs.” Relatives also told us that they were involved in the assessment of people’s needs.

We saw that people’s needs were assessed and care plans were put in place to ensure that their needs were met. We saw that care plans contained information about people’s preferences and usual routines. Staff had a good understanding of people’s needs relating to their care and how they should support them.

People’s care plans included information about what was important to them, details of their life history and information about their hobbies and interests. We spoke with the deputy manager about how people’s hobbies and interests were being supported. The deputy manager told us about a number of ideas that they wanted to develop within the service to support people to follow their hobbies and interests. They also told us how people had all previously had an activity box in place which contained items of interest to them. They explained that this had lapsed and not everybody at the service now had one but this was something they wanted to reinstate. Although there were ideas in development at the time of our inspection people were not being actively supported to pursue their individual hobbies and interests on a regular basis.

We saw that the service had a themed activity of the month which had been ‘Childhood’ during August and was going to be ‘Seasons’ for September. We saw that there were dolls and an old pram in a communal area of the service. The registered manager told us how people had really enjoyed having them around. We also saw that an entertainer was booked on a monthly basis at the service. An orientation board had been put in place that displayed the date, weather, season, weekly menu and the daily menu.

We saw that a spring and summer newsletter had been produced by the service that included information and updates about the service. There was a copy of the complaints procedure on display within the reception area of the service and a poster titled ‘how are we doing’ that encouraged people to either fill in a questionnaire, a feedback card or have a chat with the manager. Although the poster was displayed there were no questionnaires or feedback cards actually available to complete.

A relative that we spoke with told us how they had raised a concern in writing to the registered manager about an issue at the service that they were worried about. They told us that the registered manager has listened to their concerns and acted upon them very quickly. They were satisfied with the way that it was resolved. Another relative told us, “I’ve no complaints, I’m quite happy, if I had any complaints I’d be happy to voice them.”

Staff were aware of the complaints procedure and understood the process. One staff member told us, “Although we don’t have many complaints, they would be looked into properly.” Other staff also confirmed this.

Is the service well-led?

Our findings

At our previous inspection carried out on 3 June 2014 we found that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Regulation 10 Assessing and monitoring the provision of the service. Following the legislative changes of 1st April 2015 this corresponded to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns that the latest maintenance audit dated 22 April 2014 was not fit for purpose. We found that the provider had made changes to meet the regulation but that further improvements were still required to ensure that issues did not get missed.

We looked at the most recent maintenance audit from August 2015 and we found that where a problem had been identified a required action was recorded and a date then documented of when the action was complete. We also saw that a monthly building check was carried out. We saw that when any concerns had been identified an action had been taken to rectify it. However we found that the monthly building checks had failed to identify that the two communal toilet doors on the ground floor were not able to be locked and any risks to people from the hot surface temperatures of the radiators. We also found that systems that were in place had failed to identify that the medicine fridge was constantly being recorded as above the recommended temperatures.

The provider had a maintenance plan in place that included planned timescales. We saw that when actions had been carried out they were recorded as being completed with a date. The provider told us how the maintenance and refurbishment was an ongoing process. Due to the age of the building it was evident that this was so.

We saw that the service had continued to send out annual quality assurance questionnaires to relatives and staff. The most recent questionnaires had been sent out over the summer so the responses had not yet been analysed. We saw copies of the questionnaires that had been received. Positive comments included, 'the home is welcoming, happy and there is a high standard of care.' They also included, 'there is a high standard at the home and good training.' Areas for improvement were detailed as, 'the home is cold in the winter', 'a garden makeover is needed' and the need for more activities and to spend more one to one time with people that use the service. The registered manager told us that they would collate the results and draw together an action plan to address the issues raised.

People and their relatives knew who the registered manager of the service was and they told us that they were able to speak with them if they needed to. They felt assured that anything they raised with the registered manager would be addressed.

Staff told us that they felt valued at the service. We saw that staff meetings took place where items relating to the service were discussed. We saw that staff meetings were used as a way of communicating information and changes and an opportunity for staff to provide feedback.

Staff told us that the service tried to maintain people's independence and told us that the communication at the service was good. They also told us that the service overall was good and that if there was anything that they needed to know then they were told. Staff members that we spoke to all shared this opinion.

The registered manager was aware of the responsibilities of their role. We had received notifications as required in relation to falls where people had sustained injuries, when people had an authorised DoLS granted by the supervisory body and when people that used the service had passed away. However they had failed to notify us of two safeguarding incidents between people that used the service.