

# Harkins Care Ltd

# Ivy House

## 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 well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ivy House is a residential care home providing accommodation and personal care for up to five younger adults who may be living with a learning disability, autistic spectrum disorder, physical disability or sensory impairment. At the time of our inspection, the service was being used to provide respite care for people who needed support in an emergency or to give their regular carers a break from their caring role. One person was using the service on an ongoing basis and three other people regularly stayed at the service for periods of respite.

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

Based on our review of the key questions safe, effective and well-led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right culture

People were at increased risk of receiving ineffective or unsafe care. The provider had not effectively monitored the quality and safety of the support provided. The service had not embedded a culture of improvement and had not made timely improvements to minimise risks to people. Issues identified at our last inspection had not been adequately addressed.

The service had not fully engaged people and those important to them in planning and developing the service. Feedback had been received from relatives and professionals, which was positive. However, there was a lack of systems in place to support people to give feedback about the service.

### Right Care

People's needs were not always thoroughly assessed before they moved into the service. Care and support plans did not always reflect the range of people's needs and provide sufficient guidance for staff on how to promote their wellbeing. Risk assessments for health did not always provide clear guidance for staff. Whilst people gave positive feedback about the support staff provided, these issues meant we could not be assured people would receive consistently effective and person-centred care.

The failure to fully meet the underpinning principles of right support, right care, right culture, meant we could not be assured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes.

## Right Support

The service was small and well-integrated into a residential area, close to local amenities. People were supported in a clean and well-equipped environment, which had been designed to meet their needs and promote independence. However, some maintenance issues had not been identified and addressed, which put people at increased risk of harm.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People felt staff provided safe care, and systems were in place to report concerns. Staff had been safely recruited. Staff had training on how to recognise and report abuse and they knew how to apply it. Systems were in place to record and respond to any accidents or incidents that occurred. People received their medicines when they needed them. Staff enabled people to access specialist health or social care support when needed.

Staff followed government guidance in relation to COVID-19 to help keep people safe and manage infection prevention and control risks.

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 and update

The last rating for this service was requires improvement (published 28 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve. At this inspection, the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

## Why we inspected

We carried out a comprehensive inspection of this service on 22 June 2021. Breaches of legal requirements were found, and we issued a Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This focussed inspection was carried out to follow-up on action we told the provider to take and to check whether the provider had met the requirements of the Warning Notice and to assess whether the service is applying the principles of right support, right care, right culture.

We also looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

This report only covers our findings in relation to the Key Questions safe, effective and well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivy House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Ivy House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Ivy House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ivy House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection, there was not a registered manager in post. A new manager had started at the service in February 2022. They were in the process of applying to become the registered manager.

#### Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure staff and people would be in the service when we inspected.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service, the manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and three people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We spoke with two members of staff, two professionals who worked with the service and three people's relatives by telephone to gather their feedback. We continued to seek clarification from the provider to validate evidence found and seek assurances about risks.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection, risks to people's health and safety were not always assessed and managed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- People were at increased risk of harm, because risks had not been thoroughly assessed and managed.
- People's care plans and risk assessments did not always contain detailed information for staff about their needs, risks and how to safely support them.
- Risks within the home environment had not always been identified and managed. For example, furniture had not been secured to the wall to prevent it toppling over and keys had been left in window opening restrictors, designed to restrict access to windows and prevent people falling from a height likely to cause harm of windows.
- The provider did not have a fire risk assessment and had not ensured personal emergency evacuation plans were in place where needed to guide staff on how to safely evacuate people if there was a fire.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm and was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection site visits to begin addressing these concerns.

### Preventing and controlling infection

At our last inspection, infection prevention and control risks were not effectively managed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.



- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Government guidance in relation to visiting in care homes was being followed.

### Staffing and recruitment

At our last inspection, the provider had failed to safely recruit staff. This was a breach of Regulation 19(1) & 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Recruitment checks were completed to help make sure suitable staff were employed. There remained some minor gaps in records and we signposted the provider to relevant guidance to further develop and improve their approach to recruitment.
- The provider monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service.
- The manager covered gaps in the rota if needed and was trying to recruit more staff.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support staff provided. Relatives told us, "From a safeguarding point of view I have no worries at all" and "I have no concerns with [relative's name] going there."
- People were supported by staff who had been trained to recognise and report any safeguarding concerns.
- The manager understood their responsibility to address any safeguarding issues and work with the local authority to help keep people safe.

### Using medicines safely

- People's medicines were managed and administered safely.
- Staff completed training and had their competency assessed to make sure they understood how to safely support people to take their prescribed medicines.
- Staff followed national good practice guidance to check people had the correct medicines when they stayed at the service.
- We spoke with the provider about good practice in relation to when required medicines and the safe storage of controlled drugs and they acted in response to our feedback.

### Learning lessons when things go wrong

- There had not been any recent accidents or incidents.
- The provider had a process in place to record any accidents or incidents that did occur and to support staff and management to identify any lessons that could be learnt if things did go wrong.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care and support did not always guarantee they would achieve good outcomes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider had failed to ensure consent to care was sought in line with relevant legislation and guidance. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 11.

- People's ability to consent to their care and support had not always been thoroughly explored.
- The service had not always followed the principles of the MCA. Records did not show mental capacity assessments and best interest decisions had been completed in line with relevant legislation and guidance where there were concerns about people's ability to consent to their care.

Failure to ensure consent to care in line with the MCA was a continued breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Applications had been submitted to help make sure people were not unlawfully deprived of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We could not be assured people were able to live as full a life as possible and achieve the best possible outcomes, because there was not a robust process in place to make sure people's needs were thoroughly assessed before they moved into the service.
- People's care plans and risk assessments did not always contain enough information to guide staff on how to provide effective and person-centred care.
- Reviews had not always been completed between respite stays to check and make sure staff had an up-to-date picture of the support people required.
- Despite these concerns people gave positive feedback about the support staff provided. A relative told us, "We are happy with how the staff care for them. The staff seem to be friendly and caring and they are really good with [relative's name]." A professional said, "The staff were really nice, they were really good with [name] and made them feel at ease."

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

- The effectiveness of people's care was not always guaranteed, because a robust systems was not in place to monitor and support new staff.
- New staff had not received a robust induction to the service before they started work.
- Staff had not had regular supervisions or an annual appraisal of their performance.
- Staff had completed a range of training courses, but there were some gaps in the training completed. The new manager was arranging further practical training in some areas, for example moving and handling and first aid.

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

- People were involved in choosing their food and planning their meals. Staff understood the importance of promoting healthy options, whilst respecting people's rights to choose what they ate.
- Staff used monitoring charts to help check if people were eating and drinking enough, but associated care plans and risk assessments were not always in place to guide staff on how to monitor and respond to any risks.

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

- The service had been designed and adapted to help meet people's needs. There were accessible washing facilities, wide doorways and corridors, and a lift and lifting equipment installed throughout the service to improve accessibility.
- However, the provider had not fully considered people's needs in the ongoing monitoring and upkeep of the environment. Some risks relating to maintenance issues had not been identified and managed. The provider acted to address these concerns, but more robust auditing was needed to make sure the service remained suitable and safe for people.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Professionals felt staff worked well with them to help make sure people received the care and support they needed. Feedback included, "I have a very positive view of the service, they tried to understand [name] and support them in a personal way" and "Every time I have got in touch with staff they have been really good with me."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. The provider's oversight of the service did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to establish and operate effective systems to assess, monitor and improve the quality and safety of the service and to mitigate risks. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- People were at increased risk of harm, because the service had not been well-led.
- Systems in place to monitor the quality and safety of the service remained ineffective. The provider had failed to adequately respond to concerns identified at our last inspection and had not always identified and addressed issues found during this inspection. This put people at continued risk of harm.
- Whilst the provider and new manager acted to make improvements during our inspection, overall, this was reactive rather than proactive management.
- Since our last inspection, the provider had not established and operated a robust system of regular audits. This meant we could not be certain issues and risks would be identified and addressed without CQC's interventions.
- The provider had not met the requirements of CQC's Warning Notice, and this was the second consecutive inspection where the service had been rated requires improvement.
- The provider had not displayed their rating following the last inspection of the service or on their public website.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager were responsive to our feedback and began to immediately address the concerns we raised. Following our site visit the provider met with us and shared an action plan outlining the steps taken to respond to the risks and issues found and to drive improvements.

Working in partnership with others; Engaging and involving people using the service, the public and staff,

fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We could not be assured people were able to live as full a life as possible and achieve the best possible outcomes. The provider had not completed thorough checks on people's care to make sure the service was consistently effective and safe.
- The provider had not set up robust systems to gather and monitor feedback from people, relatives and staff.
- Staff felt supported by management and gave positive feedback about changes and improvements that were being made. Comments included, "It has really changed since [new manager's name] started. They are very approachable, and we are trying to get everything sorted out."
- Relatives told us staff and management were approachable. Feedback included, "The staff have been very forthcoming with information and if they've got a problem, they know they can ring me and talk about it. The staff are willing to talk to you and listen to your suggestions."

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 manager understood their responsibility to be open and honest with people if things went wrong.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured consent to care was obtained in line with relevant legislation and guidance. Regulation 11(1).
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 done all that is reasonably practicable to assess and mitigate risks. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the services and to mitigate risks. Regulation 17(1).