

Key inspection report

Care homes for older people

Name:	Ivydene Nursing Home
Address:	Staniforth Drive Ivybridge Devon PL21 0UJ

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:							
Michelle Oliver	1	0	1	1	2	0	0	9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Ivydene Nursing Home
Address:	Staniforth Drive Ivybridge Devon PL21 0UJ
Telephone number:	01752894888
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Sanctuary Care Ltd
Name of registered manager (if applicable)	
Mrs Fiona Cartlidge	
Type of registration:	care home
Number of places registered:	57

Conditions of registration:									
Category(ies) :	Number of places (if applicable):								
	Under 65			Over 65					
old age, not falling within any other category	0			20					
physical disability	0			57					
Additional conditions:									
Old age not falling within any other category (OP) 20 Both									
One Service User under the age of 65 years (named elsewhere)									
Physical Disability over 65 years of age (PD(e)) 37 Both									
Terminally Ill over 65 years of age (TI(e)) 5 Both									
Date of last inspection	1	1	1	2	2	0	0	8	
Brief description of the care home									
Ivydene is a purpose built care home, situated in the town of Ivybridge, providing nursing and/or personal care for up to 57 persons over the age of 65 years of age of either gender. The home is designed to care for persons suffering with varying degrees pf physical disability/frailty or illness.									

Brief description of the care home

The accommodation is located on 2 floors with 2 passenger lifts providing access to the 1st floor. All the bedrooms have the benefit of en-suite WC and wash hand basin. 7 bedrooms are dedicated to persons receiving short term nursing care funded by the NHS.

Ivydene has large communal areas including dining room and large lounge and 2 smaller lounges. There is a pleasant patio area with flower- beds; the town centre is a short distance away.

Ivydene was first registered in 1994.

Information about the home was found in the entrance hall and this asks readers to request a copy of the latest inspection reports from the administration office.

Information given to the Commission by the provider indicates the current fees range from £309 to £661 per week.

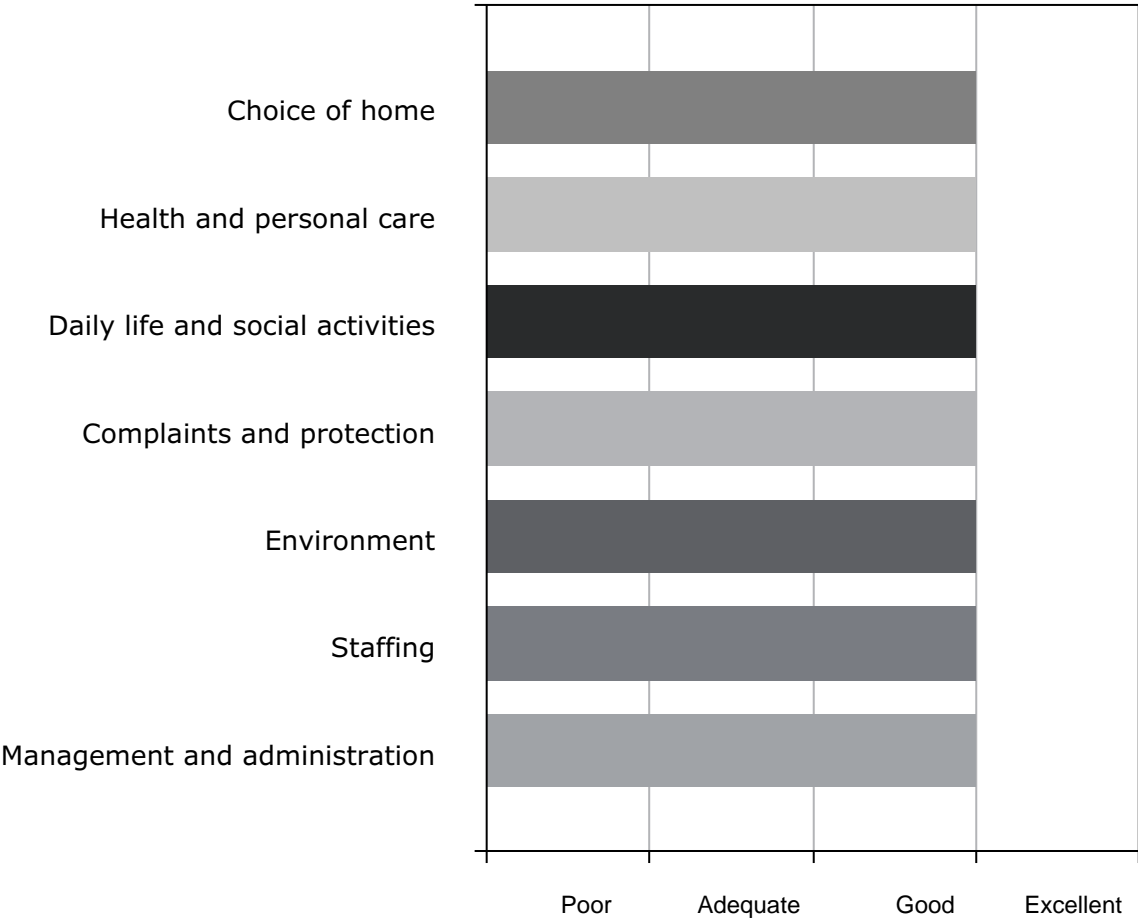
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 stars. This means that people who use this service experience good quality outcomes.

This inspection was undertaken over 16 hours over 2 days by one inspector. We spoke with people living there and staff and also spent time observing the care and attention given to people by staff.

Prior to this inspection we sent surveys to 10 people living at the home, 10 staff and 5 health care professionals. All 10 surveys were completed and returned to us from people living at the home expressing their views about the service provided at the home. Their comments and views have been included in this report and helped us to make a judgement about the service provided.

To help us understand the experiences of people living at this home we looked closely

at the care planned and delivered to 6 people. Most people living at the home were seen or spoken with during the course of our visit and 10 people were spoken with in depth to hear about their experience of living at the home. We also spoke with 12 staff, including the manager, deputy manager, registered nurses, carers and ancillary staff, individually.

A tour of the premises was made and we inspected a number of records including assessments and care plans and records relating to medication, recruitment and health and safety.

The current weekly fees range from £309.00 to £661.

Services not included in this fee include Hairdresser, Chiropody, Toiletries, Optician and Dentist.

General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading web site at [/www.oft.gov.uk](http://www.oft.gov.uk)>>.

Copies of the inspection report are available from the office and in the reception area at Ivydene.

What the care home does well:

People who are considering moving to a care home are given good information about Ivydene before any decision to move in is made. (Please also refer to What the service could do better) Trial visits are encouraged and a senior member of staff from the home will also carry out a careful assessment before anyone is admitted to the home to ensure their needs can be met. Not all people spoken to during this inspection were able to recall their admission to the home but all expressed complete satisfaction with the outcome.

The home has drawn up care plans covering aspects of care needs and risk assessments have also been drawn up on some aspects of health and personal care. The home has good links with all relevant health professionals and treatment has been provided where needed.

Medications are stored safely and only experienced, trained staff carries out the administration. Records of medicines administered have been generally well maintained.

Evidence was obtained in various ways through this inspection to show that those living at the home are treated in a dignified manner and their privacy is upheld at all times.

Those who were able expressed complete satisfaction in the way they are treated by the staff. The staff were calm and unhurried and assisted people in a friendly, caring and respectful manner.

Care plans and daily reports showed that people could exercise choice and control of all aspects of their lives and some people talked about how they are able to lead their lives just as they want without unnecessary rules or restrictions.

The home provides a range of activities and is working towards completing profiles of peoples' lives to enable staff to get to know them as individuals.

Good arrangements are in place to ensure family and friends are made welcome at all times and are kept informed and involved in the daily life of the home.

All people we spoke to praised the standard of meals provided. The menus are balanced, varied and nutritious meals and suit all individual dietary needs.

The home has a range of policies and procedures that have been regularly updated and staff have been given training and instruction on the policies to ensure they are followed correctly.

All areas of the home are comfortable, clean, safe and hygienic.

The home employs sufficient staff to meet the needs of those living there.(please also refer to what the home could do better) Good recruitment practices ensure people are safeguarded from abuse. Staff are competent and deliver high quality care in a safe manner.

The home is well managed and there is an open and positive atmosphere throughout the home.

In response to questionnaires sent before this inspection staff confirmed that they felt well supported by the current management at the Home. The manager operates an open door policy that enables people to approach her with any problems as and when they may occur. In response to the question "what does the home do well" we were told "Staff members look after (my relative) very well and are pleasant and polite to me. If I have any questions they are always explained- altogether satisfactory. My (relative) has told me (they) feel safe and is comfortable", " We are very happy with the care of our (relative) at Ivydene", " Homely friendly environment, staff are all caring, clean, food is good, very nice garden area. I would recommend the home as very good" and "Happy with most things".

What has improved since the last inspection?

The manager and staff have worked hard to ensure that care plans contain sufficient information to reflect the care needs of the individual concerned and to allow for the staff to provide care in an appropriate and consistent manner. (Please also refer to what the service could do better)

The service involves people, who wish to be involved, in planning their care and care plans are written in a way that is more individualised taking the individuals personal wishes and choice into account.

Care plans now include information about peoples likes and interests and this information is reviewed as part of the homes on-going care plan process.

The service has considered ways of making the main dining area a more welcoming and comfortable room in which people can enjoy their meals. The service employs a person to prepare tables before meals and plans for the future include extending the kitchen and the dining area being extended into the existing lounge.

The manager told us they ensure that staff are employed in sufficient number to meet the assessed needs of people living in the home. Additional staff have been employed to cover particularly busy times of the day and the preferred routines of people living at Ivydene. During this inspection although staff were busy they always made time to stop and speak to people and to appear unhurried and friendly.

Staff receive training to meet the assessed needs of people living in the home. This includes all mandatory and Induction training. This means that the home has a team of staff suitably qualified and skilled to meet the assessed care needs of people using the service.

A microwave oven, which was being used at the time of the last inspection, within the residents dining area is no longer in use, which means that people are protected from the risk of scalds and burns.

What they could do better:

One requirement was made as a result of this inspection:

Unnecessary risks to the health of people using the service are not identified, or when identified appropriate action is not always taken in a reasonable time. This relates to the management of an acute medical condition of a person currently living at the service

The following are recommendations for good practice:

Not all those admitted to Ivydene are provided with up to date accurate information about the service.

Not all individual care plans include details of actions which need to be taken by care staff to ensure that all aspects of health, personal and social care needs of individuals.

A record is not being kept of the administration of all prescribed cream and ointments.

Staff should consistently ensure that assistance in eating, where necessary, is done so discreetly sensitively and individually.

Plans to improve activities provided at the service should continue to be developed.

Up to date details relating to contacting the CQC should be updated in all copied of the home's complaints procedure.

The registered manager should continue to ensure that there are sufficient staff on duty at all times to meet the assessed health and social care needs of all people living at the service.

Plans to ensure that training records reflect an accurate up to date record of training undertaken by all staff, including dates for refresher training, should be undertaken.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A comprehensive assessment and admission process ensures that the home can meet people's needs.

The home does not admit people who require intermediate care.

Evidence:

Prior to this inspection we sent questionnaires to 10 people living at Ivydene and received responses from all. Seven people felt they had received enough information about the home before deciding to move in, 2 felt they had not and one didn't know whether they had.

Some people spoken to told us their admission to the home had been arranged by relatives as either they were not living in the local area at the time or were not well

Evidence:

enough to cope with organizing the move.

A guide to the home, the Statement of Purpose, which has recently been reviewed, which gives people an idea of what to expect of the home and the manager told us there are plans to review the current brochure and to compile some home specific photographs that support the other information available to people who are considering moving to the home. A copy of this information and the most recent inspection report is available to people in the reception of Ivydene.

We were told that the manager visits people at their home, or in hospital, before they move to the home to talk about and assess their needs and ensure that the home is able to meet their needs and to "lessen the stress of the impending move".

This was confirmed when we looked at pre admission assessments in 6 peoples' care files. The home has a pre admission format, which provides staff with a good model for assessing people's individual needs and focus's on achieving positive outcomes for people. This includes ensuring that the facilities, staffing and specialist services provided by the home meet the ethnicity and diversity needs of the individual. Pre admission assessments identified care needs in sufficient detail for a plan of care to be written.

The service also provides care and accommodation to 7 people who are transferred from hospital, or from the community to Ivydene for short term convalescence. Assessments of the health and social care needs for these people are faxed through, or dicussed over the telephone to the home.

We spoke to a relative of a person admitted for convalescence on the day of this inspection. They had not been provided with any information prior to their admission and the relative asked the telephone number and address of the home when we spoke to them. We discussed this with the manager who agreed that information should be made available to them before their admission, but this was often undertaken very quickly, or on admission.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's health care needs are generally well met and the home works towards ensuring that people have access to the care they need. Improvement to recording and communication is needed to ensure this is consistent and able to be monitored.

Evidence:

All people living at the home, who responded to questionnaires, felt confident that the home "always"(6) or "usually (4) met their needs. One person wrote "the staff looking after my (relative) communicate well with me are consistent in helping (my relative) achieve tasks and physical improvement" and another "General care and welfare is good".

Care plans are the end point of the assessment of the person's health and social care needs and should show what care must be delivered in accordance with the service user plan for that individual. The plan becomes the yardstick for judging whether appropriate care is delivered to the individual and will reflect changes as regular assessment of the person shows changing needs.

Evidence:

We were told that the manager and staff have spent time and effort on detailed care planning since the last inspection, listening to individuals and respecting their personal wishes to provide a more person centred approach to the care provided at Ivydene. The manager told us that included in plans for continuing improvement in standards at Ivydene include involving key workers more in assisting with the development of person centred plans and to be more consistent in the way what staff actually do is recorded.

All people living at Ivydene have individual plans of care, which are regularly reviewed. We looked, in detail, at the care plans for 2 residential and 4 nursing clients during this inspection.

The plans generally detail individuals' needs and wishes and are developed with the individual and/or family member, this means that people have a say in how they live their lives at the home. All of the care files we looked at contained important information about people's past life and occupation, providing staff with an understanding of people as individuals. These are ongoing documents and take varying amounts of time to complete depending on information available and consideration of not bombarding people with questions when they are first admitted to Ivydene. There was some good detail about peoples' likes and dislikes, for example, what time they liked to get up or go to bed.

All care plans we looked at included information about individual strengths and goals that individuals hope to achieve or maintain. This means that they are encouraged and supported to retain their independence for as long as they are able or wish.

Some aspects of people's care plans, such as their physical needs, were more detailed than other areas, such as psychological or social needs. For example people who may need emotional support or those who may be depressed do not have plans of how these needs will be met. We looked at one care plan which, although information provided to the service prior to the person being admitted stated they need emotional support due to a recent bereavement, no plans as to how this need was to be met or monitored had been completed. This means that this person may be at risk of this need not being met or monitored.

Care plans consider the needs of people with diabetes, and records show their condition is monitored. However, there are no clear guidelines to ensure an agreed range of acceptable results for blood sugar levels to ensure all staff know what to do should levels fall outside of the range.

Evidence:

Risk assessments were in place and generally reflected behaviour or situations which may cause harm to people, for example poor mobility, falls and nutrition. People's nutritional needs are assessed and records of people's weights show that they either gain or maintain weight after moving into the home.

Moving and handling assessments and plans, skin care and tissue viability and continence assessments were in place and provided staff with the necessary guidance to deliver person centred care.

Although information had been included in care plans indicating that some people required bed rails to prevent the risk of them falling there were no assessments of the risks presented by the rails.

The manager told us the service aims to continue improvements including utilising key workers more in assisting with the development of person centred plans, to be more consistent in the way staff record what they actually do and to train more staff giving them the tools to provide higher standards of care particularly in palliative and dementia care.

People told us they "always" or "usually" receive the medical attention they needed.

However, one care plan we looked at indicated that a person had presented with signs and symptoms of an acute condition, which had not been well managed. This was followed up by staff during this inspection and discussed with the manager.

We looked at records kept in individuals' rooms indicating when their position was changed if staying in bed to alleviate pressure, diet and fluids that they have been given during the day. These were inconsistent. For example one indicated that a person had only had two drinks during one day and no drink between breakfast and mid afternoon on another. Staff confirmed the person would have been given drinks but they had not been recorded.

Records of change of position did not confirm this was being done as frequently as it should.

In response to a survey a relative commented "Staff do not always complete dietary forms regularly making it difficult for visiting family to see if (my relative) has been eating properly".

Evidence:

Care files showed that people have access to outside professionals such as G.P, specialist consultants, palliative care team; chiropodist and optician in order to ensure their health care needs are met.

People's personal care is well attended to. People were well dressed and groomed, and attention to their personal care was good. Many female residents were wearing make up and jewelery, one told the inspector, "I see the hairdresser regularly". Male residents were smartly dressed and well shaved. Staff spoken with and observed demonstrated a good understanding of the people's needs and preferences.

The home's medication storage and records were looked at. The fridge used to store medicines is not lockable but is stored in a clinical room that is locked when not being used. Other storage was satisfactory, including the arrangements for storing of controlled medicines. Suitable arrangements are in place for the safe disposal of unwanted medication.

Medicine Administration Records (MAR) were looked at; where hand written entries had been made, two signatures had been obtained to ensure accuracy, this is good practice. Where variable doses of medication are needed, accurate records were available with the actual dose given. On several occasions, codes were not used where medicine had not been given.

Some people are prescribed creams to be applied daily. Records were not completed indicating that this may not be happening. When we spoke to staff we were told that creams are applied but not recorded.

Medication with a limited shelf life once open had not been dated to ensure they were used within the timescale suggested by the manufacturer.

People spoken with told us that staff respect their privacy and dignity and during our visit, staff were polite and friendly when delivering care. We saw staff knocking on people's bedroom doors, waiting to be asked to come in and addressing them in a respectful way. It was evident that staff had established a good rapport with people.

The home works with palliative care professionals to ensure people receive the care they need at the end of their lives. One relative told us, "The staff are so kind" and described how staff maintain and respect privacy during family visits. A good standard of care is given to people during this time, ensuring that they receive appropriate attention and pain relief. The home involves family members, and we were told by one relative that they could and do visit at any time

Evidence:

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ivydene are given choices and activities and nutritional needs are well managed.

Evidence:

People told us the routine at the home was fairly flexible, one person told us, "I am free to get up and go to bed when I choose", another said, "there are no rules here".

Five people returning surveys told us that there were "always" activities at the home they could take part in; four people felt this was "usually" and one "sometimes" the case.

The home employs an activities organiser who continues to work at compiling and maintaining personal histories for all people living at the home. Some people spoken with during our visit were happy with the activities provided. People are able to choose whether to take part in activities or not, others said they enjoyed spending time in their rooms and chose not to take part.

The manager told us that since the last inspection all staff are more involved in activity and occupation for people living at Ivydene through out the day and have

Evidence:

improved methods of letting people know what activities are available for them. During this inspection we saw staff telling people about a person coming to the home that afternoon to talk about their experiences in the local areas. This information was also written on notice boards on each floor where it could be clearly seen.

Comments made in surveys returned from staff in response to "what does the service do well" included "gives a variety of activities to suit all service users".

In response to "what could the service do better" comments included "more time for social events, more interaction with clients, more time to spend with the clients it is sometimes very task orientated to complete jobs by a certain time" and another "it would be lovely to see some more activities. Currently there is not a lot of choice / limited choice".

The manager spoke of plans to further improve people's quality of life , including increasing the number of volunteers the service has to provide more social activities throughout the day and to explore other modes of activities provision for example internet cafe, computer games and sensory equipment.

There is no restriction on visiting times and throughout the day visitors came to the home and were made to feel welcome. Relatives told us that they could visit at any time and that they felt welcome at the home.

Six people responding with surveys felt that staff always listened and acted on what they said, four said this was "usually" the case. People were given choice throughout the day, for example what they wanted to eat and drink, where they sat, what clothes they wore and people said that they were able to choose when they got up or went to bed.

Surveys showed that 4 people "always" and 6 "usually" enjoyed the food served at the home and all those we spoke with said how good the food was. They described the choices available and were full of praise for the regular cooks.

People can choose where to have their meals; several people choose to eat in the dining room. The atmosphere in the dining room at lunchtime was convivial; tables were nicely laid with menus and condiments. Staff were available to assist people in a discreet manner where needed, however we did see one member of staff assisting two people at the same time.

A person has been recruited to work between 10:30 am - 2:30pm to make "morning

Evidence:

coffee" a more sociable occasion, to prepare tables for lunch and to help at lunch time. A person is also employed to work between 5pm -9pm.

The lunchtime meal was very nicely presented and appeared to be well balanced and nutritious. We heard staff offering people a variety of drinks including sherry and wine before lunch. Those people requiring a pureed diet had each component of the meal separated on the plate, which looked appetising and colourful.

A list of special occasions seen in the kitchen included dates important to people who lived at the home such as birthdays, anniversaries, etc. One person told about the efforts made by the home to ensure their recent special day was celebrated.

The kitchen at Ivydene is compact and plans are being developed to extend it into the dining room and add additional lounge area by building a conservatory onto the existing lounge. The kitchen was well stocked with supplies, including fresh fruit and vegetables and a good supply of dried goods.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Ivydene benefit from the home's complaints procedure and can be confident that any issues they may have are taken seriously and acted upon.

People are kept safe and protected from harm or from the risk of harm.

Evidence:

The home has a detailed, clear and simple complaints procedure, which is prominently displayed for all those living at the Home and visitors to see and is included in the home's statement of purpose. Some of the details need to be updated to include the recent change of contact details for the CQC. The home has developed a system to maintain records of all complaints received and how they are managed.

Records indicated that 13 complaints have been received since the last inspection, all but one being investigated within the time limit of 28 days, set by the service. The service undertook appropriate actions to meet outcomes and all were responded to following the Home's Complaints' Procedure. Five incidents requiring safeguarding adults' referrals have also been made.

Nine of the 10 people living at the home who responded to surveys agreed that they always know who to speak to if unhappy or wanted to make a complaint, one stated

Evidence:

that they did not know how to make a complaint and weren't sure if there was anyone they could speak to if they were unhappy.

People living at Ivydene who we spoke to during this inspection said that if they were unhappy about anything they would not hesitate to raise any matter at any time and were sure that it would be dealt with to their satisfaction. Staff said that if anyone made a complaint they would report it to either the manager or deputy manager. If it was something that they were able to sort out themselves then they would. They were confident that no issue that was raised would ever be ignored. People spoken to said that staff were very helpful, respectful and that nothing was ever too much trouble for them.

Records were seen showing that 14 staff have received training in Safeguarding Adults from the local authority since the last inspection and it is planned that another 12 will also attend this training.

A procedure for responding to abuse is available and staff spoken to were aware of this and the procedures to be followed in the event of an allegation. They were able to describe differing types of abuse and gave good details of what they would do if they suspected abuse was occurring. They were aware of the home's "Whistle-blowing" policy and that it would support them in reporting bad practice. They felt confident that they would be listened to if they raised concerns about bad practice.

The manager told us that the service has moved away from institutionalised practise towards a person centred approach to care promoting choice and respect.

People spoken to during this inspection praised staff for their kindness and described staff as "kind, caring, polite and friendly". They also confirmed that they felt well cared for and safe living at the home.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from living in a home that is very clean, fresh and where hygiene is well managed.

Evidence:

Ivydene is well maintained and provides comfortable accommodation including single rooms, all with en-suites and 3 lounge areas and a dining room. The home has a passenger lift which gives access to all the floors.

The home has a programme for redecoration and improvement to ensure that people enjoy a good standard of accommodation. Rooms are refurbished regularly and all rooms seen during this inspection were well decorated and maintained.

Several individual bedrooms were visited, with people's permission, during this inspection. Bedrooms were comfortable and personalised with sentimental items, photographs and small pieces of furniture. People are encouraged to furnish their rooms with personal effects including furniture where possible and all rooms have temperature controls. This means that people are encouraged to make their rooms personal to them and to be able to maintain a comfortable environment.

The garden at Ivydene has been landscaped, has accessible pathways, a covered area, raised flower beds and is accessible for people who may need the use of a wheelchair.

Evidence:

The home has the necessary equipment to assist people and meet their needs including aids, hoists, and assisted toilets and baths which are capable of meeting people's individual needs.

The home is furnished with good quality furnishing and fittings and is maintained to a high standard by a maintenance person.

Since the last inspection a number of improvements/ routine maintenance has been undertaken, including replacing corridor carpets, replacing dining tables with wheelchair friendly tables and furniture in 13 bedrooms, bought 4 more profiling beds, continued to redecorate bedrooms as they become vacant, new curtains ordered for 15 bedrooms corridors and have been painted, have received planning permission to extend the kitchen and have a budget in place to refurbish our kitchen in this financial year.

We were told that plans to maintain this continued improvement include to build a large lounge/conservatory, replace dining room chairs, continue phased replacement of lounge chairs, continue phased replacement of occasional tables, re decorate bathrooms, continue to purchase more profiling beds, continue to redecorate bedrooms and to provide bedspreads that are aesthetically pleasing.

In response to the question "is the home fresh and clean", in surveys received prior to this inspection 7 confirmed it "always" is and 3 "usually".

At the time of this inspection the home was clean and free from offensive odours throughout. We had a full tour of the building during this inspection and all the areas were extremely clean and fresh. Hand washing facilities are provided in all rooms and bathrooms to ensure good hygiene practice at the home. Staff have the necessary protective equipment, such as gloves and aprons. There is liquid soap and disposable towels in toilets and bathrooms to promote good standards. However, during this inspection we saw a member of staff who was not following the home's infection control procedures. We did discuss this with the manager at the time.

The laundry is well equipped and managed by an experienced member of staff. The necessary equipment is available, and a red bag system is used for any soiled laundry ensuring staff are protected. People spoken with said they were very satisfied with the laundry service provided and that their clothes were taken care of and always nicely pressed and returned in good condition.

Evidence:

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff employed are competent in their roles to ensure that people living at Ivydene are safe and well cared for.

Recruitment practices ensures that they are also protected from potentially unsuitable staff.

Evidence:

At the time of this inspection the following staff were on duty; 2 carers throughout the day to care for 15 people living in the residential wing, 4 in the morning and 3 in the afternoon for 8 people convalescing, before going back to their own homes, and 23 people needing nursing care on the top floor and 2 throughout the day on the ground floor for 13 people also needing nursing care. There is also a Registered nurse on duty on both nursing units throughout the day. The staffing levels change to 4 carers and 1 registered nurse on duty for the whole home throughout the night.

A person has been recruited to work between 10:30 am - 2:30pm to make "morning coffee" a more sociable occasion, to prepare tables for lunch and to help at lunch time. A person is also employed to work between 5pm -9pm.

The manager is also on duty throughout the day and she is supported by a team of

Evidence:

administrators, cleaners, cooks and a maintenance person.

In response to the question "Is there usually enough staff to meet the individual needs of all people who use the service" 1 person who responded to surveys felt there "always" were, 7 "usually" and 1 "sometimes" enough staff. One person did not answer the question.

Comments in surveys returned from people living at the home included "It could have more staff".

Two staff felt there were "always", 2 "usually" and 2 "sometimes" enough staff to meet people's needs.

In response to how could the home improve staff comments included "More care assistants, therefore giving staff more time to spend with clients", another "more care staff would allow us to give better care", "increasing staffing levels to give good care needs" and "more time for social events, more interaction with clients, more time to spend with the clients it is sometimes very task orientated to complete jobs by a certain time".

Throughout this inspection we noted that staff were busy but met people's needs in an unhurried manner and were kind and respectful at all times.

People living at the home say that staff are always or usually available when needed, that they listen and act on what is said and that they are well cared for by staff. People who responded to surveys confirmed that staff responded to their needs promptly. This was confirmed during this visit when staff responded promptly to people's needs in a kindly manner. Throughout the day we saw staff asking people if they wanted a drink, were comfortable, reassuring people, visiting those who wished to stay in their rooms and engaging people in conversation.

The manager has promoted the role of key workers for each person living at Ivydene with the aim that they get to know the resident well and support them with personal tasks. Registered nurses are also key workers for a number of people. This works towards meeting the homes' ethos of maintaining person centred care for all people living at Ivydene.

All staff agreed they are given training that is relevant to their role, helps them understand and meet the individual needs of people, keeps them up to date with new ways of working and provides them with enough knowledge about health care and

Evidence:

medication. One member of staff felt they were not kept up to date with new ways of working.

All newly employed staff undergo a period of training when they start working at the home to enable them to get to know the residents, the home's philosophy of care, safety procedure, care procedures, and the general layout of the home. The time taken to complete this training will depend on past experience and individual ability.

Training is a priority at Ivydene and the manager told us that this has improved since they were registered as manager of the service. Improvements include a new training matrix being developed, a number of staff have attained a certificate in dementia awareness, the manager and her deputy have completed leadership development training, the manager has undertaken corporate management orientation and induction training, 10 staff have undertaken first aid training, another moving and handling trainer has been trained to deliver training to staff, 12 staff have received local authority safeguarding training and 1 nurse has been trained as a continence assessor.

Training is ongoing using a variety of resources, including in-house, external provided by the NHS, Social Services or local Hospice or other providers. Plans to maintain continual improvement in staff training include 10 staff are to receive training at level 3 in palliative care, 10 more staff aim to achieve a certificate in dementia awareness and 5 more staff to undertake NVQ's.

The manager told us the service aims to recruit staff to cover holidays, training and sickness and to retain staff and further develop their skills and experience.

The manager told us that the increase and diversity of training has actively motivated staff. Staff we spoke to during this inspection told us that training opportunities had increased and one said they felt far more valued and professional as a result.

The manager discussed the recruitment procedure at the home and how it has been developed so that it considers the needs of people living at the home. She stressed the importance, and time taken, to make sure that only good quality carers are recruited so that a high standard of service is offered at the home.

We looked at three recently employed staff files. All included evidence that the home had conducted a robust recruitment procedure. Files included details of past employment, application form, training certificates, health declarations evidence of identity, police checks and references. Staff files are stored in locked cabinets and are

Evidence:

only accessible to management staff.

This procedure means that people living at the home are protected by the home's recruitment procedure.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed and run in the best interest of people that live there ensuring that people's health and safety are properly attended to.

Attention is needed to ensure that some records are accurate and up to date.

Evidence:

The Registered Manager of Ivydene is an experienced Registered Nurse who is supported by a well structured management team that works well together.

The registered Manager is supported by a regional line manager as well as specialist managers in all parts of the business. The deputy directly supports the manager and has line management responsibility for the care staff team.

The Homes team has department heads in Care, Catering, Administration, Domestic and Catering Services and Maintenance and Social Activities. Monthly Head of Department meetings are held and the minutes of these are shared at departmental

Evidence:

meetings.

The registered Manager has a clear understanding of corporate strategic and financial priorities, develops an annual business plan and there is an annual assessment of operational needs.

There is a continuous improvement plan to improve the quality of life for people living at the home. The manager told us staff listen to all people who use the service and encourage them to be involved in decision making. This was confirmed by all those we spoke to during this inspection.

The manager undertakes monthly quality audits and makes plans to meet shortfalls. The regional manager visits the home regularly; at least one of these visits is unannounced and used to measure the quality of service in the home.

During this inspection the Manager had an open friendly approach towards all living and working in the home. One member of staff told us "she is firm but fair. She listens and things get done".

The manager and staff have worked hard to meet the requirements made at the last inspection and prior to this inspection the manager sent us information about the management of the home and how the home has carried out improvements based on the feedback from the last inspection.

Records are securely stored in lockable filing cabinets, and those seen were up to date. We were told that records would be made available to people living at the home, or their representative, with their consent.

The current computer system for recording all training undertaken by staff does not capture up to date details. We spoke to the administrator about this and plans are being undertaken to ensure that training records reflect an accurate up to date record of training undertaken by all staff, including dates for refresher training.

Most people living at the home choose to have personal finances looked after by their family or legal representatives. The home will keep small amounts of money for people who receive services such as hairdressing, chiropody and other personal items that may be needed. Clear records and receipts are kept of all outgoings.

All staff spoken to confirmed that they had all had up to date training in relation to Safeguarding Adults and Moving and Handling, although training records did not

Evidence:

reflect this.

The manager demonstrated a responsible attitude to health and Safety, and the home has a designated staff member to deal with all maintenance and Health and Safety issues. The administrator confirmed that regular fire training, and checks of fire equipment take place at Ivydene.

Risks to people living at Ivydene are individually assessed and documented with an agreed plan in place to minimise risks where possible.

Information received before this inspection indicated that all equipment is well maintained regularly all of which contributes towards ensuring that Ivydene is a safe place for people to live.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	13	<p>Unnecessary risks to the health of people using the service are not identified, or when identified appropriate action is not always taken in a reasonable time.</p> <p>This relates to the management of an acute medical condition of a person currently living at the service.</p> <p>To ensure that peoples' health care needs are fully met by the service.</p>	18/01/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	All those admitted to Ivydene should be provided with up to date accurate information about the service.
2	7	Care plans should include details of actions which need to

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		be taken by care staff to ensure that all aspects of health, personal and social care needs of individuals.
3	8	<p>The registered person should ensure that unnecessary risks to the health of people using the service are identified and so far as possible eliminated.</p> <p>This relates to management of acute medical condition of a person currently living at the service.</p>
4	8	The psychological health should be monitored regularly and restorative care should be provided.
5	9	A record should be kept of the administration of all prescribed medications. This included prescribed cream and ointments.
6	12	Plans to improve activities provided at the service should continue to be developed.
7	15	Staff should ensure that assistance in eating, where necessary, is done so discreetly sensitively and individually.
8	16	Up to date details relating to contacting the CQC should be updated in all copies of the home's complaints procedure.
9	27	The registered manager should ensure that there are sufficient staff on duty at all times to meet the assessed health and social care needs of all people living at the service.
10	38	Plans to ensure that training records reflect an accurate up to date record of training undertaken by all staff, including dates for refresher training, should be undertaken.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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