Mauricare Limited

Ivy Leaf

Inspection report

29 Gedling Road
Gedling
Nottingham
Nottinghamshire
NG4 3EX

Tel: 01159616785
Website: www.mauricare.com

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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

We inspected this service on 13 September 2017. Ivy Leaf is a care home which provides accommodation and support for up to 14 people who may be living with dementia. There were 12 people living there at the time of our inspection. On our last inspection on 20 August 2015 we rated this service as Good; at this inspection we found that the service remained Good.

There was a registered manager in the service. 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.

People continued to receive safe care and there were enough staff to provide support to people to meet their needs. Staff had a good understanding of safeguarding people and what constituted abuse or poor practice and how to act if they suspected harm. Staff had been suitably recruited to ensure they were able to work with people who used the service. People received their prescribed medicines safely.

The care that people received continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received support to stay well and had access to health care services. People liked the food that was prepared and they had a choice about what they ate and drank. Staff had training and professional development that they required to work effectively in their roles.

The care people received remained good. People had developed positive relationships with the staff who supported them respectfully and with kindness. Staff helped people to make choices about their care and their views were respected. They continued to have opportunities to be independent and were involved with carrying out domestic living skills. Staff knew people and their family well. The staff understood the importance people placed on their possessions and enabled them to look after them. People were confident that staff supported them in the way they wanted.

The care people received continued to be responsive. People's family and friends could visit and continued to play an important role. People knew how to make complaints and were confident that the staff and provider would respond to any concern and they could approach them at any time.

The service continued to be well-led. Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise their views about the service on how improvements could be made.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Ivy Leaf

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 13 September 2017 and was unannounced and carried out by one inspector.

The provider 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service.

We spoke with six people who used the service, one relative, four members of care staff, the provider and a health care professional. We did this to gain people's views about the care and to check that standards of care were being met. We observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers.

Good

Is the service safe?

Our findings

People were supported by staff who they knew them well. The staff had considered any risk and had measures in place to ensure their welfare. One person told us, "I moved here to feel safe. I knew it was time. I had some bad falls and I'm a lot better and safer now." Where people were at risk of falling, an assessment had been completed to reduce any risk and guide staff to how people should be supported to move.

People felt there was enough staff to support them and we saw they had time to support people and to spend time talking with them and engaging in activities. Where people needed to call for support, we saw staff responded quickly. One person told us, "The staff don't leave you waiting around. There's always one of them nearby."

Staff had a good understanding of how to protect people They had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. One member of staff told us, "We notice the changes in people as well as looking for physical signs of abuse. It's better because we know people really well, we notice changes too." The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider.

People were supported to take their medicines and staff understood why people needed the medicines they took. One person told us, "I've never had to remind them about my tablets. They are better at it than me and it's a weight off my mind." Medication systems and records monitored whether people had their medicines and an accurate record of all medicines stored in the home was maintained.

People could choose to be supported to manage their own finances. One person explained, "I still look after my own money. I know what my card number is and if I want them to, the staff will come with me to the bank to so I have the money I need. I like to keep doing this and don't want to start depending on the staff here."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

People were confident that the staff had the skills they needed to support them effectively. One person told us, "I trust all the staff. They know what they are doing." Some people had complex health needs and staff told us they received training to enable them to recognise if people were unwell or needed urgent care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People confirmed that staff sought their consent before they provided support and they were able to make everyday decisions about their care and support. Where concerns had been identified that people may lack capacity to make an important decision, a capacity assessment had been completed and a best interest decision had been made with people who were important to them. One member of staff told us, "We always presume capacity and if a best interest decision is needed, we all get involved so the right decision is made." Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for.

People could choose what to eat and drink and were involved in food preparation and teaching the staff new recipes. One person told us, "We've had home-made rice pudding today. I taught the staff how to make that and we've done cakes and meals. It's lovely that they listen and are interested." A member of staff told us, "I learnt how to cook many things since working here. We want people to have the food they like, so if they can tell us or show us what to do, that's great." We saw where people needed support to eat, the staff sat with them and helped them to eat and spoke with them throughout the meal. Where concerns were identified with people's weight, they were referred to health care professionals in order to keep well and where needed, had a fortified meal to prevent further weight loss.

People were supported with their day to day healthcare and attended appointments to get their health checked. People had an agreed health plan which included any professional's advice so they could be supported to keep well. One person told us, "I've had some medical problems and the staff are very good at sorting them out. They are on the ball." One healthcare professional told us where concerns were identified, the staff made suitable referrals to receive community health care; where any instructions were left, these were followed.

Good

Is the service caring?

Our findings

People were happy and liked to live in their home. One person told us, "The staff go beyond what they need to do. I don't want for anything and nothing is too much trouble." Another person told us, "You can see how well we all get on. We have a good laugh together and we get along. It's not fake; they are like my family." A member of staff told us, "We treat people here as if they are family. We spend a lot of time with people and many of us have been here for years. It's a lovely place, a happy place and I feel lucky to be here."

People were encouraged to be independent and helped to look after their home. We saw one person took responsibility for clearing away after lunch and cleaning the crockery alongside a member of staff. One person told us, "I think it's important that we don't just sit down and be looked after. It's good for us to be involved with what's happening. I make my own bed and help out with the shopping too." Another person told us, "We all help out where we can. I go around the home and check everything is working and report any faults. It's what I do and I like having this job."

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys or dolls and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. One member of staff told us, "The doll is really important to them and we respect that." We saw where the person no longer wanted to look after their doll; the staff offered to care for it whilst they had their lunch or had time alone. This was welcomed and showed how the staff understood the value of this therapy.

People were encouraged to express their views and staff listened to their responses. The staff recognised people's diverse needs and how they expressed themselves. One person told us, "I was a bit worried about moving here but I didn't need to. I have made new friends and I am very happy." People's privacy and dignity was respected. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. We saw where people needed support with personal care, this was carried out discreetly.

People were supported to maintain relationships with family and friends. One person told us, "My family come and visit me here and I sometimes go out with them. All the staff know them and make them feel welcome."

Good

Is the service responsive?

Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. There was a range of activities available in the home if people wanted to be involved with arts and crafts. One person told us, "I like to colour and have my own books. I like all the new books they have now with all the detailed pictures." Another person told us, "We do what we've always done. The staff don't just help us, we help to look after ourselves, sorting out the laundry, baking and keeping everywhere nice. I like doing this."

The staff were available to provide support throughout the day and spent time with people to meet all their support needs. There were different lounge areas where people could chose to be alone or have company. One person told us, "I like to read the paper at the table and see what's happening. I still go out and meet my friends. I haven't lost touch with them. If I want something organising then the staff will help me arrange it." We saw staff were not rushed and where people wanted their attention, this was given and staff took their time when engaging with all activities. One person told us, "The staff always seem to notice the little things that make life better. I'm very happy with how things are."

People felt that the staff were interested in them and their history and we saw staff speaking with people about their family and personal events. The information was used to develop a support plan that included personal information about their family and history. One member of staff told us, "We sit with people and find out what's important to them. We have to know how to provide the care but we need to know what's important to them to and who they are."

People knew how to complain if they needed to and one person told us, "It's not a big deal here. If you don't like something then you just tell them and they just sort everything out."

Good

Is the service well-led?

Our findings

The service had a registered manager. The staff told us that the manager and deputy manager provided the support they needed to provide good care to people who used the service. One member of staff told us, "Most of us have worked here for a long time. I stay here because the care is excellent. We have time to spend with people, speak with them and have good relationships with people. The manager knows how important this is and that's why it's so homely here."

People were encouraged to contribute to the development of the service and meetings were held for them to discuss issues. We saw during the last meeting, the manager reminded people and staff that they were interested in their welfare and if they had any concerns to speak with them so they could improve the service. People also gave their feedback about the quality of care in the form of a satisfaction questionnaire. One relative told us, "We get asked about what we think of the home. I haven't got anything bad to say. We've been really pleased with the standard of care and trust the staff."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe.

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed it.