Mrs Maureen Martin

Ivydene Residential Home

Inspection report

Ivydene 1 Station Road
Ormesby St Margaret
Great Yarmouth
Norfolk
NR29 3PU

Tel: 01493731320

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Ivydene is a residential care home for up to 17 people that provides personal care to up to people 17 living with mental health conditions. There were 17 people living in the service at the time of the inspection.

People's experience of using this service:
• We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• Risks had not all been identified and mitigated, and medicines were not always managed safely.
• The registered manager did not always have a clear oversight of the service, and there was a lack of formal quality assurance systems in place.
• Staff were kind and caring and supported people to be as independent as possible. Staff asked for consent before delivering care.
• People had access to healthcare professionals when required, and staff followed recommendations when needed.
• Staff knew how to care for people and received training in their roles, and support from the management team.
• Staff supported people to have a range of healthy balanced meals and enough to drink.
• The staff worked well as a team and communicated well.
• We found the service continued to meet the characteristics of a "Good" rating in effective, caring and responsive. There were some shortfalls leading to a "Requires Improvement" rating in safe and well-led. This meant the overall rating was "Requires Improvement."

More information is available in the full report.
Rating at last inspection: Good (Published 12 May 2016)

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated Good.

Follow up: We will continue to monitor this service according to our inspection schedule for services rated Requires Improvement.

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 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 not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Ivydene Residential 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. 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:
The service is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager of Ivydene was also the owner and provider. They did not manage the service on a day to day basis, as this was done by another member of staff. In the report, we have referred to 'manager' at times, which means the member of staff who was managing the home when we inspected. Where we refer to the 'registered manager', we refer to the person who has legal responsibility for managing the home.

Notice of inspection:
This was an unannounced inspection.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and we sought feedback from the local authority and professionals who work with the service. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four members of staff, including two support workers, an activities coordinator and a manager. The day after our inspection visit, we also spoke with the registered manager. We spoke with four people who lived in the service, and looked at four people's care records in detail. In addition, we looked at a sample of medicines administration records (MARs), and further records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● There were risk assessments in place relating to people's individual needs, which guided staff on how to mitigate these. However, not all risks to people had been fully assessed and mitigated. This included risks associated with people's health as well as their physical environments. For example, people with diabetes, and people who were at risk of harming themselves or people who kept lighters independently. We discussed some of these risks with the manager, and they developed and sent us some risk assessments following our inspection visit. Whilst there was an evacuation plan for the home, there were not specific evacuation plans for individual people's needs. This meant that in the event of an evacuation, the emergency services would not know what assistance people might need to mobilise or whether they had a cognitive impairment that could hamper their ability to vacate according to verbal instruction.

● We were not assured that all elements of the environment were monitored and kept safe for people. This was because there was no legionella risk assessment in place and the provider was not ensuring that regular checks, such as hot and cold water temperatures and descaling, were undertaken. There were unsecured knives kept in the kitchen which were accessible to people using the service, and no risk assessment in place. During our inspection, we found some areas of the home felt cool, although these were mostly in the corridors. We asked that temperatures be taken in communal areas and in people's rooms during particularly hot or cold weather spells, to ensure they remained suitable and safe.

Using medicines safely

● Medicines were not always stored safely. The provider was not able to assure themselves that medicines were stored at safe recommended temperatures as these had not been monitored. The provider put these checks in place from the day following the inspection visit. There were medicines including insulin and eye drops stored unsecured in a general household fridge in the main staff office. For people who self-medicated, there were medicines in dosset boxes, as well as homely remedies, unsecured in their rooms, and there were no lockable cabinets available. The risk assessments in place for independent medicines management did not consider the storage of these medicines. This meant there was a risk that the medicines could be accessed by those other than for whom they were prescribed. We discussed these concerns with the management team and they assured us they would rectify this immediately.

● Protocols were not in place for PRN (as required) medicines. This is important particularly with psychotropic medicines to ensure they are given consistently and appropriately. The manager was able to tell us exactly how and when they gave these, but there was a lack of written guidance.

● Staff received training in administering medicines, staff had not had regular competency checks. This was because they were not always recorded accurately, and some staff told us they had not had this checked since they started in post, and for some, this was several years ago.

The lack of robust risk assessment meant that potential risks to people had not always been considered and

therefore mitigated. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were some checks which contributed to maintaining fire safety, such as a risk assessment, regular fire drills and equipment checks, and checks of electrical equipment.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of how to identify abuse and felt confident to report any concerns they may have. We saw one incident had occurred in September 2018 which had not been reported to safeguarding authorities, however the staff had taken action to further mitigate any risk to people. We advised the manager that should any such incident occur, it must be reported to safeguarding authorities in future. Staff had access to safeguarding contact details and training.

Staffing and recruitment

● There were enough staff to meet people's needs and they continued to be recruited safely.

Preventing and controlling infection

● Most of the home was visibly clean, except the inside of some cupboards in the communal bathrooms and one cupboard in the kitchen, and some equipment within people's rooms. The staff fridge, where medicines were also kept, was not completely clean. There was protective equipment for staff to use such as gloves and aprons, and we saw that they used these appropriately. The home had been awarded a five star food hygiene rating.

Learning lessons when things go wrong

● Where incidences and accidents had occurred, the service had ensured they reviewed the risks to people where associated with an incident.

Good

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

Good: 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 moving into the home so staff could ascertain whether they were able to meet their needs. This information was used to develop a care plan for staff to follow. People were also invited to come and visit and meet other people living in the home so they could see if they felt comfortable there. This meant people were prepared and knew everyone, supporting them for a better transition from other services.

Staff support: induction, training, skills and experience
● One person told us, "I feel the home is helping me a lot." Staff told us about training they had with the organisation, which included mental capacity act (MCA), safeguarding and first aid. One staff member told us about their induction, which included shadowing more experienced staff. All staff felt supported by the organisation and reported having regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to participate in making their own meals at times, and were provided with a variety of balanced meals according to their preferences. People were supported to follow specialist diets where needed, for example a diabetic diet. Most people were able to make themselves drinks throughout the day and had access to facilities, and staff supported people when needed to ensure they drank enough.

Staff working with other agencies to provide consistent, effective, timely care
● There was evidence of staff following recommendations from healthcare professionals and maintaining contact with them around people's needs when required.

Adapting service, design, decoration to meet people's needs
● There had recently been some new bathroom fitments added in the communal bathrooms which had improved the environment. People were able to decorate their rooms how they wished. They had access to a choice of communal lounges and a dining area, as well as a garden.

Supporting people to live healthier lives, access healthcare services and support
● People told us they had access to healthcare, and care plans recorded visits from and to healthcare professionals such as the doctor. However, not everybody had records of dental checkups, which we fed back to the manager. They told us they did support people to visit the dentist if it was needed, and we requested this be recorded in future.

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. We checked whether the service was working within the principles of the MCA, and found they were. Records showed that staff had discussed with some people, certain decisions which may have to be made in their best interest should they encounter a crisis in their mental health and lose capacity temporarily. Where some people had variable or limited capacity to make a specific informed decision, records showed how staff supported them and came to an agreement with people about their decisions.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● One person told us, "[Staff] are very kind." Another person said staff reassured them if they were having symptoms associated with their mental health disorder, and this helped them. We saw that staff had built positive, caring and trusting relationships with staff. Staff demonstrated in our conversations that they knew people very well, and cared about them as their own family. The ethos of the organisation was clearly centred around providing a caring, supportive and reassuring home for people.

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

● People told us they made decisions about their care and were kept involved. There were regular meetings where people were involved in decisions about the home, and staff regularly consulted people about their care. Records showed people were involved in their care plans.

Respecting and promoting people's privacy, dignity and independence

● One person told us, "We learn how to be independent." Staff supported people to be as independent as possible. Where required, they provided prompting and support, and as a group of people living together, people were encouraged to respect each other. This included sharing ideas about how people could better work as a team living together. This also included people taking on different tasks in the house, for example, emptying the dishwasher or cleaning the kitchen. This supported people to become more independent. People were encouraged to make goals to increase and maintain their independence.

Good

Is the service responsive?

Our findings

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

Good: 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

● Staff supported people to do a variety of activities in the home as well as go out to different places. One person explained, "[Staff] help me with cookery, do my own clothes, laundry, and I help with the veg on a Sunday." They added that they enjoyed doing artwork, and another person told us staff supported them with writing. We saw staff playing bingo with people during our inspection.

● Staff knew people well and understood how to meet their needs, and people chose how they preferred their care to be delivered. Care plans were individualised and centred around what support people needed, with guidance for staff. These were reviewed regularly and kept up to date.

● People had maximum choice and control over their lives. Where needed, staff and people reached agreements about how best to support them to live the life they wished whilst keeping as safe as possible. For example, to support people to smoke and manage the amount they were smoking. People confirmed they chose how they wanted to spend their time.

Improving care quality in response to complaints or concerns

● The service had not received any formal complaints, and people felt they could raise any concerns with staff if they had any. There was also a suggestion box which some people said they used. This meant people could raise any concerns or suggestions anonymously if they wished.

End of life care and support

● There was nobody on end of life care living in the service, but we saw from their care plans that people were consulted about their end of life wishes.

Requires Improvement

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Improvements were required in terms of the quality assurance processes in place, and areas we found for improvement had not been indentified by the provider. There were no formal audits in place so the provider was not able to assure themselves that the service was running as expected. There were no audits in place for health and safety, therefore it had not been identified that some checks and expected risk assessments were not completed and followed. Where there were risk assessments, they were not always followed and this had not been identified.
- There were no formal checks of medicines management to ensure best practice was followed, and to check people had received their medicines correctly or that the service stored their medicines safely. There had been no competency testing for medicines administration. There had been no checks on people's self-medicating medicines storage, and no monitoring of what homely remedies people had in their rooms. The registered manager assured us they visually checked medicines regularly.
- There were no infection control audits to check that the home, people's rooms and equipment were consistently kept clean to a high standard. There was no process in place for the auditing of care plans.
- The registered manager was not managing the home on a day to day basis, and had not kept up to date with current legislation and best practice in some areas. The registered manager was also the nominated individual and owner of the provider organisation. There was a lack of consistent governance at the service. This meant there was a risk that should an incident occur, there were no systems in place to check the service and identify potential shortfalls in a timely way.

The lack of robust quality assurance meant that people were at risk of receiving poor quality care, and a decline in the service quality was not identified by the provider. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an established, long standing and consistent staff team working at the home, who worked well together and knew the service extremely well. One member of staff said, "We're a good team, it's reflected in the length of time [staff] have been here. [Manager] and [Registered Manager] are very approachable." Another said, "We all help other out and know our jobs well." They added, "It's a lovely place to work." There was a positive, relaxed and welcoming atmosphere in the home.

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

characteristics
● People were involved and consulted about the service on a day to day basis and had regular opportunities to participate in meetings for people living on the home. Staff respected each individual's diversity and upheld equality.

Continuous learning and improving care
● The provider had not always kept up with best practice and guidelines within current legislation in all areas.

Working in partnership with others
● Staff explained to us how they worked closely with other healthcare professionals, especially in times of crisis where people required further intervention. We also saw this covered in people's care plans.

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 Medicines were not always stored safely, and risk assessments were not always in place when needed. 12 (1) (2) (a) (b) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement systems and processes that effectively assess, monitor and determine risks to people or maintain accurate, complete up to date records. 17(1), (2) (a) (b)