

# Acorn Lodge (Bournemouth) Limited

## Ivy Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ivy Lodge is a residential care home providing personal care to people with learning disabilities and/or autism. The service can support up to seven people. At the time of the inspection seven people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Mental capacity assessments and best interest paperwork was in place for most areas such as personal care, use of equipment and finance. However, the kitchen had a coded lock on it and people could only access it with staff supervision. There was no paperwork on file to evidence that people had consented to this or that this was a best interest decision.

Care plans were personalised and updated in response to people's changing needs. However, long and short term goals were not clear and achievements were not captured. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, seniors, shift leader and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

#### Rating at last inspection

The last rating for this service was good (published 7 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ivy Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Ivy Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and it was important people knew we were coming to visit their home in advance.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We met with five people who used the service and one relative. We spoke with the registered manager, shift leader and two support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety, quality audits and feedback questionnaires.

We walked around the home and observed care practice and interactions between support staff and people.

#### After the inspection

We looked at training data and policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- We asked people if they felt safe with staff. People's comments included; "I feel safe here, it's calm and happy" and "I like living here, nice staff and I feel safe". A relative told us, "[Person's name] is safe, they call Ivy Lodge their home, I couldn't ask for more than that".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were posters displayed in the hallway and office informing people and staff how they could report any allegations of abuse. These were supported by pictures to make the information easier to understand.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; road safety, falls and accessing the community.
- We found positive behaviour support plans were in place for people who required them. These were up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Staff took part in debrief meetings with management following behavioural incidents. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Regular fire and health and safety checks were completed by the registered manager. These were up to date and accurate.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yes, there are they are all very nice to us". A staff member commented, "There are enough staff to meet people's needs. If their needs change staff numbers would increase".
- The registered manager said they monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions and staff meetings. During a review of staff meeting notes we found that lessons learnt were discussed. Staff told us that learning was important to them.

#### Using medicines safely

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records (MAR) were completed and audited appropriately.
- The service had safe arrangements for the ordering and disposal of medicines. Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### Preventing and controlling infection

- The porch area to the front door was dirty and had several cobwebs. We discussed this with the registered manager at the end of day one. On day two we noted that this area had been cleaned.
- The inside of the home was visibly clean and odour free. A relative told us, "The home is always clean and tidy when I visit".
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We use different colour mops and chopping boards".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 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, and some hospitals, 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.

- People at Ivy Lodge were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for most areas such as personal care, use of equipment and finance. However, the kitchen had a coded lock on it and people could only access it with staff supervision. There was no paperwork on file to evidence that people had consented to this or that this was a best interest decision. We discussed this with the registered manager who told us they would ensure paperwork was completed and the door lock was discussed with people.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Two people had an authorised DoLS in place and five further applications had been made to the relevant local authorities. No conditions were attached to the authorised DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

- The registered manager worked effectively with other providers to gather appropriate information about people before they moved into Ivy Lodge. A person told us, "This is the best home I have lived in".

#### Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We get good training annually and 3 yearly depending on the topic. It gives me the skills I need to support people here".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- The registered manager told us staff received annual appraisals and regular 1:1 meeting. Staff told us that they felt supported and could request supervision should they need to. Meeting and appraisal records were kept in staff files.

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

- People told us they enjoyed the food at Ivy Lodge and some liked cooking and baking. One person told us, "I like the food here, bolognese tonight which I like. I have bread and butter because I don't like garlic bread like the others".
- On day one we observed people making their own pizza baguettes. Staff had arranged several different toppings in bowls for people to choose from and place on their pizzas. This promoted choice and independence.
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.
- People took part in choosing meals. The menu was displayed in the kitchen area.
- Staff and the registered manager told us alternative dishes were made available should people prefer something different on the day.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; GP, chiropodist and dentist.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People told us they liked their home and felt comfortable living at Ivy Lodge. People had the opportunity to choose their room colours and furniture. One person said, "I like my room. It has everything I want".
- People and relatives told us that the home felt homely. There was an open plan dining and living area with a separate kitchen.
- We noted that carpets had recently been replaced throughout the communal areas and hallways. Resident meeting notes recorded that people had been informed and involved in choosing these.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, professionals and relatives told us staff were kind and caring. People's comments included; "I like my staff. They are kind and caring to me" and "Staff are nice, they talk to me about my care and ask how I am". A relative said, "Staff are very kind and caring. I can't speak highly enough of them".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- People told us they were supported to make choices and decisions for themselves. A person said, "I make choices and decisions, like where to go and what to do".
- The registered manager told us that decisions making and offering choices was important. We were told that people sit down with staff each morning and are supported to choose what they would like to do. On day two a person asked to go to the barbers. The person was supported and came home happy.
- People and relatives were pleased with the care delivered at Ivy Lodge. A relative said, "I am very happy with [person's name] care. I'm so grateful to everyone at Ivy Lodge they are amazing".
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "During personal care we close doors and curtains".
- Promoting independence was important to staff who supported people to live fulfilled lives. We observed people being supported to do tasks for themselves. For example, folding ironing and putting clothes away, preparing lunch and laying the table for dinner.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and updated in response to people's changing needs. However, long and short term goals were not clear, and achievements were not captured. For example, one person's dream was to own a sports car. Staff had supported them to car show rooms and forecourts, purchased magazines and watch car programmes on TV. None of this had been captured in the persons care plan or achievements log.
- The registered manager told us they would review current paperwork and establish a way of recording people's long and short term goals, breaking them down into achievable step and capturing achievements they had made.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment.
- The registered manager told us regular review meetings took place with the local authorities, families and people. A person said, "I meet with staff and talk about my care and what I want".
- People were actively involved in the planning of their care via weekly meetings. A person said, "We have weekly meetings and discuss lots of things like activities, food, appointments and what support we want".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans.
- Throughout the inspection we observed people being supported to access the community. For example, on day one, one person went to day centre, two people went into Bournemouth, three went bowling and one person stayed at home.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in. A person told us, "I had a good day yesterday in Bournemouth. Shopping, walking along the sea front and lunch in a café. We got wet, but it was fun".
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. A relative said, "I am always made to feel welcome. I can come at any time".

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. People had profiles in place. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

### Improving care quality in response to complaints or concerns

- Ivy Lodge welcomed complaints. The registered manager told us, "These are an opportunity for learning".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "If I wasn't happy I would speak to [registered manager name] or staff".

### End of life care and support

- Since the last inspection one person had passed away. The person had written a hymn to be sung at their funeral which the registered manager and family ensured was.
- The registered manager told us some discussions had taken place with families and some people had funeral plans in place. These included preferences and wishes.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told further discussions would take place with those that had capacity and families for those who lacked capacity.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open, person-centred culture and had a passion for inclusion and making a difference to people.
- The registered manager felt it important to be visible in the home. On several occasions we observed them interacting, playing games with people and going out for activities with people. A staff member said, "The registered manager is very hands on which I think is very important".
- Staff, people, relatives and professionals were positive about the management of the home. A person told us, "I like [registered manager name]. Nice man". A relative said, "[Registered manager name] is a very good manager and leader. Ivy Lodge is very well led".
- Staff comments included, "The registered manager is very kind and supportive. The seniors are good at guiding us and promote good team work and the shift leader is really helpful and good at what they do" and, "[Registered managers name] is a good manager and always has people's best interests at heart".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour. The registered manager said, "This means; being honest, talking things through, informing families if things happen, own mistakes and apologise".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had ensured they had communicated all except one relevant incident to CQC as required by law. We found that following a behavioural incident which took place at the weekend the service had not notified us. We discussed this with the registered manager who completed one on day one and submitted it through to us.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff are kept well informed and involved in changes. For example, we are asked for our views and opinions and people are asked for theirs too".
- The management team demonstrated a commitment to ensuring the service was safe and of high quality.

Regular checks were completed by the registered manager to make sure people were safe and that they were happy with the service they received.

- Regular areas audited included; care files, health and safety, medicines and infection control. However, the care file audits did not identify the areas found during the inspection. The registered manager told us they would review this audit process.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.

#### Working in partnership with others

- Ivy Lodge worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the continence and learning disability teams.
- Professionals fed back positively about partnership working with the home. The registered manager attended registered manager forums and people attended local People First meetings. These meetings are for people with learning disabilities to come together discuss topics and keep up to date with their community.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.