Ivonbrook Properties

Ivonbrook Care Home

Inspection report

Eversleigh Rise
Darley Bridge
Matlock
Derbyshire
DE4 2JW

Tel: 01629735306
Website: www.ivonbrook.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Ivonbrook Care Home on 11 January 2019. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ivonbrook Care Home provides personal care and accommodation for up to 40 people in one single building. The service provides a permanent residence for people and short-term care beds are available for people to access. On the day of our visit 14 people were using the service.

At our last inspection on the 10 and 11 October 2016 although the provider was not in breach of any regulations we rated the service as requires improvement. This was because people's care records were not always updated to reflect their current needs and staff were not receiving regular supervisions. At this inspection we saw improvements had been made. People's care plans were up to date and reviewed on a regular basis to ensure any changing needs were identified. Staff supervisions had commended and a schedule was in place to ensure this was provided on a regular basis.

The service did not have a registered manager in post. 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.

Plans were in place to gather the views of people and their representatives to ensure they were involved in the ongoing development of the service. Systems were in place and being further developed to monitor the quality of the service, to enable the provider to drive improvement.

People's individual needs were met as sufficient numbers of trained staff were available to support them. People were supported by staff who understood their role in protecting them from the risk of harm and reporting any concerns. People were supported to keep safe, as individual and environmental risks were assessed and managed. People were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment. Systems were in place to guide staff on the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way. People received a balanced diet that met their preferences and assessed needs. People were supported to access healthcare services and received coordinated support, to ensure their preferences and needs were met.

Staff knew people well and understood the support they needed and their preferences on how this support was delivered. People were treated with consideration and respect by the staff team and they were supported to maintain their dignity. People were supported to maintain relationships with those who were important to them; such as family and friends.

People had opportunities to take part in social activities to promote their well-being. The management and staff team included people and their representatives in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

Staff were clear on their roles and responsibilities and felt supported by the management team. The provider understood their legal responsibilities with us and the rating of the last inspection was on display in the home.

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.

People received supported by staff that understood their responsibilities to report any concerns. Risk assessments were in place to minimise the risk of injury to people and these were regularly updated to reflect people's current support needs. People were supported to take their medicines in a safe way that met their needs and preferences. Sufficient numbers of staff were employed to meet people's needs and recruitment procedures checked staff's suitability to work with people. The systems to manage infection control and hygiene standards were effective. People's safety was continuously analysed and actions taken as needed, to ensure their safety was maintained.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who enabled them to make their own decisions whenever possible. People received a diet that met their requirements and preferences. The manager and staff team worked with healthcare professionals to ensure people's health was monitored and their changing needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff that showed consideration and kindness towards them. People's dignity was valued and respected and they were supported to make decisions and be as independent as possible. People's right to maintain relationships with those that were important to them was respected and promoted. People's rights to confidentiality were protected.

Is the service responsive?

Good

The service was responsive

People were supported by staff who knew them well and understood their needs and preferences. People received information in a way that was accessible to them. The provider's complaints policy was accessible to people and their representatives. Arrangements regarding end of life care were discussed with people to ensure their wishes could be followed.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Although improvements had been made since the last inspection continued and sustained care and service improvements have not yet been embedded by the provider. Systems were in place and being implemented to enable the provider and operations manager to monitor the quality and safety of the service and make improvements where needed. The views of people and their representatives were in the process of being sought. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies to ensure people's needs were met.

Ivonbrook 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 comprehensive inspection took place on 11 January 2019 and was unannounced. The inspection was carried out by two inspectors

The inspection was informed by the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority who commission services from the provider and they provided us with feedback. We used all this information to inform our inspection plan.

We spoke with five people who were using the service and six people's relatives. We also spoke with the provider's representative, the operations manager, the care manager, three care staff, two staff who provided activities, a member of the catering team and a member of the housekeeping and maintenance team.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the operations manager to email their staff training records and audits, so that we could see how the provider monitored the service to drive improvements. The operations manager sent these to us within the required timeframe.

Good

Is the service safe?

Our findings

At the last inspection when people's needs had changed their care records had not always been updated to reflect this, which potentially put people at risk of not receiving care that met their changing needs. At this inspection we saw that the care people received was reflected in their care plans and regularly reviewed, to ensure any changing needs were identified. This assured us that staff had the correct information to ensure people's changing needs were met.

Risks to people's health and wellbeing were assessed and reviewed regularly to ensure they remained relevant. When staff supported people to move using specialised equipment we saw this was done safely and in a considerate way that reassured the person. Where people had been assessed for equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. Equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies. For example, personal emergency evacuation plans in place for each person. These provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw information on the level of support each person needed was also available on the indicator boards, that were in place on people's bedroom doors.

People told us they felt safe. One person said, "I feel safe here." Another person said, "If you need to be somewhere you can't beat here." A relative confirmed that they felt their family member was "In safe hands". Staff understood their responsibilities to report any concerns regarding people's safety and confirmed they received training. The provider had procedures in place for staff to follow in the event of them either witnessing or suspecting the abuse of any person they supported. Staff confirmed they had access to these procedures and could describe what to do in the event of any alleged or suspected abuse occurring. One member of staff said, "I would report it to the manager." Staff also knew they could report any concerns to external organisations such as the local authority and Care Quality Commission.

We saw there were sufficient staff on duty throughout the day and people's requests for assistance were responded to promptly. All of the people we spoke with said there were sufficient staff available to support them. One person said, "You only have to ask if you need anything." The staff told us there was sufficient staff available to meet people's needs.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. The staff files seen had all the required documentation in place. For example, there was identity information, references and full employment histories in place and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions.

People received their medicine as prescribed. Medication plans were in place for people and provided guidance to staff who administered medicine. This included the level of support the person needed to take their medicine, any health issues that could affect their ability to take their medicine, and the way the way the person preferred to take their medicine. We saw that when people were being supported to take their medicine, this was done at the person's own pace and in their preferred way.

Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why. When people had medicines that were on an 'as required' basis we saw this was offered before staff administered it to them. Guidance available for staff to ensure people had these medicines when needed. Staff told us they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The provider ensured that the premises were clean and that staff understood how to prevent infections. There were checks and audits undertaken on a regular basis to ensure standards of cleanliness were maintained. Domestic staff told us of the infection control procedures they followed to minimise the risk of infection. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated five stars by the food standards agency in October 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment and practices were in place to ensure hygiene standards were maintained.

Since the operations manager had been in post they had assessed how accidents and incidents were reviewed. They had made improvements to the procedure in place, to ensure all incidents were included in the analysis; such as including any missing signatures on medication administration records. This enabled the operations manager to check for any patterns or trends. New medicine protocols had been put in place for people who had communication difficulties to ensure staff had clear guidance for people, who were unable to confirm if they needed as required medicines. We saw that one person's medicines that were given as required had been changed to regular doses each day; in consultation with their doctor. This had resulted in an improvement in the person's wellbeing.

Good

Is the service effective?

Our findings

People's support needs had been assessed prior to them using the service and information gathered included the person's preferences, support needs, health and emotional well-being. This information was used to develop the person's care plans and was done in consultation with people's families to gather a picture of the person's life and what was important to them. Relatives confirmed they had been involved. One said, "I am fully involved in [Name's] care and have been from the very beginning. I am very happy with the care [Name] receives. They are happier now than they were at home. The staff here have made sure they get the right support and medication. It has made all the difference."

Care plans and risk assessments were written and delivered in line with current legislation to ensure best practice was embedded across the home. People and their relatives were happy with the care provided at the service. One person said, "I'm more comfortable here than I've been for a long while." Another person said, "I'm quite content."

The operations manager told us that new staff, with no qualifications in care would complete the Care Certificate. They said, "Although new staff completed an induction in the past they haven't done the care certificate, but they will be doing it now." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

We looked at the induction training undertaken by two members of staff; this showed a range of courses were undertaken at the start of employment, including health and safety courses and safeguarding. Staff told us they had regular training, supervision and support to carry out their duties. One member of staff said, "I feel very well supported." Another described the training as, "Good." The operations manager told us that train the trainer training had been undertaken and more was planned and the training records seen reflected this. This training was being done by the operations manager and two care managers to enable them to cascade this to the staff team.

Staff told they felt supported and could speak to a senior member of staff at any time if they needed to. Staff confirmed they received supervision to support them in their work. One member of staff told us, "I had supervision with [operations manager] yesterday." The operations manager could demonstrate that supervisions had commenced and were planned to ensure these remained ongoing.

We observed the lunchtime meal and saw this was well presented. People were offered alternative to the main fish option, e.g. one person had a sweet and sour dish, another had a pizza and others had eggs. Drinks and condiments were available to enable people to season their meal as they wished. People told us they liked the food and that it was well cooked. One person said, "I get what I want." Another person said, "I enjoy my meals". A relative told us their family member ate better since being at the home and that they had put weight on which they were pleased about. We saw that people were offered drinks at regular intervals throughout the day.

The operations manager had introduced a larder fridge with a glass door into the dining area. This was to enable people to choose snacks and beverages such as, sandwiches, quiches, fresh fruit, cakes, mousses, jellies and drinks. The operations manager told us this had been successful particularly for people who required some encouragement to eat.

Care staff we spoke with were knowledgeable about people's individual dietary needs and preferences and reflected the information we saw in people's care plans. The catering team were knowledgeable about people's diets and could cater for a range of dietary preferences such as vegetarian as well as people's cultural and medical needs. We saw the menus and they included a good variety to suit different tastes. Kitchen stocks were plentiful and the kitchen was clean and tidy.

People had access to health professionals, such as doctors, chiropodists, and district nurses. A relative told us staff were, "Marvellous" regarding their family member's health needs and described their care as, "Very good." Another relative said their family member's particular health problem was well managed and that as a result the person was, "More settled."

The design of the building enabled access for people that used wheelchairs and we saw that people could walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists were available for people to move safely. There was a lift to enable people to access other floors. A room known as the snug was available for people to access with their visitors if they wanted some privacy. This room provided a games table and comfortable seating for people to relax in. It was also suitable for use as a prayer room or quiet room for people to use if required.

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. We saw that the operations manager had amended assessments and completed best interest decisions where a person lacked capacity to make a specific decision, such as the support they needed to ensure their personal care needs were met.

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. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. One person had a DoLS which had been authorised at the time of the inspection. Discussions with staff demonstrated they understood the Act and DoLS and we saw they had received training.

Information regarding people's preferences were incorporated in their care plans. This included a document for people to confirm their agreement to share information with professionals, agree to have their photograph taken for identification purposes taken and any equipment they required to keep them safe.

Staff described how they gained people's consent for their support. For example, by explaining to people what they wanted to do before supporting them. People told us they were asked for their consent and that any tasks were explained well. One person said, "They listen and let me do as much as I can."

Good

Is the service caring?

Our findings

Staff spoke positively about people and we saw they had a friendly and warm relationships with people. One person described the staff as, "Ever so kind." Another said, "The staff are good, there's nothing wrong with this place." Relatives also described the staff as "Marvellous" and "Good."

We saw staff were polite and respectful when speaking with people. Interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing communication. For example, by touch and altering the tone of their voice appropriately. People were listened to and were comfortable with staff.

Staff told us how they encouraged people to be independent and supported them to make decisions for themselves wherever possible. One person told us, "I like to do things myself." We saw staff explained things as much as possible. When they supported people, for example with meals or activities, this was done at the person's own pace.

None of the people that used the service were being supported to access an independent advocate at the time of the inspection. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Relatives told us they were always kept informed about their family member's care and were encouraged to give their views and be involved.

Staff could describe how they maintained people's dignity, for example by knocking on doors before entering people's bedrooms and we saw that this was done. Staff knew people well, so they could support them to follow their preferred routines which enabled people to receive support in the way they wanted. Relatives confirmed their family member was cared for in a dignified manner. One told us, "The staff ensure [Name] maintains their dignity which I am pleased about, they are very respectful." People told us their dignity was maintained when personal care was being carried out. One person said, "They're good, it's better here than it was when I was at home."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. Comments from relatives included, "I am always made to feel welcome." And "Staff are like friends to me." Facilities were available for people to access if they wished to spend time alone with their relatives.

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Good

Is the service responsive?

Our findings

Staff demonstrated a good understanding of how people liked their support to be given and people told us that staff responded to their needs. There were a range of activities for people to participate in if they wished. External visitors, such as schools and religious ministers, came on a regular basis. People were positive about their daily life. One person told us it was, "Better than being at home. I'm more comfortable here."

Activities were provided by an activities coordinator who provided people with opportunities both within the home and the community. Art for wellbeing was also provided by an independent person once a week. The provider had their own vehicle to enable people to access garden centres, the theatre and local groups such as a musical memory group. The activities coordinator told us of their plans to support people to access a local swimming pool and told us that risk assessments were undertaken prior to any community activities taking place. Internal activities included musical bingo, gardening and planting activities, baking and chair based exercises. Events were also organised at the home and relatives were invited such as, a cheese and wine evening, bistro evenings and fete's. External entertainers such as singers also visited the home.

On the day of the inspection, we saw several people participated in a quiz in the morning, and some people's relatives joined in with this. In the afternoon several people participated in art for wellbeing. The art for wellbeing therapist showed us some of the art work that people had made which was on display around the home. This included miniature hot air balloons, string art and pom-poms. They told us, "There are a lot of creative people here. One person loved making the pom- poms, as they remembered making them when they were younger."

Staff confirmed that they read people's care plans and information in people's care plans reflected the support we observed. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and belief.

The Accessible Information Standard; which applies to people who have information or communication needs, relating to a disability, impairment or sensory loss was being met. There was a range of equipment to enable people living with dementia to orientate themselves. For example, clear signage, easy read information and wall décor. This included a large clock in the design of a wrist watch, to support people to recognise it was a clock. Large cutlery wall art was in place in the dining area to support people in identifying the dining area. There were information boards with people's family photographs on bedroom doors, to support people in finding their bedroom.

People confirmed they would feel comfortable speaking with the management team or staff if they had any concerns. One person told us, "The manager listens." A relative confirmed that any issues they had raised had been dealt with properly. Relatives were aware they could raise concerns externally if they need to. One relative told us they would go to senior staff if they wanted to raise a complaint or they would approach the

Local Authority. A system was in place to record the complaints received. The operations manager confirmed that no complaints had been received in the last 12 months.

Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

Requires Improvement

Is the service well-led?

Our findings

Although we could see that some improvements had been made; continued and sustained care and service improvements have not yet been embedded by the provider. We have taken this into account when considering our rating in this domain.

There is a requirement for Ivonbrook Care Home to have a registered manager. At the last inspection there was no registered manager. Since this time a registered manager had been in post for 10 months but had subsequently left employment. At the time of this inspection there was no registered manager in post.

The day-to-day management of the service was overseen by the operations manager who had been in post for eight weeks. The provider's representative told us of their plans to register a manager, but at the time of the inspection this process had not commenced.

At the last inspection although staff told us they felt supported by the management team they had not received formal supervision. Supervisions provide staff with an opportunity to reflect on their practice, discuss any learning needs and enable managers to monitor staff's performance and support development. At this inspection we saw that the operations manager had commenced staff supervisions and some staff confirmed they had received supervision and said they received the right support. One described the operations manager as, "Good" and said they were informed of plans for the service.

Staff told us they worked well as a team and were encouraged to make suggestions. One member of staff gave an example of how some documentation had been revised because of their suggestion. Staff meetings had recently commenced and staff confirmed a meeting had been held the day before the inspection. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said, "Things have definitely improved and at the meeting yesterday the changes in management and the improvements planned were explained to us."

People and their relatives told us they had not been asked to give any feedback or complete a survey regarding their opinion of the service. They did however confirm they could approach the management at any time. One relative told us the operations manager and provider's representative always stopped to speak with them and ask how things were when they visited. The provider was in the process of implementing systems to take account of people's opinions of the service. A satisfaction survey was due to be distributed to relatives at a social event planned the week after the inspection.

There were audits and checks in place to make sure any risks were identified and action plans developed to mitigate these risks. For example, a medicine audit had identified that where people were prescribed creams and lotions; these did not always have clear instructions for use from the prescribing pharmacy. The operations manager had organised a meeting with the GP surgery and a protocol to address this had been agreed. We saw that infection control audits had identified where improvements were needed and addressed. The operations manager had reviewed people's care records and made improvements where

needed. For example, mental capacity assessments for people that lacked capacity had been rewritten to ensure sufficient information was provided. Additional staff training had been sourced and was in progress, including train the trainer training to sustain staff's ongoing training needs.

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The operations manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.

The provider understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. This meant we could check appropriate action had been taken. We saw that the rating of the last inspection was on display in the home.