

Ivybank Health Care Limited

Ivy Bank Residential Care Home

Inspection report

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Kent
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ivy Bank Residential Care Home is a residential care home providing personal care to 25 at the time of the inspection. The service provides support to older people and people living with dementia. The service can support up to 27.

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

People and their relatives told us they felt safe and comfortable at Ivy Bank Residential Care Home. There feedback included, "I'd recommend them 100% because they're very caring" and "The best thing is that everyone is very caring and I feel comfortable with my relative being there."

Risks to people had been identified and action had been taken to mitigate risks. However, detailed guidance had not been provided to staff about how to manage all risk. People's medicines were generally well managed but some records about the number of medicines in stock were inaccurate. Checks and audits completed by the leadership team had not identified the shortfalls we found during our inspection.

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 were now able to see their visitors without restrictions but some people's relatives were unaware they could visit people's bedrooms.

There were enough staff on duty to meet people's needs. Staff had been recruited safely and action had been taken when staff's conduct did not meet the required standards. Staff knew how to identify and raise concerns about abuse. Staff felt supported and appreciated and were motivated.

Staff supported people to remain as independent as possible. Lessons had been learnt when things went wrong. People, relatives and visiting professionals had been asked for their views of the service.

The service was clean and staff followed national guidance to manage the risk of the spread of infection. Regular safety checks were completed on the building and equipment.

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 21 January 2020).

Why we inspected

We received concerns in relation to restrictions on people receiving visitors. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivy Bank Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to effective checks and audits and detailed guidance around how to meet people's needs at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ivy Bank Residential Care 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.

Inspection team

This inspection was completed by two inspectors 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

Ivy Bank Residential Care Home 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. Ivy Bank Residential Care Home is a care home without 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 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 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 three people and eight relatives about their experiences of the service. We spoke with six staff including the registered manager, deputy manager, head of care and care staff. We reviewed a range of records. This included three people's care records, multiple medication records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe living at Ivy Bank Residential Care Home. One relative told us, "The staff are very gentle and kind to my loved one. They talk to them in a sympathetic way, calmly and don't shout. It tends to calm them down well". People were not restricted and we observed people moving around the building freely.
- Staff had completed safeguarding training and knew how to identify risks of abuse. They were confident to raise any concerns they had with the registered manager and deputy manager and were assured these would be addressed. Staff knew how to whistleblow concerns to the provider and the local authority safeguarding team.
- The registered manager had shared any safeguarding risks with the local authority safeguarding team and the Care Quality Commission. When concerns had been raised about staff's practice the registered manager had acted quickly to keep people safe. When necessary, referrals had been made to the Disclosure and Barring Service (DBS), so they could consider stopping staff from working in care again.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. The risk of people developing skin damage had been assessed using a nationally recognised tool. People were supported to use special cushions and mattresses to mitigate risks. Air mattresses were set correctly and the settings were checked daily.
- People were supported to move around safely. Some people used equipment including hoists. Each person had their own sling to reduce the risk of the spread of infection. People used special slings which did not have to be moved from under them once they had moved. This reduced people's discomfort. Staff tucked the slings out of sight to protect people's dignity.
- Some people were living with diabetes. Staff knew their signs people's blood sugar levels were getting too high or too low and followed guidance to keep them well. This included giving them special drinks and foods if their sugar levels were too low or encouraging them to drink water if they were too high. Staff continued to check people's blood sugar levels to make sure the action they had taken was effective. Risks related to diabetes such as deterioration of the feet or eyesight had been identified and were monitored.
- People and their relatives were involved in planning their care to reduce risks. One person's relative told us staff had included them in discussions around how to support the person with a reduction in their appetite. They said, "Staff let me know and took my advice on how to manage it. Now staff are aware of how to get my relative to eat".
- Risks relating to the building and equipment had been assessed and mitigated. Since our last inspection a high fence had been erected at the front of the building to reduce the risk of people and visitors falling down a steep slope. Safety checks, including checks of fire equipment were completed regularly.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff on duty to offer people the care they needed. Relatives comments about staff included, "The staff are platinum. I can't fault the care and devotion of the staff" and "There doesn't seem to be a massive turnaround of staff". Staff covered any vacant shifts, so people always knew the staff who supported them.
- Staffing levels were based on people's needs. We observed people received support when they needed it from staff who knew them well. Staff had the skills to keep people safe, including first aid and moving and handling.
- People were protected by robust staff recruitment processes. Checks, including DBS checks, had been completed to ensure staff were of good character and had the skills required to fulfil their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Medicines were administered as prescribed and staff took time to explain to people what the medicines were. Medicines administration records (MAR) were completed and staff signed to confirm people had taken their medicines as prescribed.
- Staff followed guidance around the application of creams and the safe administration of when required medicines.
- Medicines were stored securely and below the maximum temperature recommended by the manufacturer.

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.

Restrictions on visiting at the service had been removed in August 2022. People now received visitors when they wanted in communal areas. There were no longer restrictions on the length or number of visits. Visitors were encouraged to wear a face mask in communal areas in line with national guidelines. One relative told us, "I can turn up unannounced to visit now".

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action was taken to prevent them from happening again. For example, when people had fallen, they were supported to use alert mats to inform staff when they were at risk and needed assistance. The registered manager considered the location of people's bedroom. When they felt this would reduce the risk they discussed and agreed a change with the person and their family.
- Accident analysis was completed each month to look for patterns and trends and plan any action required to reduce risks. There were no patterns or trends identified.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- Staff knew how to meet people's needs but detailed guidance was not in place for them to follow for all areas of people's care. For example, the equipment and techniques to use when supporting people to use the hoist. Guidance was in place about how to reduce the risk of people choking but not what to do if they did choke.
- For three people we looked at, no information had been provided to staff about their end of life wishes. For example, where they would like to be, who they would like with them or any spiritual or cultural needs.

The provider and registered manager had failed to maintain a complete record in respect of each service user. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before our inspection we received a complaint regarding visiting restrictions at the service. The provider confirmed they were not following national guidance to support people to freely see their relatives. We required the provider to follow the guidance and communicate the changes to people, their friends and relatives. However, some relatives were not aware they were able to visit their loved one's bedroom. One relative told us, "Ivy Bank never really came out of Covid restrictions".
- There was a clear leadership structure and staff were supported to develop in their roles. A relative told us, "(The registered manager) seems on the ball". Staff knew what they were responsible for and were held accountable for any shortfalls. Staff were reminded of their responsibilities at regular informal meetings and worked as a team to provide people's care.
- The registered manager and deputy manager kept people's care under review and prompted staff if tasks needed to be completed. They continued to do this when they were not on site using the electronic care records system.
- The Care Quality Commission had been notified of significant events that had happened at the service. The registered manager knew when they needed to notify us of events and had done so without delay.

Continuous learning and improving care

- The registered manager had a system of checks and audits in operation. However, these were not always effective in identifying shortfalls. Records of stock balances for some medicines were not accurate. This had been identified in the monthly checks but was not included in the weekly checks to promptly identify and address any errors. Audits of people's care plans had not identified that care plans did not contain adequate

guidance to staff around how to meet people's needs.

- The provider had stopped completing quarterly audits during the Covid pandemic and had kept in contact with the registered manager to check staff had everything they required. The checks had restarted in March 2022 and four had been completed. These did not look at all areas of the service and had not identified the shortfalls we found.

The provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, their relative, visiting professionals and staff were asked for their views of the service. Feedback from people's relatives had been positive, including 'All staff are so kind, caring and very welcoming' and 'Today's visit has filled me with so much confidence around relatives' care'.
- A residents meeting had been arranged but people had chosen not to attend. Staff chatted to people throughout the day, checking that they were happy with their care and asking if there was anything else they wanted. One relatives meeting had been held since Covid restrictions had been removed. Most relatives told us they were kept up to date about changes at the service.
- Three surveys had been returned by visiting health care professionals. Their feedback had also been positive, including, 'I am happy with the engagement from the service' and 'All is well when I visit'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff aimed to provide a service which encouraged people to retain as much of their independence as possible. People were involved in preparing their own snacks and cleaning the dining room which they enjoyed. Staff provided only the care people wanted and asked what support they wanted before assisting them.
- Staff felt supported and were confident to ask the registered manager and deputy manager for support. An on-call system was in operation and staff told us they were always able to obtain the support and guidance they needed.
- Staff were motivated and felt appreciated. The registered manager thanked staff for their hard work each day. Staff had been supported to study for recognised qualifications at their request.
- Areas of the service had been redecorated. The registered manager had referred to best practice guidance on environments for people living with dementia when planning the changes. People's bedroom doors were being painted in a colour of their choice to look like front doors. This was to support them to identify their room.
- The registered manager had a mutually supportive working partnership with the registered manager of another care home. They discussed guidance and shared learning. Staff also worked with health care professionals to obtain advice and guidance and clinical support for people.

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

- People were confident to raise any concerns with the registered manager and staff. They were happy with the action taken to resolve their concerns. A relative told us "We did have an issue which was recognised by the manager". They told us the issue had been resolved and had not occurred again.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had failed to maintain a complete record in respect of each service user.</p> <p>The provider and registered manager had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.</p>