

Ivybae Care Limited

Ivybae Care

Inspection report

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Date of inspection visit:
24 January 2023

Date of publication:
13 February 2023

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

Ivybae Care is a domiciliary care service, supporting adults in the community who require assistance with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 35 people using the service.

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

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 felt safe and supported by staff in their homes. Comments included, "The carers are wonderful. I am very happy with them. They keep me safe." A relative commented, "We are so happy with the care [person's name] receives. [Person's name] wouldn't be able to live at home without them. From the start, a really good package of care was put in place, which meets [person's name] needs, he is definitely safe. Cannot fault the carers."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. Medicines were managed as necessary. Effective infection control measures were in place. The principles of the Mental Capacity Act were adhered to when necessary.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time.

Staffing arrangements matched the support commissioned and staff skills were integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People commented: "My carers are wonderful. They are an inspiration" and "The carers are so kind and caring. I cannot fault them. Would definitely recommend Ivybae Care." A relative commented, "The carers are absolutely lovely. They have learnt how to care for dad, they have a lovely rapport. The carers really show an interest in dad and make time to get to know him."

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

This service was registered with us on 30 November 2021 and this is their first inspection.

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 ●

Ivybae Care

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 January 2023 and ended on 3 February 2023. We visited the location's office on 24 January 2023.

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 8 members of staff, which included the registered manager.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 4 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

After the inspection

After our visit we sought feedback from people using the service and relatives to obtain their views of the service provided to people. We received feedback from 6 people using the service and 3 relatives. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included, "The carers are wonderful. I am very happy with them. They keep me safe." A relative commented, "We are so happy with the care [person's name] receives. [Person's name] wouldn't be able to live at home without them. From the start, a really good package of care was put in place, which meets [person's name] needs, he is definitely safe. Cannot fault the carers."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- The service gave people Information on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care.
- Risk management considered people's physical and mental health needs, and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The involvement of other health and social care professionals was requested where needed, to review people's plans of care and treatment.

Staffing and recruitment

- People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time.
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. They added that people received

support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.

- Where a person's needs increased or decreased, staffing was adjusted accordingly. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in place to deal with adverse weather conditions and the Covid-19 pandemic.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. 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 received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager and other members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Ivybae Care circulated regular updates to staff on preventing infection and COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well trained and competent in their jobs. Comments included, "The staff are very competent" and "The staff are well trained and competent."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service and the people who used it.
- Staff received training, which enabled them to feel confident in meeting people's needs and identify changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.
- Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, first aid, infection control and a range of topics specific to people's individual needs. For example, dementia, end of life care and nutrition.
- Staff had also completed nationally recognised qualifications in health and social care, including the Care Certificate, which encouraged them to provide safe, compassionate care. 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 received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and community nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss a person's care package.

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

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Staff recognised the importance of good nutrition and hydration.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 said staff were kind and caring. People commented: "My carers are wonderful. They are an inspiration" and "The carers are so kind and caring. I cannot fault them. Would definitely recommend Ivybae Care." A relative commented, "The carers are absolutely lovely. They have learnt how to care for dad, they have a lovely rapport. The carers really show an interest in dad and make time to get to know him."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- The service had received several written compliments from people using the service and relatives. These included, 'I can't say enough in recommending [registered manager] to anyone who may be contemplating care for a loved one. She is so kind and compassionate - and most importantly of all – she truly cares for those she cares for!' and 'I really don't know what I would do without the Ivybae Care girls, we managed to get my mother home and she is now living independently. She misses all the staff as she can now manage without them, but it is all thanks to their confidence building this has been possible.'

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People or their relatives confirmed they had a care plan, which was discussed with them and no care was given without their consent.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. People commented, "They (staff) are very good, respectful and trustworthy" and "I really appreciate how they come to my home, respect it and follow my care plan routine. They are very positive in attitude."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.
- For one person, when they were discharged from hospital, they needed help with all aspects of their care. Ivybae worked closely with them, built up a good rapport and with encouragement and setting goals they

were now able to live independently, engaging in past hobbies. They commented, "A big thank you to [registered manager] and your team for my early Christmas present, that is giving me my health, personality and legs back. You are my 'Carly's angels'."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with a senior member of staff at the start in order for them to understand their needs.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP and social worker. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- Care plans were detailed and included personal preferences, such as how people liked their personal care delivered. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. This demonstrated that when staff were assisting people, they would know what kinds of things they liked and disliked in order to provide appropriate care and support. Daily notes showed care plans were followed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood people's communication needs and adapted the way they communicated based on the individual's needs.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and people that mattered to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. When they started using the service, people were made aware of the complaints system. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- To further enhance the systems in place to monitor the quality and safety of the service, the registered manager had requested support from the local authority Quality Assurance and Improvement team (QAIT). QAIT support services to implement robust systems and processes to ensure people receive appropriate person-centred care and support.
- Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open person-centred culture. Staff commented, "The support is good. [Registered manager] is hands on, very understanding, listens and acts on issues raised" and "[Registered manager] is professional, supportive and strives to provide people with outstanding care."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. Feedback from people asked to receive rotas to know who would be providing their visits. The registered manager

was in the process of actioning this to ensure people were kept informed. All other comments were positive. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Ivybae Care. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.

- Health and social care professionals praised the service. Comments included, 'Ivybae are putting the heart back into care in the community. The team work compassionately with their clients and families; not just to meet their daily living needs, but to put joy back into their lives. Ivybae are dedicated, pro-active, and committed to delivering the highest level of person-centred care. I can't recommend them highly enough!'