Ivy Cottage (Ackton) Ltd

Ivy Dene

Inspection report

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18 February 2016

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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

The inspection took place on 12 and 18 February 2016 and was unannounced.

Ivy Dene provides accommodation for 14 people with learning disabilities. On the days of our inspection there were 12 people living in Ivy Dene.

At the time of our inspection there was a registered manager in place, however they were absent from work due to ill health. A deputy manager was in post and the operations manager was based in Ivy Dene. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The home was split into two sections Ivy Dene and a flat attached named Ivy Rose. On the day of our inspection there were eight people living in Ivy Dene and 5 in Ivy Rose.

The atmosphere in the homes was welcoming from the people who used the service and the staff team. The service had safe recruitment process in place and appropriate checks were undertaken before staff began work. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

We saw there was enough staff on duty to meet people's needs. The deputy manager told us a dependency tool was used to calculate the number of staff required for each shift. This information demonstrated that the service considered the staffing numbers needed to ensure that people's needs were met.

Appropriate arrangements were in place in relation to the recording handling storage and administration of medicines.

People were supported by, suitably qualified, skilled and experienced staff. Staff received regular management supervision to monitor their performance and development needs and ensure they had the skills and competencies to meet people's needs. Staff had received regular training which equipped them to meet the needs of the people who used the service.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 (MCA).

Staff was trained to manage behaviour that challenges others, whilst ensuring people's rights were protected

People's food and drink met their religious or cultural needs. We saw each person was asked about any food

preferences and this was documented in every ones care plan. People were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw people were supported to express their views and were actively involved in making decisions about their care, treatment and support. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was clear documentation in each person's care plan about their likes and dislikes. Care plans were up to date and gave a detailed picture of how each service user liked to be supported. People were offered choices throughout the day including what activities they would like to do and when.

We saw the complaints procedure was followed and complaints were acted on in a timely manner.

The deputy manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home. The deputy manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the people living at Ivy Dene.

Robust auditing was in place. This meant the registered provider had a system in place to ensure that identified shortfalls were addressed in a timely manner.

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

Person centred risk specific assessments were in place for each person living at Ivy Dene

There were enough trained and knowledgeable staff to keep people safe .

Medicines management was safe.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to meet people's needs

Regular staff supervision was in place.

People's human rights were protected, where people were Deprived of their Liberty, the correct applications and authorisations had been put in place

Peoples nutritional and hydration needs were met.

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Is the service caring?

Good

The service was caring

Staff were kind and caring in their approach.

peoples individuality was recognised and supported

Privacy and dignity was maintained

Is the service responsive?

Good

The service was responsive

Care plans were detailed and person centred.

Care plans reviewed regularly

Each person that used the service planned their day with staff support.

Complaints were responded to in a timely manner in line with company policy, and changes made if required.

Is the service well-led?

Good

The service was well led.

Management presence was evident in the service.

The organisations vision and values were evident in the way staff worked

Robust auditing in place by the home manager and the wider organisation.

Ivy Dene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 18 February2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners.

During our inspection we observed how staff interacted with people who used the service, both in the home and when preparing to escort them on planned outings. We spoke with five of the people who used the service, the deputy manager, the operations manager and four support workers. We looked at care records for four people who used the service. We reviewed how the service used the Mental Capacity Act 2005. We looked at documents and records that related to people's care, and the management of the home such as three staff recruitment and training records, policies and procedures, and quality audits."

Good

Is the service safe?

Our findings

One person told us "I am safe here, the staff keeps me safe. They [the staff] know when I am going out and when to expect me back, I like that."

Staff we spoke with had undertaken safeguarding training as part of their induction training and had regular updates to this training.
Staff had a good knowledge and understanding of safeguarding vulnerable adults. They were able to explain to us the process they would need to follow to report any concerns they may have, what signs of possible abuse they would look for and who they would escalate their concerns to if they felt t appropriate action had not been taken . This meant that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service."

We saw people were treated equally and fairly. Where people had particular interests or beliefs these were documented in care plans, respected and promoted.

The deputy manager told us " we encourage people to make decisions and take risks, everyone takes risks every day. We encourage that whilst keeping people safe. If people are able to go out alone we encourage that. We have risk assessments in place and all staff are aware when some one is out what time to expect them back." This ensured risks were managed without impinging on people's rights and freedoms

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There were detailed robust risk assessments in place, which were decision specific. The risk assessments identified the risk, described any precautions to take and evaluated any actions that had worked in the past. These were reviewed 6 monthly or if any changes occurred. The deputy manager told us "Everyone takes risk; we encourage that but have a duty to keep people safe."

Risk assessments included areas such as accessing the community, managing finances and being allowed free access to the kitchen as well as more personal risks linked to health conditions and lifestyle choices. There were plans in place which identified 'triggers' for behaviour and how to manage these. The deputy manager told us" I look at all incidents and look for patterns. It may be something simple such as a clash of personalities. If it is we can change this. If it's not something we can identify we discuss with other healthcare professionals."

On the day of our inspection we saw a person displaying behaviour that was challenging. Two staff members immediately intervened. We saw staff had acted in accordance with the care plans and followed the guidance which had been given.

There was a personal emergency evacuation plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included information on the location of the persons bedroom which fire zone the bedroom was in, detailed information on how to encourage the person to leave and

instructions on what to do should the person not want to leave the building. In all the files we looked at the PEEP had been completed within the last 12 months.

There were detailed accident and incident records kept in the service. This allowed staff to easily see how many incidents had occurred for each person. There was also a summary of the incidents which meant the registered manager could see if there were any patterns of incidents which were occurring that may require action to be taken to reduce the frequency of their occurrence.

We saw there were adequate numbers of staff on duty to meet people's need safely and to ensure staff were available to support people to undertake activities of their choice and encourage them to complete tasks within the home. The deputy manager told us a planning tool was used to calculate the number of staff per shift; however this was flexible as people chose when to go out and where to go, meaning more staff or less staff may be required on a particular shift. Staff levels had recently been increased following changes to people's support needs. Agency staff were used to cover for periods of absence and annual leave. The deputy manager told us they, "work with one agency and try to have the same agency staff to provide continuity. If someone is going through a tough time it's better to not have new faces and cover with our own staff."

We saw there was a robust recruitment process in place, and the registered provider made sure that all necessary pre-employment checks were carried out before people commenced their roles. The registered provider used disclosure and barring service (DBS) checks to help them to make safer recruitment decisions by checking that prospective employees were of suitable character to work with vulnerable people.

We looked at the policy and procedures which were in place for the handling of medicines. We found the policy was robust and detailed and covered all aspects of ordering, storing, administering and disposing of medicines safely. We found the policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines and there had been competency assessments carried out. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed, including what the signs were that a particular person may be in pain if they did not verbalise this.

We saw that an audit of incidents in March 2015 had highlighted a number of medicines errors. These included not signing for medicines and miss- counting medicines in boxes. We saw minutes from a managers meeting where this was discussed and actions put in place. In the following audits the number of errors had been reduced. This meant that errors and staff training issues were picked up and acted on to address any issues.

The service was clean and well maintained. The staff told us they had access to gloves and aprons needed for tasks which required them. We saw signs in the kitchen reminding people to wash their hands before handling food. This meant that if any infections were present in the service they were less likely to spread.

Good

Is the service effective?

Our findings

One person told us "I choose my duvet myself. I like this colour look in my bedroom. It's all my own things. I think they are good the staff, they seem to know what they are doing." One person told us, "I used to be able to go out alone but my condition changed and staff have to come with me now. I don't like it but I know they are keeping me safe."

Staff we spoke with were knowledgeable and felt they had the skills and knowledge they needed to support people who used the service. Staff told us they had received an in-depth induction prior to starting work for the organisation, and they received regular refresher training sessions. Staff told us they could ask for additional training they felt they needed and that this had been sourced for them when requested. We looked at the training records which showed there was an acceptable level of compliance in refresher training across the staff team and where needed training was booked to ensure all staff were brought fully up to date.

Staff told us, and records confirmed, they had supervision sessions with more senior staff every four to six weeks. The deputy manager told us new staff, "have supervision four weekly then it is increased to six weekly, however staff can request more often if they feel they need it." The purpose of these sessions was for staff to explore their understanding of how best to support the people who used the service, to discuss any minor concerns and to look at their own performance by gaining feedback from the senior members of staff. Staff also received an appraisal with their line manager each year to allow them to look at areas for personal development and their aspirations for progression within the organisation.

Staff told us and the deputy manager confirmed there were lots of methods of communication between staff within the home, which included communication books, daily handovers and changes to the care records as well as constant verbal communication which we saw during the inspection. We observed a handover which gave a very detailed account of what each person in the home had done during the day including any issues and how they had been resolved. As required medication taken such as paracetamol for pain was discussed including what time it was given. This meant that staff on each shift had up-to-date knowledge of each person.

Regular meetings were held for staff and people living at Ivy Dene. We saw the minutes of the last meeting for people living in the home, where activities and menu planning had been discussed. We saw that staff at Ivy Dene work in teams to support small groups of people. We saw from one meeting that a person living at Ivy Dene requested a change of team. This was actioned within a week. The deputy manager told us, "People can choose which staff team works with them if someone requests a change of team we make those changes. It's their home and their right to choose the staff working with them." This showed the service respected people's decision to make their own decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from the care records we reviewed there were people who used the service who had been assessed as not having capacity to make decisions relating to where they lived and the care they received. In all of the cases we looked at we saw there had been appropriate assessments carried out of their mental capacity. There were records of the best interest decisions which had been made on their behalf and there were authorisations in place to allow their liberty to be restricted lawfully. This meant that people's human rights were being protected in line with the legislation. We saw there had been consent to care gained as people who had the capacity to give consent had signed various consent forms. In cases where people did not have capacity to give their consent there was a best interest decision in their file to show that the care had been agreed in their best interests to keep them safe and well.

All the staff we spoke to had a good understanding of the MCA and DoLs. And were able to describe when best interest decisions should be made. One person told us, "I used to be able to go out alone but my condition changed and staff have to come with me now. I don't like it but I know they are keeping me safe." People told us "the food is lovely. "We saw there was a four weekly menu in place; the current menu was on display in the kitchen with pictures of the meals. Each meal had two options. People who used the service told us there was always an alternative available if they didn't like something or just did not want what was on offer. We saw throughout the day people were able, with support if needed, to help themselves to snacks from the cupboards and drinks from the kitchen. In the dining room a fruit bowl was on the table for people to help themselves. People who could not help themselves were regularly offered drinks and snacks throughout the day.

In the care plans we looked at there was a detailed section on food and drinks. The care plan documented if people had a religion or faith with specific foods, any allergies to food, any strong dislikes and any preference in sitting with others or alone to eat. There were three pages of foods broken down in to fruit vegetables dairy breads cakes and drinks with a list under each heading. Next to each food was a tick box of if the person liked or disliked the food if they preferred fresh or frozen and if they had a preferred brand. This showed that staff had a good knowledge of each person's likes and dislikes.

People were supported to access health services such as GPs dentists and podiatry as needed. People were supported where possible to make appointments for themselves and attend appointments with staff. Staff told us "we encourage people to make their own appointments fi they are able to." In the care pans we looked at documentation had been made of visits to health care professionals.

Adaptations had been made to the home to enable people with more challenging behaviour to stay in their home, including a quiet room for people to go to when they needed space but did not want to go to their own room. The room was away form the lounge and dinning area this meant that if some one was upset or shouting in frustration other people were not disturbed. We saw how one bedroom had been adapted so that no furniture except a bed was in the room. wardrobes and drawers were accessible to the person. " Staff told us they [the person] gets upset if clothes are in the room and wont sleep." The reasons for this were clearly documented in the persons care plan and best interest decisions in place. This showed the environment was conducive to promoting peoples independence and improving their quality of life.

Good

Is the service caring?

Our findings

One person told us "Staff are very caring I love it here." Another told us "The staff care about us. They look after us and take us out."

All the interactions we saw between staff and people who used the service throughout the inspection were kind, caring and positive. A person who used the service told us "The staff are very good I can talk to them about anything."

On the day of our inspection we saw some behaviour that was challenging. Two staff members immediately intervened using recognised de-escalation techniques and talking calmly to the person in order to understand why the person was upset. Other staff members reassured others in the immediate area. This demonstrated that the staff considered everyone during challenging situations not just the person requiring assistance.

Staff told us they had received equality and diversity training; this was confirmed in the training records we reviewed. We saw people were treated equally and fairly, where people had particular interests or beliefs these were documented in care plans, respected and promoted. We saw several people followed a particular religion. The deputy manager told us "They [the people] are encouraged to attend their place of worship. Staff don't have to believe in the faith. They are here to support people in their choices." This meant that staff were respecting people's human rights in respect and enabling people to follow their chosen faith.

We saw from the care records we looked at people were encouraged to take part in any activity they enjoyed and encouraged to try new activities.

We saw from people's care records people had been put in touch with an independent advocate when they needed support to make decisions and did not have anyone who could support them. An independent advocate is a person who supports a person who lacks capacity or may find it difficult to communicate their wishes to express themselves and exercise their right to be involved in the decision making process.

The care records for the people who used the service were stored in the staff office which was locked, however all staff had the code to unlock the door. This meant that staff had good access to essential records. All other information was stored in the manager's office which was locked when it was not occupied.

Staff we spoke with understood and could give us examples of how they would maintain people's dignity and privacy by knocking on doors before entering, keeping doors secured when they were being assisted to shower or bathe and ensuring people had time alone when families visited. Staff told us, "I always knock on people's door and wait for a response. I would never go in before they asked me to."

Good

Is the service responsive?

Our findings

One person who used the service told us, "I have hired a car for a weekend I am going to a fair. I love the fair I go every year."

We looked at the care plans for three people who used the service. All three care plans were extremely detailed and person centred. The first pages described how to support each person from getting up to throughout the night. Indicating how many staff would be needed for each activity, if there were any particular points in the day that might be more challenging for that person and how to respond to these We saw there were individual support plans for different areas of people's support, including personal hygiene, smoking safely, family contact, maintaining a healthy diet, weight, managing finances and any health conditions. This meant staff knew the best way to support each person.

We saw care plans were reviewed regularly to ensure they contained current information and had been updated to reflect any changes which had been identified. We saw the reviews of care plans resulted in relevant changes being made to the documentation and that staff were made aware when this had happened so they could refresh their knowledge by reading the care plan again. We saw that where possible people had been involved in their care planning and had signed each section of their care plan.

The staff we spoke with encouraged the individuality of people who used the service, and recognised that supporting them to be individuals was very important. People who used the service were supported to express their personalities for example in the way they chose to dress, decorating their bedrooms and the activities they wanted to take part in.
We saw lots of choices offered throughout the day. This meant people were able to exercise their right to choice as part of their usual routine, which allowed them to be confident in their ability to make decisions.

We saw from people's care records that people were supported to be as independent as possible in their daily lives. People were encouraged to go out and people who wanted to and were able to had part time work. During the inspection we saw people go out to different activities including shopping, swimming and going to the arcades. One person told us, "I can do what I want. I ask staff and they take me. I like the arcades and bowling." Staff told us "people are encouraged to go out." The deputy manager told us "People choose what they want to do each day. We ask people where they want to go." We saw an activities book that had a list of local activities such as bowling and swimming time tables in and a list of what each person had done each day. The deputy manager told us, "some people choose to go out more than once a day and that's fine. Others prefer routine and staying in the home." This showed that staff respected people's choices.

We looked at the complaints and concerns file for the service. We saw there were copies of related policies in the file which were in standard and easy read formats. The complaints which had been recorded were numbered which meant that it was easy to see how many had been received in a period of time. We saw the small number of complaints which had been received had been fully investigated and there had been a response sent to the complainant in line with the published timescales. This meant people's complaints

were fully investigated and resolved, where possible, to their satisfaction.

The deputy manager told us two befrienders come into the home. One came in to talk to a person who enjoyed chatting and another was an ex member of staff who had a particular bond with one person and would take the person out shopping. Befrienders are carefully selected volunteers, from a variety of organisations and mental health charities, who are trained to provide support and companionship to lonely, or emotionally distressed, people. Befrienders will usually visit for an hour or so per week. This meant that people were able to access support and companionship outside of the staff team.

At the start of our inspection we noted a bathroom door that did not lock. We brought this to the attention of a staff member who told us it had been reported to the maintenance department the day before. We saw this in the maintenance book. Maintenance staff fixed the door within two hours of our arrival. The maintenance staff told us, "Everything gets recorded on a list and we prioritise what's important, we cover all the homes but we check each day and if there is something urgent staff can call us."

Good

Is the service well-led?

Our findings

People who used the service told us "The deputy manager is great; I can come in and talk to them any time."

We saw the deputy manager and the operations manager were visible in the service and staff and people living at Ivy Dene were able to approach them
there was a registered manager in post at the time of our inspection however they were on long term sick and the deputy manager was covering at the time of our inspection. The operations manager was based in the building. The deputy manager told us "I have had a lot of support from head office. There were lots of things I had never done before but I had contact with the general manager and the operations manager is based here."

Staff told us, "The deputy manager is brilliant, they get involved and their door is always open. I feel safe working here as I am supported by the manager and the rest of the staff team."

The atmosphere in the homes was welcoming from the people who used the service and the staff team. The staff worked well as a team and communicated effectively to pass on information they needed to keep everyone safe without people who used the service feeling they were being talked about, or hearing information about others which would have been inappropriate. This meant that whilst confidentiality was maintained information was passed on in a timely manner.

Staff told us and we saw that the deputy manager and operations manager were very visible and accessible. Staff understood their roles and responsibilities which meant people were able to work together, as they were clear about what was expected of them whilst they were on duty.

Communication throughout the staff team was open and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and were supported to make decisions. The staff team were passionate about their roles and talked proudly of the service they provided.
The deputy manager understood the importance of accountability and was able to evidence that there were processes in place which assured that where necessary people were held accountable for their actions. We found that the home was meeting the registration requirements as a registered service provider, as they were sending in notifications to tell CQC when a notifiable event had occurred.

Robust auditing was in place including medication and accident and incidents. The deputy manager reported they would look at accidents and incidents and determine any trends " if for instance one person is displaying more challenging behaviour, is there a cause is it a personality clash with staff a certain time of day or has medication been changed recently. Its usually something we can tweak. if not we seek professional advice." This demonstrated the home had effective quality assurance and governance systems in place to drive continuous improvement.

We saw policies and procedures were available for staff to read, and staff were asked to sign to confirm they

had read them. These were in the process of being reviewed and transferred to an online system. Reviewing policies enables registered providers to determine if a policy is still effective and relevant or if changes are required to ensure the policy is reflective of current legislation and good practice.