Ivybank Health Care Limited

Ivy Bank Residential 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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 17 and 19 October 2018.

Ivy Bank 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. There are 25 single rooms, with ensuite facilities and one double room. A lift is situated near the dining area for people to access both floors. There is a shared lounge and dining area, and an additional smaller lounge on the ground floor. The service provides residential and dementia care for up to 27 people. At the time of inspection, there were 22 people living at the service.

We last inspected Ivy Bank on 12 September 2017, and found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that all risks had been mitigated in regard to supporting people with their behaviour, or the risk of developing pressure areas. Audits had not identified the shortfalls we found in these areas. We rated the service 'Requires Improvement' and the provider submitted an action plan to demonstrate how they would meet the breaches identified.

At this inspection, we found improvements in some areas but identified two continued breaches in of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the fourth consecutive time the service has been rated 'Requires Improvement.'

Improvements had been in relation to supporting people with their behaviour, and there had been no pressure areas. However we identified issues, such as the implementation of care plans and risk assessments, and specific care plans to support people living with diabetes, catheters and epilepsy.

Audits had not been completed in a timely manner to resolve the concerns we identified during this inspection. Staff had not consistently received the training required to complete their roles effectively. However, staff told us they felt well supported by the management.

People's needs were assessed prior to them receiving care, however care plans had not been implemented for one person. Care plans we reviewed were person centred, however in some cases they had not been updated in a timely manner to reflect people's current needs. People were at risk of social isolation, as there was limited activity within the home to provide them with stimulation.

People told us and we observed the service to be tired in places and in need of decoration. Improvements could be made to ensure the premises is suitable for all those living there, including those with visual impairments.

There were sufficient staff to meet people's healthcare needs. Safe recruitment processes had been followed to recruit new staff. Most staff had received training in safeguarding adults, and staff knew how to raise concerns about people. Most staff had received training in infection control, and the service was clean

throughout.

People were supported to receive their medicines as prescribed, and by staff who were competent in medicines administration. People were supported to access healthcare professionals when their needs changed. People told us they enjoyed the food and received sufficient food and fluid to maintain a balanced diet.

People knew how to raise concerns. When accidents and incidents occurred, they were logged and used to improve the service.

People were supported to have a pain free, dignified end of life.

Staff treated people with kindness, respect and compassion. Staff knew people well, and were able to respond when people showed signs of distress. People told us staff treated them with dignity and encouraged them to be as independent as possible.

The service had a registered manager supported by a deputy Manager and a consultant who worked at the service previously and supported one day per week. 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 registered manager had been away from the service for several months and the service had been managed by an interim manager who was supported by a deputy manager. The interim manager left the day previous to our inspection. Following the inspection, the consultant informed us they had commenced work at the service as acting home manager.

Staff and people were positive about the leadership of the deputy manager and consultant. Staff felt confident in their ability to move the service forward and include them in the improvements for the service.

We found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider uses a dependency tool to determine the number of staff required to meet people's needs appropriately.

We have made a recommendation for improved activity provision for people with dementia.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Risks relating to healthcare conditions including diabetes, epilepsy and catheters had not been assessed and minimised to protect people from harm.

There were sufficient staff, however the calculation of staff was not recorded.

Staff were recruited following safe recruitment processes.

Staff knew how to recognise signs of abuse, and the action to take if they were concerned about a person.

Medicines were managed and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received the training they requires to support people's needs.

Further adaptations needed to be made to the service to ensure it meets all people's needs.

People's needs were assessed prior to them receiving a service, however in one case this was not used to develop a full care plan and risk assessments for a person.

People were provided with nutritious food and drinks.

People received support from healthcare professionals when their needs changed.

Staff sought people's consent.

Is the service caring?

Good

The service was caring.

Staff spoke to and about people in a kind compassionate way.

Staff were able to provide reassurance to people when they showed signs of distress.

Staff supported people to maintain relationships with their loved ones.

People were treated with dignity, and staff encouraged people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff had good understanding of people's needs, however these were not consistently identified within people's care plans.

Care plans had not been updated to reflect the changes in people's needs.

People were supported to take part in limited activities.

People were aware of how to raise concerns.

People were supported to have a pain free end of life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been inconsistent leadership at the service, however staff had faith in the deputy manager and consultant.

Audits and checks had not been consistently completed, and did not identify the issues highlighted within our inspection.

People's opinions were sought to improve the service.

Staff had developed good working relationships with healthcare professionals.

Ivy Bank Residential 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 12 September 2017 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). A PIR 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. We reviewed all the information we held about the service. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection, we spoke with ten people and two visitors. We spoke with the deputy manager, the head of care, three care staff and a consultant supporting the service. We looked at four people's care plans and the associated risk assessments. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection, there was a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that records to guide staff on how to mitigate risks to people were clear and up to date. The provider had failed to reduce the risks to people of behaviour that could challenge. We also had concerns relating to pressure areas. At this inspection, we found improvements in this area, however we found new concerns.

Not all risks in relation to health care conditions had been assessed and minimised. One person's care plan detailed they were living with epilepsy, but they did not have an epilepsy care plan or risk assessment. We discussed this with the consultant, who confirmed the person did not have seizures. Documentation we reviewed was unclear, and there was no guidance in place for staff on steps they should take if the person were to have a seizure. The consultant updated this person's care plan on the day of our inspection once it was identified. Staff discussed with us about one person who was at risk of choking. When we reviewed their care plan, it contained conflicting information. For example, in their nutrition care plan it stated the person had 'no needs' and was on a normal diet. However, in their 'eating' care plan it detailed the person had 'high needs.' The speech and language Therapist (SaLT) guidelines issued on 24 July 2018 stated 'Monitor for signs of aspiration and choking and contact SaLT if necessary. Managing well on current recommendations of syrup thick fluid and puree diet.' This person did receive the support they required during lunch we observed, and staff we spoke with were aware of the SaLT guidelines, however documentation we reviewed was unclear and inconsistent and could lead to the person being placed at potential risk of choking.

Another person moved into the home in August 2018. This person was at high risk of falls, and had displayed behaviour that could have been challenging to others. Following the initial assessment, this person did not have a care plan in place, or risk assessments for falls, mobility or behaviour that could challenge. This placed the person at increased risk. We discussed this with staff, who assured us a full care plan would be implemented as a priority. A further person was living with diabetes, but did not have a care plan or risk assessment to inform staff on action to take should their blood sugars rise.

One person had returned from hospital with a urinary catheter fitted. A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag. The person did not have a catheter care plan in place. The person had no recorded fluid output on three of the six days previous days, and limited fluid intake with four of the six days recording less than 430ml of fluid when the recommended daily volume was 1500ml. This placed the person at increased risk of urinary tract infection (UTI). Although staff were monitoring the fluid input and output, senior staff did not check the information, and seek guidance from health care professionals, which placed the person at potential risk. We brought this to the attention of staff, and they confirmed the person was not showing any signs of infection, however they contacted the relevant health care professionals to visit the person.

The provider had not ensured that records to guide staff on how to mitigate high risks to people were clear and up to date and that people's needs were met. This was a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe living at Ivy Bank. Comments we received included; "I do feel safe, partly because there is always someone around" and "When I push the bell they come quite quickly." Staff told us the registered manager had used a dependency tool to determine the number of staff required to meet people's needs. However, there was no recorded calculations to confirm how staffing numbers were determined. As a result we could not be confident that changes in people's for care would be identified in staffing numbers. Staff told us there was sufficient staff to meet people's needs, but that the needs of the people they were supporting had increased and no adjustments had been made to staffing to reflect this. We observed staff not being rushed, and having time to spend with people. We reviewed rotas that showed staffing consistently met the numbers determined by the registered manager. When there was a gap in the rota, regular agency staff were used to provide people with as much continuity of care as possible. A relative told us "Bit short of staff at moment but I think they manage very well, they use a good agency so the majority of agency staff seem to be alright." People told us they did not have to wait for staff when they needed assistance, and we did not observe staff to be rushing.

We recommend that a formal dependency assessment tool be introduced in order that the registered persons can clearly demonstrate that assessed staffing levels meet individual needs.

At our last inspection, we found that there was no guidance in people's care plans on what could trigger repetitive behaviours, which some people living with dementia could demonstrate and could have a negative impact on others. At this inspection, we found improvements in this area. People had positive behaviour support plans which detailed what could trigger behaviours that could challenge, how staff could support the person and how they could mitigate them. For example, one person was known to become distressed during personal care and could display behaviours that could challenge. Staff were aware of what could trigger this behaviour and how best to mitigate it.

At our last inspection, we found concerns in relation to people's skin integrity. At this inspection, we found improvements in this area. Staff had worked with health care professionals to improve their prevention and management of skin breakdown and sores. At the time of our inspection, no one had a pressure area, and staff were working alongside health care professionals to monitor where they had concerns about people's skin. Staff had received specific training from healthcare professionals that enabled them to dress areas they were concerned about until a nurse professional was able to visit the person.

At our last inspection, we had concerns about guidance for staff to support people to move around. At this inspection, we found improvements in this area. People's care plans contained detailed guidance for staff on how to support people with their mobility. This included detailed guidelines on the use of hoists and which slings to use. We observed staff support people in a safe way, explaining to them what was happening, and reassuring them throughout the process.

Risks to the environment had been assessed and minimised. Control of Substances Hazardous to Health (COSHH) were stored safety. The fire risk assessment was effective and up to date. Fire drills were happening regularly and staff knew had been trained in fire safety. Staff were aware that each person had a personal emergency evacuation plan (PEEP) for the risk level associated with evacuating people safely in the event of a fire. A PEEP gives details of the support each person would need to leave the service in the event of an emergency such as a fire.

Staff recruitment processes had been followed. Recruitment files we reviewed showed the provider had tracked the employment history of each staff member. References were sought for staff from the most recent employer to check that staff were of suitable character to work with vulnerable people. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started

working at the service until it had been established that they were suitable.

People were protected from the risk of potential harm and abuse. Most staff had received training in safeguarding adults. Staff we spoke with were able to identify the different types of abuse and told us they were confident in raising concerns with the management team. Staff were aware of the organisations they could contact outside of their own to raise concerns, such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). Safeguarding alerts had been made appropriately to the local authority. Staff told us they were confident, and understood the process to whistle blow, but had not had the need to. Whistleblowing is when a staff member passes on concerns or wrongdoing about their employer.

People received their medicines when required and as prescribed. A relative told us "Medicines are very good, staff are very particular, they stand there and make sure they take it." We observed staff supporting people with their medicines and saw they followed good practice. People were asked how they wanted to take their medicines, and given the time and support they needed. Staff explained to people what medicines they were taking, and what the medicine was for. All staff administering medicines had received effective training, and told us they felt confident supporting people with their medicines. One staff member was observing medicines administration as part of their induction having been promoted to be a senior. Staff were competency checked to administer medicines by the deputy and manager.

Medicines were being stored safely and medicines that required refrigeration were kept in a dedicated fridge. Medicines were stored in a lockable trolley with different storage areas for different people's medicines to reduce the risk of errors. We reviewed medicines administration records (MAR) and found that medicines were being signed to indicate that people had received their medicines. When people received their medicines late, for example if they were late to wake one day, staff clearly documented it on the MAR to ensure people had sufficient gap between doses. People with topical creams were receiving them as prescribed, and staff were documenting on body maps when they were administered. Some people received their medicines covertly. Where this was the case, there was clear guidance in place for staff, agreed by the GP. There were protocols in place for people who received medicines on an 'as and when' (PRN) basis. This included guidance for staff on when the medicine should be offered and maximum dosage in a 24 hour period. Medicines that require special storage were being stored and audited correctly. We completed a reconciliation of medicines and found that records matched the actual numbers of medicines in stock. People's medicines were reviewed regularly and people were supported to reduce or introduce medicines with the support of their GP.

People were protected by the prevention and control of infection. Most staff received training in infection control, and we observed the home to be clean and without odour. Staff used personal protective equipment (PPE) appropriately, and told us they had sufficient supplies. Staff completed monthly infection control audits and the deputy manager told us they checked the environment to ensure it was clean. Housekeeping staff old us they changed people's beds daily.

There were processes in place to report when things went wrong in the service. All accident and incidents were logged by staff, and the manager would analyse individual events them to ensure appropriate action was taken to minimise the risk of them re-occurring. Any learning from such incidents was shared in staff handovers and team meetings. Analysis of falls had been introduced and reviewed by the acting manager and included consideration of any environmental factors, where the fall had taken place and if staffing needed to be reviewed. However, this overarching audit had not been completed since the acting manager left in July. This is an area for improvement.

Requires Improvement

Is the service effective?

Our findings

People living at the service had a wide range of health and support needs. Staff knew people well and how to support them. However, we found the service was not consistently effective.

The deputy manager and consultant were knowledgeable about best practice in relation to supporting people living with dementia. This information had been used to assess people's needs prior to them receiving a service. Staff told us they considered the needs of the person they were assessing, and assessed them in line with the other people living at the service to ensure they would be a good fit and that the service could meet their needs. The assessment was completed by someone within the management team, and considered people's likes and dislikes and protected characteristics. However, in one case, we found following the assessment, staff had failed to implement a full care plan for one person which placed them at risk of receiving inappropriate care and treatment.

Staff did not consistently receive the training required to complete their roles. Most staff had received training in manual handling, fire awareness and first aid. However specific training to ensure staff were competent and working to best practice for training such as dementia awareness and safeguarding adults had not been completed by all staff. Staff were supporting people with complex healthcare conditions including catheters, diabetes and epilepsy and not all staff had completed training in these areas. Staff we spoke with were able to confidently describe the action they would take to support those healthcare conditions, but we found the correct action had not always been taken. Shortfalls in training had been identified by the consultant, and staff had access to training courses, however progress to complete these was not sufficient. We discussed the shortfalls in the training with the consultant who assured us staff would be given time to update their training in a timely manner, and contacted a healthcare professional to support the service with catheter training.

New staff working at the service completed an induction period. This included three days of training, learning the provider policies and reading care plans. Staff were then given the opportunity to shadow existing staff to get to know people gradually. Managers were then responsible for completing competencies on staff to ensure people were being supported in the right way. New staff completed the care certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency. During our inspection, one staff member was working supernumerary as part of their induction to move into a senior role. They told us they received excellent support from the management team. Agency staff working for the first time at the service received an induction which included a tour of the building, being informed of the fire risks and asking them to review the new summaries for people so they had a basic understanding of people's needs. Staff told us they received the supervision and support to complete their roles. Supervisions were completed on a one to one basis, and as group learning depending on the need and nature of the learning.

People's needs were not consistently met by the adaptation, design and decoration of the service. Further adaptations could have been made to the building, especially to support those with visual impairments. A person told us "I felt safer at home, in here I bump into things I wish I could go home and be more mobile."

Some people living at the service could display behaviours that others could find challenging. People and their relatives told us, and we observed parts of the service to be tired and in need of redecoration. The consultant informed us that maintenance staff were introducing dementia friendly colours when improving areas of the service.

Other aspects of the service had been adapted to meet people's needs. People's rooms were personalised and contained photographs and personal items. Some people chose to have their photograph, or a picture of something meaningful to them on their doors, to help them orientate themselves to their room. There was dementia friendly signage at the service to remind people who may forget the use of a room.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. People told us "I like the food, I have put on weight since I have been here and my legs are getting stronger." Drinks were available on a help yourself basis in the lounge. Staff offered people drinks regularly and hot drinks were offered to visitors on arrival. One person told us "I don't sleep well so they bring me a cup of tea in the night." Staff showed people pictures of the food choices for the day on the electronic tablet to support them to make a choice of meal. People were complimentary about their lunch, and told us they enjoyed it. We observed lunch time, and people received the support they need. Staff asked people if they had eaten sufficient amounts, and talked through what the person had on their plate.

Some people had specific dietary requirements, such as needing food to be pureed, whilst others were diabetic. One person was vegetarian so staff told us they purchased vegetarian options for them. We spoke with kitchen staff who were aware of all dietary requirements and how to adapt meals to suit the needs of the people living at the service.

People had documentation available to take with them if they transferred to a different service, or had to go into hospital. The documentation included information about the person including medical history, any medicines they were taking and up to date information to reflect their current needs, to support other healthcare professionals to provide continuity of care. Staff told us that if someone went into hospital, they would re-asses the person prior to them being discharged to ensure the service could meet any changing needs the person may have.

People were supported to have access to healthcare services and receive ongoing healthcare support. People and their relatives told us that when they needed a GP staff contacted the GP quickly. Staff organised regular visits from other healthcare professionals including the chiropodist and optician. A healthcare professional told us, "Once there is an issue they contact us straight away." One person was referred to an occupational therapist to be assessed. As a result of the assessment an action plan was put in place to support the person to increase their mobility, by changing the layout of their room, changing their bed and reviewing the person's medicines. A healthcare professional told us that despite a lack of guidance for staff, one person who had a history of falls had not fallen since being at the home, or any behaviour that others could find challenging despite having regular incidents prior to moving in. The healthcare professional told us, "The home has made a difference for them."

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. Staff showed a good understanding of the MCA, and people told us they were given choices. One person told us "I can get up when I want to and go to bed when I want to, more or less I've got my freedom." When people needed to make specific decisions regarding their care and support staff assessed their

capacity to make the decision. When people were deemed to lack capacity, advocates relatives and healthcare professionals supported the person to ensure a decision was made in their best interest.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff had submitted appropriate applications for DoLS. We checked that any conditions on DoLS were being met.

Good

Is the service caring?

Our findings

People told us they received kind compassionate care. One person told us "The best thing about being here is the care the carers give me, I am very contented" Another person told us the best thing about Ivy Bank was "The people that work here."

During our inspection, we observed a number of kind and caring interactions between staff and people. Staff knew people well, and had built a rapport with them. People laughed and joked with staff and there was relaxed atmosphere within the service. When people did become disorientated or anxious staff supported them effectively. One person became disorientated and was becoming distressed. Staff quickly identified this and changed the person's focus, offering them a hot drink and a chat which quickly defused the situation.

Staff knew people's histories and backgrounds, and used this information to form meaningful relationships with people. We heard staff discuss loved ones with people, and subjects that people were interested in. Staff told us one person had a love for architecture and buildings so staff identified books of London buildings that the person found interesting, or notified them if a programme they believed would be of interest was on the television.

People told us they liked the staff because "They are good to me, they are kind and look after me" and "If I ask for anything they sort it for me." Staff understood people well, and could identify their mood by how they presented if the person was unable to tell them. Some people required additional support to communicate. We observed staff adapting their approach to support people in a person-centred way. People's opinions were sought and people told us they felt comfortable to express their views and be involved in decisions about their care. One person told us "Staff are very helpful and they don't boss you about."

People told us they were treated with dignity and respect, and that staff promoted them to be independent. One person told us "I get myself ready in the morning, I have a wash and choose my own clothes. The toilet is just outside my room and I am able to get to that unaided." Staff told us people made decisions on how they spent their day, for example one person chose to get up in the morning, get dressed and have their breakfast, then get back into bed fully clothed. Care plans detailed what people could do for themselves and staff spoke of the importance of encouraging people to be as independent as possible.

People told us staff respected their privacy, and knocked on bedroom doors before entering. Staff told us they ensured curtains were shut when supporting people with personal care, and we observed staff being discreet when asking people if they needed support. Staff noticed a person's blanket had slipped off, and adjusted it to protect their dignity.

Staff supported people to maintain relationships with their loved ones. Relatives told us they were kept up to date with information relating to their loved ones. On the day of our inspection, one person had come to visit their loved one, and had bought their beloved pet in to see them, which a number of people living at the

service enjoyed. One person was supported to visit their loved one in another home, which staff told us was really important to them. One person was supported to return to their family home to celebrate Christmas with them.

Confidential information was held securely. People's care plans and risk assessments were stored on electronic devices fitted with passcodes. Any paper documentation about people, was held securely in the manager's office which was locked when staff were not present.

Requires Improvement

Is the service responsive?

Our findings

People told us they received personalised care responsive to their needs, however we found the service was not consistently responsive to people's needs.

The provider had organised for an external company to visit the service once or twice a week to engage people in activities. On the day of our inspection, four people were engaged in a game of bowls through the external company. People told us external performers, such as musicians were also booked regularly to entertain people. However, outside of these events there was little activities for people to engage in, which left people at risk of social isolation, and lacking stimulation. The provider had recruited an activities person, but they had not started, and apart from the television, and colouring books there was little to occupy people. People had mixed feedback on the activities available to them, one person told us "I like being on my own, I don't get bored I'm happy to read magazines and watch TV," whilst others said, "Can't stand the dayroom it's too noisy but I'm lonely in my room" and "Haven't been out since I've been here I get fed up."

We recommend that the provider source expert advice and training to help develop appropriate activities for people living in the service with dementia and cognitive memory loss.

Care plans had not consistently been reviewed and updated to reflect people's current needs. For example, one person had been discharged from hospital, and had a change to their health needs. This was not documented in their care plan, and staff did not have a specific care plan or risk assessment to give them guidance on how best to support the person. Other people living with long term health conditions did not have specific care plans and guidance to inform staff how to respond should the person need support. Staff we spoke with were consistent in the approach they would take should this occur; however new staff or agency staff would benefit from this information. We identified these issues to the consultant who created the care plan and risk assessment on the same day.

Staff used a computerised system to store and update care records. Staff told us the system was easy to use, and reduced the volume of paperwork they completed. Changes made on the electronic devices were instantly available for staff to access. However, staff told us that there were limitations with the system being customised to meet their needs, and we found occasions where staff documented information inconsistently. For example, there was a section for monitoring people's personal care routines, which detailed one person had received limited to no personal care. The consultant was able to evidence that the person received personal care regularly, but was being logged by staff under a different section of the system which did not link to the monitoring of personal care. Staff agreed additional training would benefit them to better understand where to log actions. The system flagged at the end of the month, when people's care plans needed review. At this point the manager was responsible for reviewing the main care plans including mobility, diabetes, eating and drinking, and ensuring they were up to date and met the needs of the person. The reviews had not been completed on the system and did not reflect people's current needs. This was an area for improvement.

People's preferences about their daily care routine were documented within their care plan. Some people

were not able to verbalise their preferences, likes and dislikes, so staff involved their loved ones and used staff knowledge on the person to make care plans as person centred as possible. Staff were introducing a brief description of people's needs that they could share with agency staff or new staff to give them an overview of the person, their needs and preferences. People's cultural and religious needs were met. People told us their priest visited the service to deliver communion to them.

Complaints and concerns had been recorded and used to improve the service. The provider had a complaints policy in place, which identified how people could escalate their complaint if they were not satisfied with the response from the provider. Since our last inspection, two complaints had been logged and resolved with a satisfactory outcome for the complainant. People and their relatives told us they were aware of the complaints process. One person said, "I've never made a complaint but I would be happy to complain to the manager if I had to."

People were supported to have a comfortable, dignified pain free death. Staff told us they discussed people's wishes with them and their relatives as they moved into the service, and documented any advanced decisions that were made. People could state whether they wish to be resuscitated or not. DNAR stands for Do Not Attempt Resuscitation: a DNACPR form is a document issued and signed by a doctor, which instructs medical teams not to attempt cardiopulmonary resuscitation (resuscitation after a heart attack). When the service had supported people at the end stages of their lives, their families were offered the opportunity to stay with their loved one, when space in the service permitted. Staff were aware of how best to support people in the end stages of their lives, including understanding the person's body language to assess if they were in pain and unable to communicate this.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found a breach of Regulation 17 HSCA RA Regulations 2014 Good governance. The provider had failed to ensure that sufficient action had been taken to address the issues raised at our previous inspection. At this inspection, although we found improvements in some areas, and people were complimentary about the service, and its management we identified further shortfalls.

We reviewed quality assurance systems and auditing processes which were completed at the service. Some audits had been completed monthly, including health and safety audits, infection prevention control and medicines. Where issues were identified in these audits, action was taken. However other audits, such as care plan audits, and the falls audit had not been completed since July 2018. Issues identified during our inspection, including care plans not being updated or reflecting the current needs of people had not been identified. Furthermore, one person had lived at the service for two months and did not have a comprehensive care plan in place, or risk assessments to try to minimise the risk of potential harm. Checks and audits had not identified this person was without a care plan. An external audit had been commissioned by the provider in September 2018, and highlighted the need to implement individual risk assessments for conditions such as diabetes, however at the time of our inspection this had not been implemented in all cases. A health care professional told us "Staff are all very caring. It's the paperwork that's not in place."

The provider had not ensured that the regulations had been fully met and there were continued breaches of regulations. Audits had not identified the shortfalls in this report or gaps in records. This was a continued breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew the deputy manager and consultant very well, but told us they were confused about who was leading the service. Feedback from people about the deputy and consultant included; "Management pretty good they seem to know what they are doing," and a relative said, "All management and staff work in a professional manner and are friendly and helpful." Staff told us that the deputy and consultant were supportive, encouraging and motiving. Staff had confidence in the leadership of the deputy and consultant and said they provided them with consistent support.

The deputy manager and consultant had worked together for some time, and told us they complimented each other, with one having oversight of the service and the other being more involved in the day to day care of people. Both felt they had the support of the provider, and the knowledge skills and experience to move the service on and make improvements. During the inspection, we found the consultant to be very proactive in quickly resolving issues raised, to ensure they did not continue to impact the quality of care delivered to people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the service and on their website. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC then

check that appropriate action has been taken. The service had notified the CQC of such events and appropriate action had been taken.

Quality assurance surveys had been sent to healthcare professionals and relatives, although the results had yet to be analysed by staff. Staff told us once the feedback had been collated, it should be displayed within the home so people, relatives and healthcare professionals could see the improvements implemented as a result of their feedback. We reviewed the surveys, which had positive feedback from healthcare professionals and relatives. Healthcare professional feedback included "I think there have been lessons learnt in the past and this is evident now. I feel [consultant] is a great asset to the team they are always polite, pleasant and behaves in a professional manner." A relative commented "I find [consultant] and [deputy] very friendly and helpful always keeping me informed about [relative's] care when I visit and "The atmosphere is lovely. The staff are super. [consultant] leadership has led to overall improvements it seems." A relative had enquired about name badges for staff, which staff were working on implementing. Staff informed us resident feedback would be collated by the activities coordinator once they commence in post.

Staff were given the opportunity to feedback any comments on the service during supervisions or team meetings. Staff meetings occurred regularly, and covered training staff wanted, and any changes in systems, for example when new documentation was implemented for prescribed creams. Staff told us they felt able to raise improvement ideas, and had faith in the consultant and deputy manager to make improvements within the service.

Staff were working in partnership with other agencies, including the GP, district nurses, safeguarding and other healthcare professionals. Staff were working with the local commissioning group, and were involved in a project to reduce pressure areas in care homes, which had been successful at Ivy Bank.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that records to guide staff on how to mitigate risks to people were clear and up to date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the regulations had been fully met and there were continued breaches of regulations. Audits had not identified the shortfalls in this report or gaps in records.