

Ivy Cottage (Ackton) Ltd

Ivy Mead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Ivy Mead is a care home for up to 20 people of various ages. Most people have a learning disability and/or mental health needs. It is split into two separate houses. At the time of the inspection 19 people were living in the service.

People's experience of using this service:

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 a environment where a large number of people shared communal facilities and head office staff were based close to bedrooms. People were encouraged to access the community and undertake person centred activities. The provider had plans to improve the layout of the home and the environment which would help ensure the principals and values were consistently applied.

People said they felt safe living in the home. Safeguarding procedures were in place and we saw evidence they were followed to help keep people safe.

We saw some good examples of suitable risk management plans. However, some risk management processes needed improving to ensure there was clear guidance available to support staff in keeping people safe. Some checks on the medicine management system needed to be more robust to ensure all medicines were accounted for.

We found there were enough staff with the rights skills to care for people. Safe recruitment procedures were in place which involved people who used the service. Staff received a range of training and support relevant to their role.

Appropriate DoLS assessments had been carried out by the service. Care was delivered in the least restrictive way possible. Some improvements were needed to mental capacity assessments and related care plans to clearly demonstrate correct procedures had been followed. This had been identified by the service and was in the process of being addressed.

People received person centred care and support. Staff were kind and compassionate and treated people well.

Some systems needed to be made more robust to ensure the service provided a consistent high-quality service. However, we felt assured by the management team who were committed to continuous improvement of the service.

Rating at last inspection: The service was rated Good at the last inspection in July 2016.

Why we inspected: This was a planned inspection based on the date of the last inspection.

Enforcement: We found one breach of regulation and issued a requirement action. Please see the end of the full report for details of the concern.

Follow up: We have asked the provider to send us an action plan detailing how they will make the required improvements to the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement 

Is the service 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 Mead

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Ivy Mead is a residential care home providing accommodation and personal care to people with learning disabilities.

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:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since it's the last inspection in 2016. This included information that the provider must notify us about. We also asked for feedback from professionals who work in the local authority.

During the inspection we spoke with a director, the operational director, training manager, registered manager, senior support worker and four support workers. We spoke with six people who used the service and observed staff interacting with people. We reviewed two people's care records. We also reviewed records and audits relating to the management of the home. We asked the registered manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was used to inform our judgements. After the inspection we spoke with two relatives of people who use the service.

Is the service safe?

Our findings

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

Some aspects of the service were not consistently safe, and there was not always complete assurance about safety. There was an increased risk that people could be harmed. We identified one breach of regulation 12 (safe care and treatment).

Using medicines safely

- People said they received appropriate support with their medicines. People's capacity to self-administer medicines was assessed by the service. The service had supported one person to independently manage their own medicines.
- Some improvements were needed to ensure all medicines could be robustly accounted for. Whilst stock levels of boxed medicines were recorded, we identified three occasions when the number of tablets in stock did not match with what records stated should have been present. A stock check completed by staff had also recorded a discrepancy in the number of tablets present, but no action had been taken to investigate this. It is important that all medicines can be clearly accounted for to demonstrate they have been given as prescribed and not misused.
- Clear information was recorded on people's medicine support needs. People had regular medicine reviews and there was a policy of reducing medicine use and only using 'as required' medicines as a last resort to avoid over-medication.
- Medicines were given by trained senior care workers. They had their competency to give medicines regularly assessed.

Assessing risk, safety monitoring and management

- Support plans showed people had a range of risk assessments in place. Most of these were detailed and appropriate. Whilst many risk assessments were detailed, we found two people's risk assessments referenced risks associated with road safety but did not provide adequate instruction to staff on how to reduce those risks.
- The service was not using risk screening tools such as for choking or nutrition to help establish a baseline level of risk to people as part of a pro-active approach to risk management.
- One person's nutritional care plan and risk assessment needed to provide clearer instructions to staff on safe food options. These did not adequately take into consideration the risk related to the person's everyday meals and what it was safe to consume, considered alongside their capacity and understanding. A staff member we spoke with was also not clear on the foods the service user should avoid. Records also showed the person ate a food item which was considered high risk by accompanying SALT (speech and language therapy) guidance and should be avoided.
- This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.
 - Following the inspection, the registered manager undertook a review of this person's care plans, including their capacity and understanding to reduce the likelihood of harm.
- The service used restraint as a last resort and people had positive behavioural support plans in place which

focused on non-restrictive interventions. We found these principals were firmly embedded into staff practice.

- The service helped people to take positive risks to maximise their freedom and independence: for example, in accessing the community alone.
- The premises was safely managed. Appropriate checks took place to ensure the environment remained safe for people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Policies and procedures were in place which supported good practice in this area.
- People said they felt safe and secure living in the home. One person said, "Staff are never nasty, always nice to me. I feel safe living here." We observed people looked comfortable and relaxed in the company of staff and we observed staff interacting positively with people
- Staff had received training in safeguarding and understood how to identify and report allegations of abuse. They all said they felt people were safe and felt able to approach the management team over any concerns.
- We saw safeguarding incidents had been appropriately investigated by the service and actions put in place to help reduce the likelihood of a re-occurrence, including following disciplinary procedures.

Staffing and recruitment

- People told us there were enough staff to ensure they were safe and to ensure they were able to go out their preferred daily routines.
- Staff said there were usually enough staff in the home and they had no concerns over staffing levels.
- Safe recruitment processes were followed. This included ensuring appropriate checks took place on new staff prior to employment to help ensure they were suitable to work with vulnerable people. People who used the service were involved in recruitment and potential staff ability to interact with people was assessed as part of the recruitment process.

Preventing and controlling infection

- The home was clean and staff helped support people to keep it clean.

Learning lessons when things go wrong

- Incidents and accidents including any instances of restraint were recorded, investigated and analysed. We identified insufficient information had been recorded in relation to the exact nature of a food item which caused one person to have a choking episode. The registered manager put systems in place to make this clearer in the future.
- Details of any incidents were sent to senior management so they could track how the service operated.
- We saw examples of learning from incidents and adverse events to help continuously improve the quality of the service.

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

The effectiveness of people's care, treatment and support was inconsistent.. Regulations were being met.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Some improvements were needed to the quality of capacity assessments and best interest documentation to demonstrate the correct procedures had been consistently followed. People's capacity and understanding also needed better embedding into individual care and support plans. We saw people's care plans were being reviewed and saw some positive examples of good mental capacity assessments being implemented.
- Care was delivered in the least restrictive way possible with non-restrictive interventions preferred.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Five DoLS authorisations were in place and conditions were being met.

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 number of people sharing accommodation and the layout of the location, notably with particular reference to head office staff being based in a room adjacent to people's bedrooms. However, within these constraints, the service developed people's independence and ensured they received good day to day support.
- Some areas of the home lacked a homely environment. Some furniture and decoration was also damaged and/or worn. We saw plans were in place to replace some damaged items of furniture.

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

- People said they received effective care and support. One person said, "I am doing really well, I like living here in this place, it is a nice care home."
- People's support needs were assessed and a range of clear and detailed support plans put in place for staff to follow. We saw evidence people had received good outcomes using the service; for example, in developing their independence and self-confidence.

- The service ensured people had positive behaviour support plans in place in line with recognised guidance. Staff received detailed training and guidance to ensure they worked to the required standards in this area.

Staff support: induction, training, skills and experience

- Staff told us they received effective training from the service. A good training infrastructure was in place with internal and external trainers used to skill staff. We reviewed training records which showed training was kept up-to-date.
- New staff received training, support and a mentor to help them develop and obtain the skills and knowledge required to work effectively.
- Staff were supported to achieve further qualifications in health and social care.
- Staff received supervisions and appraisals. At the time of the inspection it was not clear whether these were up-to-date, however we received confirmation afterwards that these had been completed in a timely manner.

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

- People told us they got enough to eat and drink within the home. People had a choice of meals each day, and each person contributed to the creation of a weekly menu.
- People's nutritional needs were assessed and the service monitored people to ensure they maintained a healthy weight. Where weight loss/gain was identified, appropriate action was taken.
- The service helped promote healthy eating.

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

- People's healthcare needs were assessed and the service worked with a range of other health professionals to help meet people's needs. Information and advice from professionals was recorded to help ensure people's needs were met.
- People had health action plans in place. A health action plan helps people with learning disabilities to stay healthy. People received regular health checks from their GP.

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

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 told us staff were kind and caring. One person said, "Staff treat us really well and look after us." We observed a pleasant atmosphere within the home, with good rapport between people and staff.
- It was clear staff had developed good relationships with people and knew them well.
- Staff demonstrated good, caring values. One staff member said, "Really enjoy working here, I like to see the difference we make on their faces." They went on to say how proud they were of people's achievements, demonstrating they really cared about people and their outcomes.
- People were treated equally and fairly and any diverse needs catered for.

Supporting people to express their views and be involved in making decisions about their care

- People said they felt involved in their plans of care. People were able to tell us about their routines and how staff supported them. They were aware of things that were happening in the home and the wider community, showing they were suitably informed by staff.
- People had monthly meetings with staff and were involved in annual reviews of their care. This ensured their views were recorded and acted on through formal mechanisms.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to socialise with other residents and the service supported personal relationships. People were given privacy when appropriate.
- The service supported people to become as independent as possible. We saw examples of people being supported to increase their confidence and independence, resulting in them being able to access the community more independently. Goals relating to independence and skills were set and achieved with the help of staff.
- The service had policies in place to promote quality and human rights. Staff received training in this subject. We saw people were treated fairly and equally.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said they were happy with the care and support provided by staff. They said staff supported them to follow their interests and hobbies.
- People's care and support needs were assessed and a range of care and support plans put in place to guide staff.
- People were involved in their plans of care. Monthly meetings took place with people and annual reviews to help set goals and evaluate plans of care.
- People's communication needs were assessed and plans of care put in place to support staff. We saw staff communicating appropriately with people.
- The service developed an individual approach to supporting people. For example, activity planners were maintained for some people, whilst others preferred to request activities on an ad-hoc basis.
- We saw people had a good range of activities and social opportunities. This included developing links with the local community. Many people were known to the local community and three people had volunteer jobs to help develop their skills and confidence.
- We observed staff took people out throughout the day. People said they enjoyed participating in activities with staff. People were supported to go on holiday should they wish.

Improving care quality in response to complaints or concerns

- Information was available to people about how to make a complaint. People told us they were very satisfied with the service.
- A system was in place to log, investigate and respond to any complaints. We saw complaints were responded to in a timely manner.

End of life care and support

- Basic information was recorded on people's end of life care needs as part of the care planning and assessment process. At the time of the inspection there was nobody receiving end of life care. The registered manager assured us they would liaise with the relevant health professionals should end of life care be required.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Systems to assess, monitor and improve the service were in place. Some of these needed to be made more robust. For example, the issues we identified with medicine stock levels and risk management should have been prevented from occurring through the operation of systems to ensure a consistent high performing service. However, we were assured by the action taken by the service following the inspection to address these areas.
- A range of audits and checks were undertaken by the service. This included internal audits and audits by external companies with specialist knowledge. We saw these were used to drive improvement in the service.
- The service acted on feedback received from other agencies to help improve the overall quality of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People praised the overall care and support experience they received. One person said, "Having a good life here, if we are ever stuck they help us." A relative said, "Absolutely fantastic, best place [person] has ever been, don't worry."
- The service had well defined set of values based around person centred care which staff were expected to work to. During the inspection we saw staff were true to these values.
- Whilst we saw safeguarding procedures were followed, one safeguarding incident which had occurred in the service had not been reported to the Care Quality Commission (CQC) in a timely way in line with the provider's statutory duties. We reminded the manager of the need to ensure these were reported.

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

- Staff and management were clear about their roles and told us morale was good and they worked effectively together.
- The service valued its workforce and was constantly looking at ways to develop them. For example, a number of managers were completing a management and leadership course and accredited training was available to all members of staff.
- Staff received good support from management. This included debriefings and a range of support following any incidents which had happened in the service.

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

- People's views were sought on a daily basis and used to determine how the service operated.
- People had an influence on things such as who worked at the service and the food served.
- Meetings were held where people could air their views in relation to their individual care and support and the home in general.

Working in partnership with others

- The service worked with a range of professionals, commissioners and other organisations to help ensure the smooth operation of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2a) Risks to people's health and safety were not always robustly assessed and mitigated.