Ivy Cottage (Ackton) Ltd

Ivy Dene

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ivy Dene is a residential care home providing personal care to 20 people. The service supports people with complex needs and/or people with a learning disability. At the time of our inspection 19 people were using the service. The accommodation is made up of three separate units. The largest unit accommodates 10 people, and this is larger than current best practice guidance.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. This guidance helps ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. The service promoted independence and provided person-centred support within the constraints of an environment where a large number of people shared communal facilities. The provider had plans to improve the layout of the home and the environment which would help ensure the principles and values were consistently applied. People were encouraged to access the community and undertake person centred activities.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the care and development director at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service rarely used restrictive intervention practices and then only as a last resort. When these practices were used it was in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found
The premises were clean and well maintained. We made a recommendation in relation to the risk assessment of radiator covers.

People told us the service was safe. There had been a lot of staff changes and this had been unsettling for people. However, safe staffing levels had been maintained and the provider was recruiting new staff. People's needs were assessed, and their care plans and risk assessments were detailed. This helped to make sure care was person-centred.

People's communication needs were assessed and where needed appropriate support was provided.

People were supported by kind and caring staff, who promoted their independence.

People were supported to eat and drink a balanced diet which took account of their needs and preferences. People were supported to stay healthy and to access the full range of NHS services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain relationships with family and friends. People took part in a variety of social activities in the home and in the community. The service was planning how to give people more opportunities to get involved in the local community.

The provider had systems in place to check the quality and safety of the services provided. Any shortfalls we found during the inspection had already been identified and were being dealt with. There was a service improvement plan in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The rating at the last inspection was requires improvement (Published 28 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Ivy Dene

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type
Ivy Dene is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced on both days.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and a visiting social care professional about their experience of the care provided. We spoke with eight members of staff including the operations director,

care and development director, the registered manager, the deputy manager and five support workers. We looked around the home and observed people being supported in the communal areas.

We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records, meeting notes, maintenance records and the service improvement plan.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person's relatives.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Medicines were stored securely.
- Where people had medicines prescribed to be taken as needed there were protocols for staff to follow. Some of these were not as person centred as others. This was discussed with the care and development director and was dealt with immediately.
- People's capacity to administer their own medication was assessed. One person was managing their own medicines with support from staff.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following the correct procedures.

Staffing and recruitment
At our last inspection we recommended the provider should ensure there were enough staff, including agency staff, to support people inside and outside the home until a full staff team was in place. The provider had made improvements.

- There were enough staff to keep people safe. Although the service had experienced a high turnover of staff adequate staffing levels were maintained.
- People supported, and staff did not raise any concerns about the availability of staff to provide support with activities in the home or in the community. We saw staff supporting people with activities in the home and going out with people.
- The provider was continuing to recruit staff to permanent posts.
- The provider had a robust recruitment procedure in place. We found some minor shortfalls in the staff records which showed these procedures had not always been followed. The providers service improvement plan showed they had already identified this and were dealing with it.

Assessing risk, safety monitoring and management; Preventing and controlling infection

● People were supported to keep safe but without imposing unnecessary restrictions on them.
● People who experienced behaviour that could challenge, had detailed positive behavioural support care plans and risk assessments to ensure they were supported in line with best practice. Physical restraint was rarely used and then only as a last resort.
● Maintenance records showed checks were carried on installations and equipment. These included gas, water and electricity.
● The provision of radiator covers to protect people from the risk of burning was risk assessed in line with current Health and Safety Executive guidance and some radiators did not have covers fitted. We recommended the provider review this as part of their ongoing refurbishment programme. The home was clean and free of unpleasant odours.

Systems and processes to safeguard people from the risk of abuse
● People were protected from harm.
● People told us they felt safe and liked living at Ivy Dene.
● The provider had effective safeguarding systems in place. The management team understood their responsibilities about keeping people safe and reporting concerns to other agencies.
● Staff knew what to do to make sure people were protected from avoidable harm or abuse.

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● Accidents and incidents were reviewed to look for themes or patterns. This information was used to make changes to reduce the risk of recurrence.
● Debriefing meetings took place after incidents which provided an opportunity for reflection and learning.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The design of the building meant the service did not fully comply with the Registering the Right Support guidance. This was due to the layout of the building and particularly the number of people who were accommodated and shared communal facilities in the larger, middle house. Within these constraints, the service supported people to develop their independence and make sure they received good day to day support.
- The provider had developed plans to redesign the building. The next step was to plan how this would be implemented to minimise disruption to people.
- Some improvements had already been made to décor and furnishings in the communal areas and people who used the service had been involved in this.
- People had access to outside space and signage was sensitive to it being people's home.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. A social care professional commented, "Transition, this was managed extremely well. [Name} started with day visits and then some overnight visits. It was tested out to see if it was appropriate for everyone."
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly.
- Care records were designed to reflect best practice principles. For example, people had Positive Behaviour Support (PBS) plans in place which helped to ensure they received consistent and effective care.

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

- People were supported to eat and drink and encouraged to maintain a balanced diet.
- People's preferences and needs were catered for. Where appropriate this included cultural, religious and medical needs. People's weights were monitored and where people had specific needs external professionals such as Speech and Language Therapists were involved.

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

- People were supported to meet their health care needs.
- Care records contained information about people's health care needs and appointments with outside medical professionals.

● People were encouraged to make healthier food choices and to take part in regular exercise. One person was being supported with smoking reduction.

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

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The service was working within the principles of the MCA.
● Appropriate DoLS applications had been made in a timely manner and where conditions were applied they were being met.
● Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.
● The provider promoted a culture of reducing restrictions. Physical interventions were used as a last resort when other strategies had been tried and failed.

Staff support: induction, training, skills and experience
● Overall staff received the training and support they needed to carry out their roles. Some staff supervisions had not taken place as often as they should have, however, this was being addressed by the new manager.
● Staff received training in safe working practices and subjects related to the needs of people who used the service. Attendance at training was monitored and followed up with staff if they did not attend the required training and updates.
● New staff received comprehensive induction training and shadowed more experience colleagues until they were assessed as competent.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated well, and their diverse needs were respected.
- In a survey carried out by the provider one person said, "I like it at Ivy Care, staff are nice, I can make friends"
- People were supported to attend religious services of their choice.
- Staff knew people well, they were able to tell us about people's needs, their preferred routines and the things that were important to them.
- We observed positive interactions, people spoke openly with staff about what they wanted to do and about things that were worrying them.
- People's care records included information about their needs and preferences such as the name they preferred to be known by.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and make decisions about the care and treatment.
- People were comfortable approaching staff and starting conversations either in the communal rooms or going into the staff office areas.
- Meetings were held where people had the opportunity to have a say in how the service was run. In a recent meeting one person had commented they liked how staff spoke to them and treated them.

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were respected and promoted.
- Staff asked people if they were happy to show us their bedrooms or flats.
- People were supported to become more independent. For example, one person had been supported by staff to use public transport when visiting a relative and was then able to undertake the journey on their own.
- A health care professional told us, "It is exceptional here. The team understand [name's] illness and needs. They have tailored the care plans to enable [name] to be as independent as possible."
- People's confidential information was stored securely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were assessed. Their support plans were detailed, person centred and up to date.
- Staff knew about people's needs and this helped to ensure people received the right support. For example, one person needed a special diet and staff knew what food they could and could not eat safely.
- People were supported to set goals and their achievements were celebrated. For example, one person had recently learned to cycle and successfully passed their road safety assessments.
- Staff had received training on end of life care. No one was receiving end of life care when we inspected. The service worked with other agencies to support people to spend their last days at Ivy Dene if this was what they wanted.

Meeting people's communication needs

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

- People's communication needs were assessed, and staff used a range of different strategies to support people to express their wishes.
- People's care records included information about body language and gestures which indicated whether people were feeling happy or anxious.

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

- People were supported to develop and maintain relationships. This included spending time with relatives where possible.
- People took part in social activities. People were supported to follow their personal interests. These included swimming, going to the theatre, karate, going the gym and attending football games.
- A health care professional told us, "They understand [name] is strict with timekeeping and likes routines. They ensure they have enough staff to take [name] out every day."
- People had some involvement with the local community attending events at the community centre and using local shops. The service had identified this as an area for improvement and the new registered manager was putting together a team of staff to support people in getting more involved with the local community.

Improving care quality in response to complaints or concerns

● People were given information about the complaints procedure in formats which were appropriate to their needs.

● Complaints were recorded and where appropriate action was taken to improve the service and reduce the risk of recurrence.

● We observed people spoke with the registered manager and care and development director about anything that was worrying them.

Good

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the providers systems for monitoring and assessing the quality and safety of the services provided we not sufficiently robust. This was a breach of regulation 17 (Good Governance) 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 17.

● There was an interim registered manager in place. The provider was recruiting to find a permanent manager for the service.
● The care and development director had been based at Ivy Dene since May 2019. They had done this to ensure the service had consistent leadership and to oversee the implementation of the service improvement plan.
● There were systems in place to monitor and assess the quality and safety of the services provided. Audits carried out early in 2019 identified improvements were needed to the service. Since then the management team had been concentrating on implementing the service improvement plan. This showed the provider's quality assurance systems were being operated effectively.
●The provider was making changes to the management structure to ensure people who used the service experienced consistently good outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The service promoted an open, inclusive and person-centred approach.
● The management team were visible in the home, directing care and providing positive role models for staff.
● People who used the service, their relatives and representatives were involved in developing and reviewing care and support plans.
● The management team spoke openly and honestly throughout the inspection process. They talked about the challenges the service had faced, such as the high staff turnover and management changes, and their plans for implementing and sustaining improvements.

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 provider submitted notifications of significant events, such as incidents and accidents, to CQC in a timely manner.

●The management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The feedback we received about the management team was positive. People and staff said they felt they were listened to and their views were considered. Staff told us they would recommend the service to family and friends, as a place to work and as a place to receive care.

● People who used the service, their relatives and health and social care professionals were given the opportunity to share their views in individual meetings and through surveys. Most people who completed surveys earlier this year said they would recommend the service to family or friends.

● People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

Working in partnership with others; Continuous learning and improving care

● The service had good working relationships with the local primary care services.

● A social care professional who visited the service in June 2019 wrote the following comment, "The support plans etc needed updating, this was done within agreed time. [Name of staff member] answered all my questions and was very professional, very pleased with the outcome and trust they will keep up the good work."

● The provider had implemented a new continuous professional development programme for staff to help them develop their knowledge, skills and confidence.