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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24 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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

Staff understood the importance of preventing, recognising and reporting abuse and how to report it.

Potential risks to people had been identified and assessed in order to protect people from avoidable harm.

There were enough staff to keep people safe and meet people's needs. Recruitment processes ensured that the staff employed were safe and suitable to work in care.

People received their medicines in a safe manner and as prescribed.

Medicines were appropriately managed, stored and disposed of.

Is the service effective?

Good

The service was effective.

People were cared for by trained and well supported staff who demonstrated the appropriate skills and knowledge required.

Staff assisted people in a way that protected their human rights. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink. People chose what food and drink they wanted.

People were supported to maintain their health and wellbeing and access to a variety of healthcare professionals was available.

Is the service caring?

Good

The service was caring.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy

Staff involved people in decisions around their care and support

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

Plans of people's care were regularly reviewed to ensure that they formed the most up to date picture of people's needs.

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

People received continuity in their care due to staff working in a coordinated and organised way.

The service had an open approach that encouraged people to become involved in its development.

The registered manager was well supported in their role by the provider in terms of resources and supervision.

There were a number of systems in place to ensure that the quality of the service provided was regularly monitored.

Ivydene Residential Home

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 24 February 2016 and was unannounced. Our visit was carried out by one inspector.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

During our visit we spoke with four people using the service who were able to tell us directly about the care they received.

We also spoke with the deputy manager and three members of the care staff.

We spoke to a visiting mental health professional.

We viewed the care records for three people. We also looked at records in relation to the management of the home including staff recruitment files, health & safety records, quality monitoring audits and staff training records.

Good

Is the service safe?

Our findings

All the people living at the home who we spoke with told us that they felt safe. One person told us (that they felt) "no threat to my wellbeing" and that they felt comfortable sleeping with their door unlocked. People also told us that if they had concerns for their safety that they would speak to staff and felt confident that they would be listened to.

Staff told us that they had regular training on safeguarding procedures in the home and we saw evidence of this in their files. Staff told us that they very clear about what to do in the event of a safeguarding concern and there was a telephone number clearly visible in the office that would be used to report any concerns.

Staff told us that they receive training on managing people who become distressed within their mental health training. They told us that they tried to manage any behaviours which challenged sensitively while ensuring the safety of everyone.

People told us that they did not feel restricted at the home. One person told us that they had the freedom to go out when they wanted. Staff told us that the home aims to promote people's independence and that people were free to come and go as they pleased. Staff were aware that people's rights were not to be restricted.

In the care plans that we saw there was evidence that risk assessments had been carried out and regularly reviewed. The risk assessments were appropriate to the needs of people for instance, for those people who self-medicated or those who might were vulnerable outside of the home. It was clear that people had been involved in completing their risk assessments and had signed them to agree to the contents. Staff told us that people's needs and risk assessments are monitored and reviewed constantly to ensure that any changes were identified quickly to meet the person's needs and mitigate any risk of avoidable harm.

Each care plan contained a missing person document which included a photograph of the person for identification purposes.

Staff told us that they had received regular training in emergency procedures. They said that there were regular drills for people living at the home so that everyone was clear about what to do in the event of an emergency.

People told us that they felt there was generally enough staff available to meet their needs. One person told us that there was "just the right amount of staff". Staff also told us that there was enough staff to meet the needs of people. We observed the interaction between staff and people living at the home. Staff were always visible and always appeared to have time to speak to people. The senior member of staff told us that staffing levels were determined by the needs of the people living at the home.

We saw staff files which showed that the service's recruitment process was robust in ensuring that the staff employed by the service were suitable for the role. We saw evidence of the interview and selection processes

and the background checks carried out to ensure that staff were suitable to be employed in the service. We were told that service does not use agency staff and preferred to cover sickness with existing staff working additional hours.

Medicines administration was well managed in the service. Medicines were stored securely in line with current legislation and guidance. We saw evidence of monitoring the safe storage of medicines that needed to be refrigerated. Although, at the time of our inspection the service was not holding any such medicines in stock.

Medicine Administration Record (MAR) charts were comprehensively and clearly completed. There were also lists of people's medicines within their care plans along with risk assessments for those people who had chosen and were able to self-medicate.

We were told that senior staff monitored medicine stocks for the home and audit levels every week. Additional stocks of medicines were then ordered in plenty of time to ensure that there are always sufficient quantities for people's needs.

Staff told us that they had received comprehensive training with regard to medicines administration and undertook refresher courses every six months. They were able to tell us what they would do in the event of any error which was to record the error, seek medical advice and inform the manager. Staff also told us that if a person declined their medicines, they would try to encourage the person to take the medicine but acknowledged the need for the person's consent. They told us that the refusal would be recorded in the MAR chart and reported to the person's GP.

Good

Is the service effective?

Our findings

We saw training records for staff that showed that they received comprehensive training in all relevant areas that was regularly updated. The senior member of staff told us that the service used a distance learning training tool that enabled staff to work at their own pace. Staff confirmed that they received a wide range of training to enable them to meet the needs of people living at the home. Staff confirmed that received regular supervision and appraisals and we saw records of this in the staff files. Staff told us that supervision was used by the registered manager to monitor the quality of care being provided by the service. They also told us that the manager and all the staff team were very supportive.

Staff clearly knew all the people living at the home very well and were able to describe their needs to us. Staff described how some people lived with diabetes. They were able to tell us how they supported these people to manage their condition as far as they could without placing restrictions on the person's choices.

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. No one living at the home was subject to DoLS at the time of or inspection.

We saw the care plan of one person who needed support to manage their finances. We saw that a mental capacity assessment had been carried out and a best interests decision had been taken with the person's involvement in respect of managing their finances.

A visiting professional told us that people living at the home were able to be "autonomous" and "in control of their own lives as much as possible".

One person had refused to sign any of the documents in their care plan and we were told that they refused to sign any forms. This wish was clearly respected and the form was completed stating that the person was unwilling to sign the form although it was clear that they had contributed to it. We observed staff seeking consent from people when they gave them their medicines.

People were supported to have sufficient quantities to eat and drink. We saw that drinks were available to people when they wanted them. We observed how people had and exercised choices at lunchtime. Staff supported people to choose what filling they had in their sandwich. People told us that they were able to express their choices for the evening meal and that there was a range of choices available if they did want the main meal on offer. One person told us "I find there's enough choice" (of food). Another person told us that they felt the meals were very good and that they had a choice of menu. Another person told us that they

had enough to eat and drink.

Staff told us that they monitor people's needs regularly and were able to notice any changes in eating habits.

People living at the home were registered with the local GP practice and were able to see health professionals whenever they need to. They were able to make the appointments themselves if they chose. The service had strong effective links with the local GP practice. A visiting mental health professional told us that the service worked very well in partnership with their service and was good at connecting with other health services.

Good

Is the service caring?

Our findings

People were very complimentary about the staff. One person told us that the staff were "kind and courteous". Another person told us that the "staff are nice people" and that they "do brilliant things for me" and that "Ivydene is the best residential home in the world".

We saw how staff interacted with people living at the home. They were kind and patient with people and gave the impression that nothing was too much trouble. They were very aware of each person's needs and adapted their approach to how the person wanted to be spoken to. The primary focus of the service was evidently on the people living there. While we were in the office at the home we saw frequent requests from people being dealt with promptly courteously and patiently. The staff were busy managing other tasks around the home such as cleaning and office work but people's requests or need to talk to staff were clearly prioritised over everything else.

People were involved in planning their care. We saw evidence of people's contributions in their care plans and people told us that they had been involved in designing their care. One person told us that they felt listened to and could contribute to their care plan. Another person told us that they were involved in decisions about their care, that they could access their care records and felt that they were "treated like a human".

We observed staff speaking with people and noted how they adjusted their language to the needs of the person.

People told us that they were respected as individuals by the staff. People told us that staff knocked on their door before they enter. One person told us "they (staff) don't just barge in".

Staff demonstrated how they respect people's dignity by telling us how one person had difficulties with their personal care on one occasion. However, they chose to manage this one their own as they were embarrassed about it. Staff respected this person's wishes and discreetly suggested that they could offer support should the need arise again in the future. We observed staff respecting people's privacy by knocking on their doors while we were being shown around the home and asking people if they were happy for us to enter their room.

People's independence was promoted as far as possible. The home had a separate flat where people could live while they were working towards independent living. The flat had all necessary facilities including a kitchen where people were able to cook their own meals, a lounge, bedrooms and a bathroom.

People told us that they were supported to leave the home when they wanted to so that they could follow hobbies and interests or visit the local town. People were also encouraged to clean their own rooms and do gardening at the home.

Good

Is the service responsive?

Our findings

People received care they needed when they needed it. Staff were available to them and we saw staff responding to people's needs and requests promptly. People told us that that there were always staff available. One person told us that that they were "happy with everything". Another person told us that when they needed pain relief they could ask staff at any time. We observed when people wanted money to go to local shops that staff responded immediately.

People told us that there was a range of activities available to them at the home. One person told us that they would like it if there were some extra groups available, for instance arts and crafts or creative writing. We saw evidence of outings and holidays arranged for people. People were able to meet their spiritual needs and we were told that local clergy visited the home.

Care plans we saw showed that people had been able to express their wishes regarding activities and leisure interests they want to pursue and these had been explored further by the person's keyworker. A key worker is a member of staff who has particular responsibility for a person's care needs and monitoring their care records. A visiting mental health professional told us that the keyworker scheme worked very well for people living at the home. One person told us that they could express their wishes to staff and felt that these were listened to. Staff told us that people were encouraged to take part in groups and activities at the home but were not forced to if they didn't want to.

We saw evidence that care plans were reviewed regularly. Each care plan we saw had an action plan for the person which detailed their needs and this was reviewed every month. This told us that the service maintained an up to date assessment of people's needs at the home. The service also recorded daily notes for each person which provided a record of any immediate change in needs.

People told us they would feel able to raise any concerns with the service and that they would feel listened to. One person told us that they had made verbal complaints before and they had been listened to. Another person told us that they felt complaints were dealt with well.

We saw the complaints log and this showed us that complaints were taken seriously and dealt with appropriately.

One person had, during a residents' meeting, raised an issue about the quality of lighting in one area of the home. We saw evidence that the service had listened to this complaint and had quickly responded to the issue by improving the lighting.

We were told by the senior member of staff that the service had identified that some people's personal care needs were increasing and their mobility decreasing. To reduce any consequent risk and promote the dignity and comfort of these people the home planned to replace a bathroom with a wet room.

We saw that complaints leaflets were available around the home and staff were happy to support people to

make a complaint if they needed help.

Good

Is the service well-led?

Our findings

Staff told us that they felt comfortable raising any concerns with the manager and that they would be listened to. They told us that this could be done during the regular staff meetings and individual supervision. We saw the senior in charge interacting with other care staff. The interactions were respectful and it was clear that care staff are valued within this organisation.

We saw the incident/accident book which gave a clear description of the situation, the action taken and analysis of any potential patterns. Staff confirmed that this happened and it was clear that the service had a good overview of incidents and accidents in order to reduce, to a minimum, avoidable and unavoidable harm to people. We did not see any evidence of repeated incidents that had been reported.

Staff told us that they felt well supported by management. They told us that they were able to challenge the management team on any practice issues and the regular supervision sessions were a two way process to discuss issues for people living at the home and any areas that staff needed support with. We saw how staff interacted with management. There were discreet discussions about people and their needs with both staff and management contributing equally.

The senior member of staff on duty was visible at all times during our inspection. They worked as part of the care team and carried out necessary management tasks when needed.

People told us that their views on improving the service were listened to and where appropriate acted upon. One person told us that they had suggested that paper towels be provided in the kitchen area for people to use when they washed their hands before preparing food. They told us that the manager listened to this and put the towels in place.

Staff told us that the service is constantly looking forward and improving the building and the service to meet the needs of people living there. During our visit one of the lounges was being redecorated.

People living at the home were involved in decisions about the decoration of the home and were invited to choose the colours and general décor of their rooms and the communal areas.

It was clear that people were confident that they were listened to and were empowered to express their opinions and choices.

Staff told us that the manager modelled good practice in the home by being very visible and raising any concerns with staff. People living at the home confirmed that the manager was very visible and one person told us that they felt the manager was "rather good at their job".

We saw quality assurance files that detailed the environmental checks that were carried out at the home regularly. For instance, we saw that the most recent fire audit had been carried out in June 2015. Environmental risk assessments had been carried out and reviewed regularly. This showed that the service

had good systems in place to monitor the environment of the home in addition to the systems employed to monitor care planning and medicines management.