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Ivonbrook Care Home

Inspection report

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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 

Overall summary

Ivonbrook Care Home is registered to provide nursing and personal care for up to 40 people. On the day of our inspection 39 people were receiving care.

At our last inspection on 13 October 2013 we found the provider had not made suitable arrangements to ensure that people were safeguarded against the risk of abuse. The provider did not take reasonable steps to identify the possibility of abuse and prevent it before it occurred. The provider need to respond appropriately to any allegation

of abuse. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvement had been made.

Ivonbrook Care Home is required to have a registered manager. The previous registered manager still worked at the service as clinical lead. A new manager had been appointed and intended to register with the Care Quality Commission. A registered manager is a person who has

Summary of findings

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.

Present throughout the inspection was the provider and a nurse, who was the previous registered manager and had extensive experience of the service. They were due to take up the role of clinical nurse. The provider confirmed a new manager had been appointed and they were in the process of applying to become the registered manager.

People and relatives were happy with the support and care being provided. Everyone felt the needs of people were being met. People told us they were treated with compassion and respect. People told us they felt safe and relatives confirmed this.

Staff were knowledgeable about the needs of people. We saw people being assisted and cared for by staff who were kind and friendly. Staff respected people's individuality, their needs, choices and preferences.

People were cared for by staff who had received training for their job roles. Staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us they received supervision, support and appraisal to be able to carry out their jobs. People were supported and encouraged where possible to make their own choices and decisions. Where

people were unable to do so, staff recorded how decisions were made in people's best interests. Records showed that staff had assessed people's capacity to make specific decisions.

There were enough staff to respond to people's needs in a timely manner. Staff were recruited in line with the provider's policy and procedures. We saw pre-employment checks were completed for all staff, these included Disclosure and Barring Service (DBS) checks, proof of identity and written references. Nurses' professional registration status was checked annually.

People received care and support from staff who had received training for their job roles. Staff received support, supervision and appraisal to carry out their jobs.

Medicines were safely managed in line with current guidance and legislation. Nurses administered medicines and received training to ensure their practice was safe. Systems were in place to ensure medicines were safely stored, administered and disposed of.

There were new systems in place to enable the manager to audit, monitor and assess the quality of the service. Any concerns or complaints people had were responded to by staff.

People were supported to maintain relationships with friends and families.

There was a timetable of activities available for people.

Summary of findings

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.

People felt safe. They were protected from risks of harm, abuse and unsafe care and treatment. People had their needs met in a timely manner.

Recruitment processes were thorough and the provider ensured pre-employment checks were carried out.

Emergency plans were in place. Medicines were stored, administered and disposed of safely.

Good



Is the service effective?

The service was effective.

People were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes

Staff received training to meet people's needs. Staff understood the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS).

People had access to health and social care professionals.

Good



Is the service caring?

The service was caring.

People's dignity was promoted and respected by staff who were kind and caring.

Staff knew people and their needs well. Staff were aware of respecting people's individuality.

We saw staff communicating, engaging and interacting with people in a positive way.

Good



Is the service responsive?

The service was responsive.

People took part in a comprehensive timetable of activities and were supported to maintain contact with families and friends.

Care plans and associated documents were in place to assist staff to provide care to people.

There was a complaints policy and procedure in place and people knew how to complain.

Good



Is the service well-led?

The service was well-led.

A number of audits provided a continuous review of the quality of the service being provided. Records were maintained and stored safely.

The manager was enthusiastic and motivated and was implementing change to improve service delivery.

Good



Summary of findings

Staff felt supported and listened to by the provider and the manager. Staff understood their roles and responsibilities.

Ivonbrook Care 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 12 August 2015 and was unannounced. The inspection team consisted of two inspectors.

Before this inspection we looked at key information we held about the service. This included notifications the provider had sent to us. A notification is information about important events which the provider is required by law to send to us. We also spoke with local authority contracts and commissioners responsible for the contracting and monitoring of people's care at the home.

During our inspection we spoke with nine people living at the service and three relatives. We also spoke with eight staff, the provider and three visiting health and social care professionals. We also spoke with the new manager at a later date. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, risk assessments, medicines records and checks of quality and safety.

As some people at Ivonbrook Care Home were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

Is the service safe?

Our findings

At our last inspection 13 October 2013 we found the provider had not made suitable arrangements to ensure that people were safeguarded against the risk of abuse by taking reasonable steps to identify the possibility of abuse and prevent it before it occurs, and responding appropriately to any allegation of abuse. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

Staff understood the need to attend training and were able to apply the knowledge gained into practice. An example was staff could explain the signs of abuse. Staff knew how to report any concerns. There were policies and procedure available for staff to refer to and this included local safeguarding procedures. Safeguarding posters were on display throughout the home. There was information for people and relatives should they have any concerns relating to safeguarding. This all helped to protect people from potential risks of harm and abuse. We were reassured the staff understood their role in the protection of people from potential abuse and the need for prompt action and reporting.

People told us they felt safe living at the home. One person told us, "It's a very good home and staff are really hard working." They went on to say, "They [the staff] look after us well." A relative told us, "It is definitely safe here. Everyone is so well looked after." All the staff we spoke to confirmed the home was safe for the people who lived there. A visitor told us they thought the staff worked very hard to ensure people were well looked after.

People and relatives we spoke with had no concerns regarding the number of staff on duty. During our inspection we saw and heard call bells being answered in a prompt and timely manner. All the information we reviewed indicated that staff working in the home were supported and received induction and training the provider and the local authority felt was necessary to meet the needs of people using services.

The provider implemented a thorough recruitment process. This included staff completing application forms which included a full employment history, their relevant experience, eligibility to work and reference checks. Before staff started their employment, the provider ensured

criminal records checks were sought through the Disclosure and Barring Service (DBS). The provider also ensured the nursing staff maintained their professional status that allowed them to continue working as a nurse. New staff had an induction period as well as time spent shadowing more experienced staff. This all demonstrated the provider recruited people who are fit and trusted to work with people who are vulnerable.

We saw that staff involved in medicines administration had received training to support this. We spoke with nurses regarding the policies and procedures for the storage, administration and disposal of medicines. The nurses understood their responsibilities with regards to safe medicines management. We saw medicines being administered safely and saw medication administration records (MAR) for people were completed once medicines were taken. The MAR charts were completed to show the date and time that people had received 'when required' medicines. Medicines were managed safely and consistently and according to the provider's policy and procedures.

The home was generally well maintained. Any repairs were promptly dealt with and maintenance workers were always available. We spoke with the provider who showed us one of the bathrooms and wet rooms which had recently been refurbished, decorated and updated with specialist equipment for safe moving and transferring. The provider was aware of ensuring maintenance was carried out with the least amount of disruption to the people. This showed us the provider was aware of the need to provide equipment that assisted people and safely met their needs.

Equipment servicing records were kept up to date and showed that equipment, such as fire extinguishers and emergency lighting were checked and serviced. We saw comprehensive risk assessments had been completed and were on display for the safe use of the specialist equipment. Equipment used for assisting people to move safely was maintained and serviced according to current health and safety guidance. There were procedures in place to deal with unforeseen incidents and emergencies. Personal evacuation plans had been completed and available in the event of an emergency, such as a fire. This demonstrated to us the manager was aware of putting systems in place to benefit people's health, safety and welfare.

Is the service effective?

Our findings

People told us they were happy with how staff assisted them with support when requested. One person told us, “It is nice and staff are always there to help me when I ask.” Another person told us, “Everyone [the staff] make sure we are well looked after.” All the relatives we spoke with said they were content with the care on offer at the home. A relative told us their family member was well looked after.

People told us and we saw staff checked what they wanted help with before they started to deliver care. Before assisting people we heard staff ask such questions as, “Can you manage,” and “Do you need some help.” A person who needed assistance moving and transferring had the process explained in detail and staff waited until the person was ready and comfortable before they started the procedure. People said that they chose what to wear and how to spend their day. Some people chose to spend time in their room. Some rooms contained furniture and items that people had brought from home. This made rooms individual and homely. This all contributed to provide people with effective care that was person focused.

People told us that they enjoyed the food and that there was always sufficient to eat. People had access to drinks and snacks. There were always alternatives on offer should people not like what was on the menu. Visiting relatives were invited to join their family member if they visited at mealtimes. We spoke with one relative who told us their relative had gained some much needed weight since they had come to live at the home. Staff ensured people were happy with their choice before their meal was served. We saw and heard staff being mindful of people’s personal preferences and ensuring people who needed assistance with their meal were supported in a manner that suited their needs. People were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes. Staff knew some people required special diets and they ensured any specific guidelines were followed, such as food to be soft, pureed or fortified. This led us to believe meals were served in a manner that suited people’s needs.

We saw there was an on-going program of training that was arranged by the provider. One staff member told us they were encouraged to keep up to date with their training and personal development. Another staff member told us the provider had funded specialist training to enable them to

deliver and facilitate a variety of activities, such as chair based exercise for people. Staff felt supported and encouraged to attend training to meet people’s needs. We saw a number of staff were due to attend a selection of training courses the provider and local authority felt were necessary to continue to meet people’s needs. Staff were able to explain to us how they applied the knowledge gained in training into their day-to-day practice. Staff understood the need to protect people and knew the providers and local authority’s procedure for reporting concerns. People were protected against the risks associated with poor or unacceptable care because staff had received training to meet people’s needs.

Staff received training in The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law providing a system of assessment and decision making that provide protection to people who do not have the capacity to consent themselves. Staff had some knowledge and understanding of the act and the importance in working in people’s best interests. The manager understood their responsibilities regarding the MCA.

The Deprivation of Liberty Safeguards (DoLS) process had been applied appropriately. DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and needs to have their freedom restricted to keep them safe. The manager and nursing staff were familiar with the process and understood the conditions which may require them to make an application to deprive a person of their liberty to protect them from potential harm.

As well as having qualified nurses on duty, the service had a web camera link for quick and easy access to a health professional to provide a quick and efficient service to people whose health had deteriorated. The implementation of this system demonstrated the manager and staff team were open to ways to respond to the changing needs of the people. People told us they saw their GP when they needed to. We heard nurses discreetly discussing people’s conditions and asking each other for their professional opinion. We also heard nurses contacting the district nurses for advice as well as contacting the GP for a visit to see one of the people. This showed us there was an effective working relationship with the staff and other health care professionals. This ensured people received prompt care to meet their needs.

Is the service caring?

Our findings

One person told us, “Everyone is friendly.” Another person told us, “The staff are very good and very caring.” A relative told us their family member, “Always seems happy.” Another relative told us they were encouraged to visit and were always made welcome. Throughout our inspection we saw and heard lots of friendly interactions between the staff and people using the service. We heard staff ask about people’s welfare and whether they required any assistance. At lunchtime we heard people and staff chatting together about the day’s events and the previous day’s musical show. We saw staff made time to support and involve people in a calm way that promoted conversation and was engaging. Through the conversations between people and staff we were able to establish that staff were familiar with people and easily engaged them in topics of interest. People were cared for by staff that were friendly and kind and who focused on the needs of the person.

A relative told us their family member was always encouraged to choose their own clothes to wear and their self-esteem was promoted by being involved in decisions, however small. Another relative told us their family

member was always treated with respect and staff were always kind. We saw and heard staff support people to make decisions about how and where they wanted their personal care carried out. Staff were aware of promoting people’s dignity and respect along with encouraging people to remain as independent as possible. One staff member told us they tried to encourage people to undertake some of their personal care, even if they couldn’t do it all. This led us to believe the staff were had a good understanding of the needs of the people and were mindful of promoting positive and caring relationships.

People told us they had space to spend time alone with relatives and friends. We spoke with staff who gave us examples of how they respected and supported people’s dignity and privacy. For example, staff understood the need to offer choices about who assisted people with personal care.

Staff understood the need to preserve and protect people’s dignity. We saw the Derbyshire Dignity Award had been awarded to the provider and staff. This showed us there was an understanding of the importance and awareness of upholding people’s dignity.

Is the service responsive?

Our findings

People knew who to speak to and how to raise a concern. One person told us if they were worried or concerned about something they knew they could speak with any of the staff. Another person said, "I don't have any complaints, but if I did I would speak up straight away and I know staff would listen." Relatives we spoke with knew they could raise a concern with the staff or the provider. We spoke with a regular visitor to the home and they told us they would not keep visiting if they thought there was anything of concern. They went on to tell us they had no problem speaking up and knew to speak to the provider, manager or any of the staff. A complaints procedure was also on display in the foyer of the home. People were provided with information on how to complain and told us they would feel confident to do so? Just as a conclusion?

A number of people wanted to share with us their experiences of activities they participated in at the home. One person told us she had, "Thoroughly enjoyed the musical show," that had taken place the previous day. Another person told us they enjoyed getting out and about and had been out to a local ice-cream parlour and told us they, "Had a brilliant time." This showed us people were provided with a varied timetable of activities that accounted for people's personal choice and preferences.

There was a sensory room and a sensory garden was being developed. We saw people enjoyed spending time outside in the garden. The provider and the staff encouraged and welcomed volunteers to the home and together with the activity coordinator, offered a varied range of activities. Activities ranged from chair based exercises to individual outings such as visiting a premiere football club or the zoo.

Regular church services were offered and people were able to take holy communion at some services, should they choose. This led us to believe people were supported to follow their interests, wishes and beliefs.

People told us their relatives could visit whenever they wanted and there were no specific visiting times. On the day of our inspection there was a steady stream of visitors coming and going. One person told us they had previously lived at one of the providers other services, but had chosen to move to be closer to family. They said they felt much happier and reassured being able to spend more quality time with their family. This showed us the provider and manager was aware of offering choice and respecting people's right to a family and private life and responsive to people.

We saw people's care plans were routinely reviewed and updated by the nurses. Care plans were detailed, easy to follow and informative. Each care plan was personalised and reflective of each person's individual needs and included risk assessments, health needs' assessments and capacity assessments. Care plans for people with complex healthcare needs and special instructions relating to end of life care were easily identified. Staff were aware of people's specified instructions. This led us to believe staff understood people's personal needs and decisions relating to their health and welfare.

We saw relatives of some people had been involved in the formulation of care plans and provided detailed information to help staff understand important things about them. There was also a handover sheet that provided a short summary of each day's essential information and was handed over from each shift to the next. This all demonstrated an understanding of the need to communicate and record information to ensure continuity of care is maintained.

Is the service well-led?

Our findings

One person told us they knew who the new manager was and they felt reassured they could go and speak to them should they have any concerns or complaints. Staff we spoke with told us they worked together as a team to promote a positive and relaxed atmosphere. We spoke to a staff member who told us they were included and felt part of the team. A social care professional told us they had noticed the provider had shown a willingness to improve communication and had asked for feedback from social care colleagues over the past year.

A visitor to the home told us the new manager was good and was very approachable. A member of staff told us the provider and the new manager were both approachable and supportive of the needs of people and the staff. The staff member went on to say they had been encouraged to pursue additional training, which was good for their own personal development as well as beneficial to the people.

The new manager was new in their post and had not yet arranged a relatives' meeting. They recognised that this was important and were in the process of planning one for the near future. In the meantime they had an open door policy for people and relatives to discuss any issues.

A staff member told us the new manager was involved in the day-to-day management of the home, whilst ensuring people's needs were being met. We were told the new manager took an active role in ensuring people were happy and their needs were being met. The staff member told us the team of nurses worked together to ensure people's clinical needs and health concerns were addressed in a prompt and timely manner. They said this new management approach was positive and meant people and relatives had confidence that there was a consistent approach to care.

The previous registered manager was a registered nurse and was in the process of changing their role to clinical lead. This change in role allowed them to focus more on the health and welfare of people and ensure clinical health needs were maintained. Staff told us the new manager was, "Good and approachable." Staff recognised the new manager had not been in post too long, but recognised

they were supportive of people and staff. Staff told us the manager had the support of the provider. This led us to believe the new management system was a positive change for the running of the home.

The provider had their own office at the home and was very familiar with people and their families. The provider took time to talk to people and enquire about their welfare and knew each person by their preferred name. One staff member told us that the provider was good at providing support for staff and they were also always approachable. Staff told us the provider ensured people were supported and assisted when they requested.

We saw improvements had been made to the quality assurance and audit systems. The audits in place included reviews of risk assessments, care plans and other associated records. Although the audits have only recently been implemented, the systems seemed to be positive as the risks were being identified and responded to. In addition health and safety audits had been improved and included medicines audits, hand hygiene, general environmental audits and infection control. Where audits had recognised concerns or issues, action had been taken to reduce any potential harm or irregularity in service delivery. This meant that people and their families could have confidence that the quality of the service was being monitored and when risks were identified action was taken.

Staff supervisions and appraisals was in the process of being improved and implemented. Staff clearly understood their roles and responsibilities and felt the new manager and provider were supportive. This showed us the new manager understood the need to provide the staff with support.

The new manager and the provider had recognised the need to update a number of policies and procedures and this included the complaints procedure. The manager understood the need to keep records of complaints and any actions taken to address the concern. We saw complaints had been addressed and followed up to ensure wherever possible a satisfactory outcome for the complainant.

Records associated with the running and management of the home were maintained and stored securely. We were

Is the service well-led?

notified of any important events that had taken place, such as an accidental injury or the death of a person in receipt of care. This showed us the new manager was aware of providing information as they are legally required to do.