

Ivy Care Limited

# Ivy Care Limited

## 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

Ivy Care Ltd is a small local domiciliary care agency based in South Kirkby. The service provided care and support to 11 older people in their own homes in the South Kirkby, South Elmsall and Upton areas of Wakefield.

This inspection took place on the 13 September 2016 and was announced. This is the first inspection of the service.

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in their own home being supported by the staff. The registered manager and staff had a thorough understanding of safeguarding procedures. No incidents of a safeguarding nature had occurred, however, the registered manager was fully aware of her responsibilities with regards to protecting people from harm or improper treatment. Policies and procedures were in place to ensure the service was operated well.

People and staff told us there were enough staff employed by the service to ensure it was run safely and efficiently. We confirmed this through records. We saw staff rotas were planned a week in advance and people received a consistent and reliable service. Electronic call monitoring was used to ensure no calls were missed.

Care plans were very person-centred. Care needs and risks were regularly reviewed and updated. Explanations of how to mitigate risk and control measures were in place to guide staff in the event of an incident.

No accidents or incidents had occurred at the service. However, the registered manager had a system in place to record, investigate and monitor these should an event occur. The registered manager was aware of her responsibility to report incidents to external bodies, such as the local authority and CQC, as necessary.

Medicines were managed well and staff demonstrated that they followed safe working practices. People were encouraged and supported by staff to self-medicate wherever possible. Medicines were administered safely and Medicine Administration Records (MARs) were used to accurately record any assistance given.

There was a recruitment policy in place; however we have made a recommendation to tighten up the procedures in order to ensure the safe recruitment of staff is more robust.

We saw evidence of an induction process and staff confirmed they had completed a thorough induction and

had shadowed more experienced workers. Training in key topics such as safeguarding, safe handling of medicines and food hygiene had been undertaken. Formal supervision sessions, including a probationary period review had taken place, as well as annual appraisals and regular informal discussions. The registered manager was in daily contact with the staff through a variety of communication methods. Staff told us they felt supported and valued at work.

The registered manager and staff displayed an understanding of the Mental Capacity Act 2008 (MCA) and their own responsibilities; however they had not undertaken formal training. We saw examples of staff supporting people to make decisions in their best interests.

People were supported to maintain a healthy diet. Nutrition and hydration were monitored by staff as necessary. Staff had been made aware of allergies and wheat and gluten intolerances.

The staff we spoke with displayed genuine, kind and caring attitudes. They spoke affectionately about people and knew them very well. In the feedback we received from people, they said staff offered them choices and encouraged them to make decisions. They also told us their privacy and dignity was maintained and staff respected them and their home. The daily notes we reviewed reflected these behaviours.

The registered manager told us there had been no complaints about the service. People told us they had nothing to complain about but knew how to do so if necessary. The complaints procedure had been shared with the people who used the service.

Six-monthly surveys were used to gather the views and opinions of people and their relatives about the service they received. The registered manager promoted the use of advocates and was aware of how to refer a person to a local advocacy service should it be necessary.

All of the records we examined were accurate, detailed, up to date and well maintained. Regular audits and 'spot checks' of the service were carried out by the registered manager. This demonstrated the registered manager had oversight and monitored the safety and quality of the service.

## 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.

The registered manager and staff understood their responsibilities towards protecting people from harm and improper treatment.

Policies and procedures were in place to support the smooth running of the service and there were enough staff to ensure people received a reliable and consistent service.

We have made a recommendation about the recruitment policy in order to tighten the procedures.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were inducted and trained in key topics before undertaking their role.

Staff were supported to maintain their competence through regular supervision sessions.

The registered manager demonstrated an understanding of the MCA.

People were referred to external professionals for additional support when necessary.

### Is the service caring?

Good ●

The service was caring.

People spoke very highly about the care workers who visited them.

Staff knew people well and were familiar with their care needs.

People told us staff spoke nicely to them and treated them with

respect.

The service involved people in their care plans and took into consideration likes, dislikes and preferences when providing support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records were person-centred and reviewed regularly.

The service was flexible and adapted to suit the changing needs of people.

There had been no complaints about the service and people told us they knew how to complain if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place who understood the responsibilities of their registration with CQC.

Morale was good amongst the staff team. People and staff described the registered manager as "approachable".

Audits and formal checks of the service were carried out to ensure the quality and safety of the service.

# Ivy Care Limited

## **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 13 September 2016 and was announced. We gave the provider 48 hours' notice of the inspection to ensure there would be someone available at the office to access the records. The inspection was conducted by one adult social care inspector.

Prior to the inspection we reviewed all of the information we held about Ivy Care, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we contacted local authority staff to obtain their feedback about the service. On this occasion, we asked for a Provider Information Return (PIR) prior to the inspection. The 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. All of this information informed our planning of the inspection.

As part of the inspection, and prior to the visit, we carried out surveys with people who used the service, three people returned a response. During the inspection, we spoke with the provider (who is also the registered manager) and one member of staff. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at three people's care records, three staff files and other records relating to the safety and quality of the service. After the inspection we spoke with two people who used the service and one relative on the telephone to gather their feedback of the service.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe with support from their care workers. They said "I'm nice and safe" and "I'm very safe and satisfied." A relative told us they were reassured about their relation's safety.

Safeguarding policies and procedures were in place for staff to follow. The registered manager told us there had been no accidents or incidents of a safeguarding nature within the service. We saw one example of a safeguarding incident which the registered manager had reported to the local authority about a concern which did not involve staff. Staff had completed on-line safeguarding training and were aware of their responsibility to report safeguarding matters. Staff told us they understood all the policies and procedures in place and that they would have no hesitation in reporting any issues to the registered manager.

The registered manager had provided staff with details of a 'Whistleblowing' helpline. This was a free, confidential helpline for staff in the social care sector to seek advice and guidance should they have any concerns about people's safety and want to speak to someone in confidence about it. She had also produced an information sheet called 'What is safeguarding', which described a 'zero tolerance' approach to abuse. It informed staff of what to do if they suspect someone is at risk, who to contact and details of external agencies, such as the local authority and CQC. These sheets were signed by staff and stored in their personnel file. This meant people were protected as much as possible from abuse and improper treatment.

People's care needs had been thoroughly assessed and there were detailed risk assessments drafted. We saw that risks to the people's health and wellbeing, along with generic risks around the property had been assessed and were reviewed regularly. For example, unplugging appliances after use, dealing with behaviours which may challenge staff and monitoring skin integrity. Risk assessments explained what the hazards were, how to mitigate risks and what control measures were in place to prevent incidents.

There was enough staff employed to ensure people's needs were met. People told us they had regular care workers who were punctual. Staff told us they did not feel hurried with their duties. We reviewed staff rotas which confirmed this. We saw staff received consistent shifts, there was no overlapping of visits and staff had a 15 minute gap between each call to allow for travel time. Electronic call monitoring was used to monitor the staff whereabouts. The staff logged into the system via a telephone at each visit. The data was captured in real time and sent to the registered manager's computer system. An electronic alert was raised if staff were more than 15 minutes late. This guaranteed visits were not missed and ensured the safety of staff.

A recruitment policy was in place to recruit staff safely. The registered manager had carried out pre-employment vetting checks which included seeking references from previous employers, character references and obtaining an enhanced Disclosure and Barring Service (DBS) check for each employee. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are employed. New staff had completed an application form and attended an interview. We saw evidence of an induction process, shadowing of more

experienced staff, training and on-going development. This demonstrated that the registered manager recruited people who were suitable to work with vulnerable adults. However, following the inspection of three staff files we spoke with the registered manager about tightening the procedures to make the process more robust. We recommend the registered manager obtain two references and ensure DBS checks are clear before arranging any shadowing.

We saw the registered manager followed the company disciplinary policy and procedures when staff fell below standards of expectation. A detailed record was made of the issue, a discussion was held with the staff and an outcome recorded. We saw the registered manager closely monitored staff after this process to ensure their conduct returned to a high level of professionalism as expected by the company.

There were no issues around the management of medicine and people told us they received their medicine on time and as they would expect it. The registered manager promoted self-medication wherever possible and encouraged people to use pharmacy filled dosette boxes to prolong their independence. We reviewed Medicine Administration Records (MARs) which were used by staff to record any assistance given. We found these were legible, accurate and up to date. The MARs contained information about allergies and the staff used codes to explain any discrepancies. The registered manager audited the MAR's to ensure people had received their medicine safely.



# Is the service effective?

## Our findings

A care worker told us, "The training and induction was fine, I felt confident to start work after it." We saw staff completed the 'Care Certificate' induction process. The Care Certificate is a benchmark for the induction of staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. The registered manager had completed a 'train the trainer' course to enable her to assess the competency of staff.

The induction involved staff completing workbooks in key topics such as moving and handling, safe handling of medicines, first aid, food hygiene, infection control and health and safety. Other topics such as dementia and palliative care were available for staff to complete on-line. External nurses delivered training on specific care procedures, such as stoma care. The registered manager told us she would implement a spreadsheet to record the dates when training was completed so she could monitor when refresher training was appropriate. Unannounced spot checks were carried out by the registered manager to ensure staff delivered the expected high standards of care.

A probationary period was in place for new staff and this was monitored and reviewed at regular intervals by the registered manager. Supervision sessions took place every three months, following a successful probationary period. These included a self-review by the staff member as well as discussions around objectives, training needs and a development plan. Other aspects of the job role were reviewed such as quality of work, efficiency, attendance and consistency. Any performance issues or concerns were summarised with an action plan and a timescale for improvement. Annual appraisals were scheduled but the first one was not due until December 2016. This demonstrated the registered manager prepared staff for the role, continually supported them and ensured their competence was maintained.

Care team meetings did not take place. We were told this was due to the logistics of getting staff together in one place. Instead the registered manager used a variety of communication methods to remain in daily contact with the staff. Staff told us, "You can ring her [registered manager] at any time, she always answers or rings you straight back." The registered manager had set up a confidential electronic meeting page through a social media website. This meant staff could post questions or relay information to the registered manager or their colleagues and the team would be immediately notified. The registered manager told us she found this an excellent way of sharing information with the team. Staff told us they thought the page worked really well.

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 had not yet completed training in the MCA; however they did demonstrate an understanding of their responsibilities and told us they would refer people to the local authority community mental health team if they were concerned about someone's mental capacity. The registered manager told us she would ensure all staff completed this training as a priority.

We noted that relatives had signed consent to the care and treatment of most people who used the service despite the person having capacity to do so themselves. The registered manager told us, in most cases, relatives had made all the care arrangements and people had just let relatives sign on their behalf, but had given verbal consent at the time of assessment. The registered manager said in future she would encourage people to sign their own records wherever possible and document any reasons why this was not possible. She also told us she would ask relatives who held a Lasting Power of Attorney for a copy of the documentation so she could assure herself that decisions were being made appropriately. A lasting power of attorney (LPA) is a legal document that lets people appoint others to help make decisions or to make decisions on their behalf.

We saw one example of staff supporting a person to make a best interest decision. Relatives and a GP had also been involved and the outcome was recorded in the care notes.

People were supported with nutrition and hydration. At the time of inspection nobody received assistance to eat or drink, however, staff prepared healthy and well balanced meals for people in line with their likes, dislikes and preferences. One person told us, "They ask me what I'd like to eat" and "They always get me a fresh glass of water." People had their nutritional and hydration needs assessed and those who were at high risk of malnutrition or dehydration were closely monitored. Food and fluid charts were available for staff to use to record intake should a GP or dietician request this.

Care records demonstrated the service involved external health and social care professionals to ensure people's needs were continually met. The records showed the registered manager had made referrals to a GP, district nurse and occupational therapist and they worked closely with care managers within the local authority. Records were made of the communication and any progress or outcomes were recorded. People told us, "They always get me help as I need it" and "I would ring [registered manager] I'm sure she would get me extra help if I needed it." A relative told us, "There is good communication, the care workers ring family members if anything is wrong."

# Is the service caring?

## Our findings

People told us, "Everyone is great", "You can have a good laugh with them all", "They do more than is expected" and "They are all nice and respectful." It was apparent from the conversations we had with people, that they enjoyed a friendly relationship with their care workers and the registered manager. The staff we spoke with knew people very well and spoke affectionately about the people they visited.

People who responded to our survey agreed that their care workers were caring and kind. They told us they were introduced to their care workers before they provided any support and that they were happy with the care they received. A relative told us, "He always has a good word for them."

Discussions with the registered manager revealed that people who used the service did not have any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that people who used the service was discriminated against and no one told us anything to contradict this.

The service was very flexible and accommodating of people's needs. Staff responded well to changes and understood the importance of treating people as individuals. Staff completed equality and diversity training during induction and an awareness course was available on-line. Two people's care records showed that the registered manager had taken the time to research the condition a person was diagnosed with in order to have a better understanding of their needs and behaviours and to inform the staff of how to deal with any incidents. The registered manager told us, "I explain to staff it's not the person acting that way it's the dementia."

Staff supported people to maintain their independence and they explained to us that they encouraged people to do tasks for themselves and supported only when necessary.

Care records showed people and their relatives had been involved in the care planning process. People had contributed personal information about themselves such as their past history, likes, dislikes, interests and hobbies.

We reviewed the 'Service User Guide' and an up to date 'Statement of Purpose' which the registered manager had produced and shared with people who used the service. These publications contained information about the company's values, stating: "We believe home is where the heart is." The publications explained what people can expect from the company and how the service would be delivered. They provided information on quality assurance, complaints and useful contacts. When requested, the registered manager printed off copies of scheduled visits and posted them out to people so they could see which care workers would be visiting them each week.

At the time of the inspection nobody was using a formal advocate. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. In most cases, a relative acted in this role and sometimes the registered manager or a care worker offered support; however

the registered manager told us she were aware of how to involve an independent advocate from a local external service. This information was also shared in the 'Service User Guide'.

Records which contained people's sensitive information were kept locked away in a fire proof cabinet and a copy was available in people's homes. The staff we spoke with were aware of the importance of maintaining confidentiality and privacy. Staff demonstrated to us through discussions how they respected people's privacy and upheld their dignity such as closing blinds and covering people over when assisting with personal care. People told us their care workers spoke to them nicely, treated them with respect and respected their home. Online training courses were available in dignity, privacy and respect for staff and we saw some staff had completed the course.

Nobody who used the service required end of life care at the time of the inspection. The service had supported people in the past and were prepared to deliver this level of service should anyone need it. Care workers were able to complete an on-line training session in palliative care if they were interested in supporting people at the end of their life.

## Is the service responsive?

### Our findings

Personalised and person-centred care records were in place. People's records had been recently reviewed. The records were well maintained, completed to a good standard and contained detailed information.

An initial assessment was carried out with people when they first enquired about support. The registered manager visited people at home to gather information about the level of support required, medical background, preferences, routine, likes, dislikes and allergies. A domestic workplace report was compiled regarding any risks in the home such as a gas fire, faulty appliances, pets and loose rugs. Once agreed, a more in-depth assessment of specific care needs was completed.

The care needs assessment records contained information about people's care needs including general health, mental health, mobility, food and drink, housekeeping and social needs as well as specific needs associated with diagnosed health conditions, such as dementia or cancer. A personal care plan was devised which contained information for care workers about people's hearing, sight and mobility. A full description of the person's routine was recorded for care workers to refer to including their likes, dislikes and preferences when being supported to undertake certain tasks.

The registered manager spoke with staff prior to them attending the first visit to give them as much information as possible about the person. The registered manager introduced staff to new people in order to ensure a smooth transition, deliver a service which people were expecting and ensure people felt comfortable with the staff who visited them.

The registered manager was responsible for reviewing and updating the care records, and we saw evidence that people, their relatives and external professionals all had input into these reviews. Review meetings were held in people's homes to ensure people were fully involved in any decisions made about their care. We reviewed historical care records and saw evidence of updates being made when people's needs changed. The people who responded to our survey confirmed they were involved in decision-making about their care and support needs. They also told us Ivy Care involved people they chose in important decisions.

The service offered a companionship service and escorted people to appointments. The registered manager was keen to promote social inclusion and spoke passionately about people being part of their community. Staff supported people with social and leisure related needs to ensure they were able to continue to enjoy activities and hobbies.

The service had received no complaints. The registered manager told us she would deal with issues immediately over the telephone or by visiting people. A complaints policy and procedure was in place and had been shared with people in the 'Service User Guide'. The company website and Facebook page also encouraged people to leave feedback about the service and we saw the registered manager had acknowledged the posts people had made via this method.

The people we spoke with had no complaints about the service at all; in fact they were very complimentary

about the service. We heard comments such as, "I am more than satisfied", "We are quite happy" and "I've got nothing to complain about and if I did I would ring [registered manager]." The people who responded to our survey all agreed that they knew how to complain and they thought the staff would respond well to any issues raised. A relative said, "I can assure you I would ring them straight away if anything was up."

# Is the service well-led?

## Our findings

The service was operated on a daily basis by the registered manager who was also the registered provider. Our records showed the service had been formally registered with the Care Quality Commission (CQC) since September 2013. The registered manager was aware of her responsibilities to submit statutory notifications to us as and when required.

This was the first inspection of the service since registration and the registered manager was present during this inspection and assisted us by liaising with staff and people who used the service. The registered manager was open and transparent during the inspection and provided all of the records we requested for examination. The registered manager was very knowledgeable about the people who used the service and familiar with their needs.

The registered manager had a long history of working with adults and providing a domiciliary care service. She also had experience of working in various adult social care settings before starting her own business. She described the service as, "A small family run business which is not about making money."

Policies and procedures were established and had been recently updated in order to ensure staff were supported to meet the high standards and family values which the company strived to achieve. The registered manager had invested in a quality management system, an electronic call monitoring system and a rostering system to ensure the service was operated safely, efficiently and professionally.

The staffing structure in place included the registered manager, a team of six permanent care workers and two occasional care workers. The whole team was aware of their responsibilities and what they were accountable for. The registered manager had a business continuity plan in place to ensure the continued running of the service in the event of severe disruption which could be caused by fire, flood, pandemic flu or IT failures. Arrangements had been made for a standby manager in the event of the registered manager's unexpected absence.

The culture of the service was open and honest and the staff we spoke with were keen to make people happy and maintain a good reputation. People told us, "[Registered manager] does a good job", "[Registered manager] is a lovely person" and "[Registered manager] would do anything for you." The care worker we spoke with told us they, "loved working there" and said, "You shouldn't really do this job if you don't really want to care for people. It's all about making them safe and happy at home." The care worker also described the registered manager as "approachable" and said, "I could tell her anything".

Audits and formal checks on the safety and quality of the service were being carried out. We asked the office manager to provide us with the quality assurance information to review. The registered manager maintained a 'Quality Assurance' file which contained evidence of unannounced spot checks, probationary reviews of staff, staff supervisions, staff questionnaires and 'customer' questionnaires.

Unannounced spot checks were carried out periodically by the registered manager to ensure a quality

service was being delivered. We reviewed four spot check records which assessed a care worker's appearance, attitude and conduct, as well as obtaining client satisfaction. We saw one record in which the registered manager had commented that the care worker was "trying too hard" and was "too loud". Additional support and guidance was provided to the care worker to make them aware of the expectations and how to achieve them.

We reviewed four staff surveys from April 2016. Overall there were positive results with the majority of staff agreeing that the service was well-led. Staff also said that the registered manager was interested in their views for improvement and they were treated fairly. The staff believed they delivered a quality service and met the needs of people who used the service. Staff commented on feeling valued and respected at work.

We also reviewed seven 'customer' questionnaires from April 2016 which had been completed by people or their relatives. Again the results were positive and comments included, "I'm extremely happy with the care given to Mum", "Nothing is too much trouble" and "Every aspect is beyond expectations."

Although there had been no accidents, incidents or complaints the registered manager had a system set up to monitor these for any patterns or trends should an event occur. Regular reviews of people's records were undertaken and random audits of 'service user' and staff files took place. This meant systems and processes were established and effective enough to ensure compliance with the regulations.

The registered manager demonstrated she had oversight of the service and was in a position to formally assess, monitor and improve the service.