

Sanctuary Care Limited

Ivydene Residential and Nursing Home

Inspection report

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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

About the service

Ivydene Residential and Nursing Home (hereafter called Ivydene) is a care home for up to 57 older people. The service provides care and support to people with varying and at times complex care needs, including people with nursing needs and those who were living with dementia.

The service is purpose built to provide 3 care units, one for nursing care, one for residential care and one for people living with dementia. Care is provided over 2 floors and a passenger lift provides access to the first floor. At the time of the inspection 41 people were living at the service.

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

People were protected from the risk of abuse as staff were aware of their safeguarding responsibilities. Risks to people had been identified and assessed. Processes were in place to ensure people received their medicines as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

There were sufficient numbers of staff to meet people's needs and robust recruitment and selection processes were in place to ensure staff were suitable to work with people. People's nutritional and hydration needs were met including any risks associated with food and fluids.

During our observations we saw staff being kind and caring in their approach. People's privacy, dignity and independence were promoted. 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 and their relatives were asked for their views about the quality of the care delivered at the service through surveys and meetings. People had access to healthcare services when required to meet their needs.

The service had a newly registered manager whose focus was on improving the quality of care and service along with developing staff knowledge and skills. Regular audits were completed by the management team to check the safety and quality of the service delivered. This included competency checks of staff practice.

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

Rating at last inspection

The last rating for this service was good (published 1 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Ivydene Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, 1 medicines inspector, an assistant inspector, a specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ivydene is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ivydene is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a newly registered manager in post.

Notice of inspection

This inspection was unannounced.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager and 5 staff. We also spoke with 9 people who used the service and 3 relatives. To help us assess and understand how people's care needs were being met we reviewed care records. This included medicine records and a variety of records relating to the management and governance of the service, which included recruitment and training records. We observed how people were being cared for and looked around the service observing infection prevention control practices.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We requested additional information and continued to seek clarification from the provider to validate the evidence we found. We also contacted 3 external health care professionals for feedback.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. We found staff understood the actions they needed to take to manage people's individual risks to maintain people's safety. For example, ensuring people had access to equipment and any assistance they needed to remain safe.
- Records demonstrated care plans were being followed. For example, people were supported to move position to reduce the risk of pressure damage to skin. However, information was not always updated or recorded in people's care records as it should be. For example, documentation had not always been routinely reviewed and updated following a change in a person's need. This had been identified as an area for improvement by the registered manager and actions were being put in place to make improvements.
- People's care records contained personal emergency evacuation plans (PEEPs). These provide guidance for staff should they need to help evacuate people from the building in the event of an emergency such as a fire.
- Environmental risk assessments were in place and health and safety checks were carried out which included maintenance of equipment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Ivydene, and staff were kind and caring. One person said, "They look after me well, they check on me regularly."
- Staff were able to describe what constituted abuse along with the action they would take should they suspect people were at risk of harm.
- Staff were confident the management team would deal with any issues or concerns raised. One member of staff commented, "I would go straight to someone further up the chain. There is information in the whistleblowing policy and about who to go to."
- The registered manager demonstrated a clear understanding of safeguarding; we saw incidents had been appropriately identified and action taken such as ensuring a person's immediate safety and referral to the local authority safeguarding team.

Staffing and recruitment

- We received mixed views about staffing particularly in relation to responding to people's call bells. Comments included, "Sometimes there's a delay when I ring my bell." "My call bell takes a long time to be answered. "I've no complaints, sometimes I have to wait for my bell to be answered. And "I think there are plenty of staff, they are always around." And "If I ring [call bell], I don't have to wait too long but around mealtimes there's always a delay."
- Staff told us there were enough staff to meet people's needs. One member of staff said, "Yes, I feel there is

enough staff." Another staff member commented, "The staffing is loads better now, we used to have so much agency. Some days now we are over-staffed so staff may come off the floor and will do training or update care plans. That makes residents relaxed as they are seeing familiar faces."

- The registered manager told us ensuring adequate staffing levels had been challenging at times and on occasions agency staff were used. They explained they had also recruited staff from abroad and were now able to cover shifts.
- The service used a dependency tool to determine staffing levels by assessing people's needs. This was regularly reviewed and updated as people's needs changed.
- From our observations there were enough staff available on the day of the inspection, to meet people's needs safely.
- Staff had been recruited safely. All pre-employment checks had been completed including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Systems and processes were in place to make sure that medicines were ordered, stored, disposed of and given to people safely. Staff were trained and assessed as competent to administer medicines.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed. Care plans described what support people needed to take their medicines or any monitoring that was required to manage their health condition.
- People were supported to take their own medicines when they wished to, and it had been assessed as safe for them to do so.
- Care staff applied creams and other external preparations during personal care. Records were in place to show carers where and how to apply these topical medicines.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). Staff had guidance to help them make consistent, person-centred decisions about when PRN medicines might be needed.
- Medicines administration was recorded digitally on an electronic medicines administration record (e-MAR) system. Managers used the audit and governance functions of the e-MAR system effectively to make sure people were receiving their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives

visiting during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and monitored by the registered manager. Information was analysed to identify any specific actions and to recognise trends.
- The management team used supervisions, daily meetings, and handovers to update staff, discuss learning and share ideas.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before care was provided to ensure the service could meet people's individual needs.
- People and their relatives told us they were involved in decisions regarding their care planning to ensure information was person-centred and met an individual's needs. For example, how they would like to be supported and their daily routines.
- Care records considered people's protected characteristics, as identified in the Equality Act 2010 such as, gender, age, religion, culture, ethnicity, and disability.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to meet their needs. One person said, "I think [staff] are very well trained."
- Staff told us they had access to a variety of training that equipped them with the skills to do their job. Comments included, "The training is very good here. We have online but we also have someone come in and give us refresher training." And "We have had fire safety and manual handling. Most training is done on zoom with an instructor or e-learning. I feel it is good and they check your knowledge at the end."
- New staff had an induction that included both training and shadowing experienced members of staff. Staff also completed a staff competency induction booklet aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt extremely well supported by the new management team. One member of staff said, "[Registered manager] is a nice friendly chap and approachable. [Deputy manager] is very lovely, happy, and smiley and very approachable. I have no problem going to either and would be confident they would resolve any issues."
- Staff confirmed they had opportunities to discuss any issues or concerns along with work performance during daily meetings, handovers, or staff supervisions. One member of staff said, "We have supervisions. I think it is six-monthly, but I recently had one."

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

- Most people told us they enjoyed the food at Ivydene. One person said, "The food is lovely." Another person said, "The meals are getting better. Some of the meals I can't tolerate, and I ask for something else." Another person commented, "People get a choice, normally you can ask for something else if you don't like what is offered."

- Care records contained information and guidance about people's dietary needs and preferences.
- People were supported to eat a balanced diet and where people had specific dietary requirements such as softened foods, staff were aware of their needs.
- People's dietary requirements and preferences were recorded in their care records for staff to refer to.

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 access healthcare professionals when needed. Care records demonstrated this in response to people's changing needs.
- The service worked in partnership with external professionals such as GPs and community nursing teams to support and maintain people's well-being and health. One healthcare professional commented, "The care home is consistent with their care and with how they utilise our service. The care team are knowledgeable about their residents and know when to refer them to ourselves."

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

- The service had several different communal areas across the two floors to suit people's differing needs. For people unable to use the stairs the service had a lift. People also had access to a garden area in warmer weather.
- The service was undergoing a significant refurbishment programme which would improve the communal spaces and make the environment more comfortable for people to enjoy.
- People were encouraged to personalise their bedrooms with personal effects, items of interest or photographs of their family and friends.
- Equipment used to support people was regularly checked and serviced to maintain safety. For example, call bells were used for people to call for staff assistance. These were maintained. For those people unable to use call bells due to their level of understanding, sensor mats or magic eyes were used in people's rooms. These detected movement and alerted staff to offer assistance. We saw these were regularly checked to ensure they worked properly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from

the local authority.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us staff treated them with kindness. Comments included, "Very friendly, lovely, I've not met anyone unfriendly." "The staff are brilliant." And "[Staff] are nice to me, they look after me well. They are very good to me."
- People told us staff knew their preferences and cared for them in the way they liked. For example, some people preferred to stay in their rooms and staff respected their decision.
- People's spiritual needs and individuality were respected and known to staff.

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

- We observed people were given choices about how they wanted to receive their care. For example, in relation to personal care.
- People and relatives felt valued and listened to. People were supported to express their views using their preferred method of communication.
- Relatives confirmed staff involved them when people needed support with decision making.
- The service had implemented, 'Resident of the day', this provided an opportunity for people and/or their relatives to share their views. For example, how they wanted to receive their care and be involved in decisions about any change of care needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their space and privacy. One person said, "Staff are respectful during personal care."
- Staff provided support to people when required and discreetly observed people to ensure they remained available to people if they were needed. Staff spoke about promoting privacy when providing personal care and respecting people's choices and views.
- People told us they were supported to remain as independent as possible; staff encouraged people to do small things for themselves to help maintain everyday skills. Such as, washing parts of their body or drying their face.
- The registered manager and staff showed concern for people and ensured people's rights were upheld.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and/or their relatives were involved in developing their care plans. These were personalised and detailed information about specific needs along with how an individual liked to be supported. One person commented, "They are always asking me about my care plan."
- Handovers were completed at the start of each shift to share information and provide staff with details about people's needs.
- Daily care notes and records were completed to provide an overview of care delivered. However, some of these records did not always reflect the daily care given. This was discussed during the inspection and measures were put in place to review and update recorded information. Such as when oral care was being provided to people.
- Processes were in place to review care records regularly to ensure they remained reflective of people's care needs, choices, and preferences.
- Daily meetings had been implemented by the management team. The purpose of these meetings was to share and exchange information and to update on any concerns, progress or issues that might affect people or the running of the service. Records confirmed these meetings occurred regularly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was in place to enable the provider to meet the requirements of the Accessible Information Standard. If required, information would be made available in different formats such as large print or reading and explaining information to people in a way they might understand.
- Care records detailed people's individual communication needs, such as any visual or hearing loss and guidance for staff about how to help people communicate effectively.

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

- The service employed dedicated activities staff who organised a wide variety of individual and group activities based upon people's interests and wishes. For example, visits from a school choir, gardening and baking sessions, worship, and 'pearls of wisdom' advice from people living at Ivydene for the younger

generation.

- Planned activities were on display on a board so people could see what activities were taking place that day.
- During the inspection we observed several different activities taking place. For example, painting by the river, bingo and crafting as well as listening to music and talking with each other. In addition, the service had visits from outside entertainment people.
- People were supported to maintain relationships with those people important to them. Families were encouraged to visit the service when they wished to, and staff supported this.

Improving care quality in response to complaints or concerns

- People and their relatives knew who they could complain to. They said they felt concerns would be listened to and action taken to resolve the issues.
- The provider had a system in place to monitor and manage complaints. We saw evidence complaints received had been responded to and managed appropriately.

End of life care and support

- The management and staff team were skilled at understanding and exploring people's end of life wishes to ensure people's requests were put in place. For example, in relation to their religious needs.
- Care records showed end of life discussions had taken place. These included input from family members when it was appropriate.
- Support for family members was seen as an essential part of the end of life care at the service. Compliments received demonstrated how the staff team would go above and beyond at the time of people's deaths.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- It is a condition of the provider's registration that they have a registered manager in place. The manager was registered with CQC during the inspection process.
- Governance systems were in place to monitor the quality of the service. The registered manager was working through several actions to assess, review and monitor the quality of care and service provided. This was overseen by the provider.
- The provider and management team completed audits which identified areas for improvement such as recording systems.
- The management structure provided clear lines of responsibility and accountability. The management and staff team understood their roles and individual responsibilities to ensure care was delivered safely and in the way people wanted to receive their care.
- The provider had policies and procedures in place to direct the running of the service. For example, in relation to complaints, equality and diversity and whistleblowing.
- The service used an electronic care management system for recording care records, incidents, safeguarding, medicine errors, complaints and compliments. These were overseen by the provider and used as an opportunity to further drive improvement within the service and organisation.
- The registered manager had a thorough understanding of the regulatory requirements of their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team told us they had worked hard to instil an open and transparent culture in the service to continually improve the service provided to the people living there. For example, by working with the staff team, being visible and developing a learning culture when things go wrong.
- As a result, staff commitment and morale was high. One member of staff said, "[Managers] are fabulous. I think [registered manager] is very approachable and personable and he made a point of introducing himself and made you feel like you could go to him about anything. Similar with [deputy manager] very approachable and personable. The home and the staff seem happier."
- The registered manager was supported by the provider's management team who carried out regular audits and quality checks along with providing advice and support on the day to day running of the service.

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 and registered manager understood their responsibilities in relation to duty of candour. Relatives were kept informed and updated if their family member had an accident or injury or if their health needs changed.
- The registered manager was aware of their legal responsibility to notify CQC of events that occurred at the service such as serious injuries.

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

- Residents meetings were used to engage with people about the improvement and development of the service.
- The provider also sought feedback from people and their relatives through a range of surveys and review and assessment processes.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager used a comprehensive quality assurance system to monitor and analyse the quality of the service provided. Information and learning was shared with staff.
- The registered manager and their staff team worked with external health and social care professionals sharing information and assessments to inform and improve the quality of care for the people who lived at Ivydene. For example, the service had signed up to a care home falls project in partnership with NHS Devon.