

Acorn Lodge (Bournemouth) Limited

Ivy Lodge

Inspection report

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Tel: 01202593593

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on Saturday 26 November 2016 and was unannounced.

Ivy Lodge is a small care home providing the regulated activity accommodation and personal care for up to seven people with a learning disability. On the day of the inspection there were seven people living in the home. All the bedrooms were single occupancy. There was a large open plan lounge and dining area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to keep people safe. They were supported by training and the provider's safeguarding policy to ensure they knew what to do when concerns needed to be reported.

Staff told us they were supported through supervision and were provided with sufficient training to carry out their job roles.

Staff were recruited safely. The recruitment process was robust and followed the provider's recruitment policy. This made sure that suitable staff were employed to care for people. There were enough staff on each shift to meet people's needs and wishes.

People and their relatives were involved in planning the care and support they needed to lead an active life.

Medicines were stored and administered appropriately. Only staff that had been properly trained were able to give people their medicines.

People were supported to eat and drink enough to meet their needs and to make informed choices. Staff ensured people obtained advice and support from health professionals to maintain and improve their health.

Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who did not have capacity to make some decisions.

Staff were kind and caring. People were supported by staff that understood them very well and enabled them to be themselves.

Staff were responsive to people's needs and there were systems in place to ensure any concerns or complaints were responded to appropriately. People were encouraged and supported to engage in

activities they were interested in.

The registered manager was a visible presence in the home and supported and enabled a culture which focused on the needs and wishes of the individual.

There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because staff understood how to recognise and report abuse and had the necessary training.

Risks were managed and people were enabled to be independent.

There were enough staff on each shift to ensure people's needs were met. Recruitment was robust ensuring that staff employed had the right skills and attitude for the role.

Medicines were managed safely by staff that had been trained and their competency monitored.

Is the service effective?

Good ●

The service was effective

Staff had the knowledge and skills required to support people effectively.

Staff understood the importance of consent and followed this in their day to day care.

People were supported to eat and drink enough.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring

People had developed positive caring relationships with staff.

People were supported to actively express their views.

People's privacy was respected.

Is the service responsive?

The service was responsive

People's care needs were personalised and responsive to their individual wishes and preferences.

People were supported to maintain relationships that were important to them. People participated in activities they were interested in.

Complaints were listened to and acted upon.

Good ●

Is the service well-led?

The service was well-led

There was a positive person centred culture in the home.

The registered manager provided good leadership and support.

There were systems in place to monitor quality and focus on improvement.

Good ●

Ivy Lodge

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 26 November 2016 and was unannounced.

The inspection was carried out by one inspection manager.

Before the inspection we requested and received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information we held about the service which included notifications regarding safeguarding, accidents and changes in the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We talked with and observed daily life for six of the seven people using the service, one relative who was visiting, we spoke with three members of staff and the registered manager. We looked at the care records for three people, observed life in the home, looked at a variety of records related to the running of the home. We looked at two staff recruitment records, medicines records for two people and quality assurance audits.

The last inspection was in 2014 when no concerns were found.

Is the service safe?

Our findings

People told us they felt safe. We spoke with a visiting relative who told us; "I trust them implicitly." One person told us; "staff are nice".

Staff understood how to protect people from abuse. Care staff we spoke with were aware of the provider's safeguarding policy and told us they knew how to keep people safe. Staff also told us that they knew what to do if they suspected abuse and who to contact in the local authority if the registered manager was not available.

Staff were focused on the needs of the people living in the home. In the provider information return sent to us it stated "Staffing levels are consistent and in the twelve and a half years of operating we have only ever used our own trained, checked staff and never once used agency staff." We spoke with staff who confirmed that agency staff were not used ensuring continuity and stability for people in the home. Staff told us that they worked a long shift to ensure that there was continuity for people. Working a shorter shift meant that people might have to have their activity cut short. Staff told us that a longer shift benefited people living in the home. Staff also told us "We all work well together as a team."

There were sufficient staff to meet people's needs. Staff were able to support people with individual activities. So for example one person was able to go out for the morning and there were enough staff working to enable other people to stay at home. Staff had enough time to spend engaged in conversations and indoor activities. For example, one person had regularly gone on holiday with a relative and enjoyed sharing their photograph album of those trips. Staff took time to share conversations with this person and reminisce about their travels.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, including accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well. For example one person had risk assessment guidance in place for how they had to be supported both before the meal and signs to watch out for after the meal as they were at risk of choking.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people started work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. The people who lived at Ivy Lodge were also involved in staff recruitment. Potential staff members were

introduced to people and time was given for interaction as part of the interview process. The registered manager told us that people enjoyed showing potential staff around their home. After the interview process people living in Ivy Lodge were asked their opinion about the person before a decision to appoint them was made.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from medicines trolley and people were provided with appropriate drinks to aid them to take medicines. The Medication Administration Records (MAR) had been correctly completed. All senior staff who dispensed medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home. The provider's information return stated that only senior qualified members of staff handled medicines. We found this to be the case.

Is the service effective?

Our findings

People told us that staff understood them. One person said " I like staff they listen", throughout the day staff took time to ensure people were able to express themselves and they demonstrated they knew people well and knew how to support them by their kind and thoughtful actions, such as ensuring people were not forgetting their hats and gloves when they went out in the cold weather.

Staff had the knowledge and skills to meet people's needs. Staff told us they felt the training supported them in their job by giving them the skills to understand people and support them effectively. One member of staff said they appreciated the practical support the registered manager provided in working alongside them in a shift. They felt this helped build their confidence.

People were cared for by well trained staff. The registered manager used a training plan to manage the training needs of the staff team. Staff told us they felt the training met their needs and enabled them to provide the best care and support they could. The plan detailed training the provider considered mandatory such as medicines management, equality and diversity and dementia awareness.

All staff completed an induction which included completion of the Care Certificate within the first 12 weeks of employment. Induction allowed staff time to learn and understand what was required of them and allowed for trust to be built between staff member and the person using the service. Consent was important staff at Ivy Lodge and covered all aspects of people's lives. From asking if staff can enter someone's room, consent to take photos, share information with certain professionals and consent to administer medicine. Staff were very aware that they were supporting people in their own home and did not take this for granted. Staff told us they never assumed that someone wanted to do something they always asked and had confirmation before proceeding. For example, one person who normally had contact with a relative at the weekend was asked if they wanted to speak to the person as staff were aware they were engaged in a television programme.

All care staff were supported through regular meetings. Supervision with staff took place at regular interval and staff told us they could approach the registered manager at any time if they were unsure about an aspect of their job. Staff valued the registered manager's day to day support and told us that they could discuss any aspect of their work during supervision.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights under the MCA were upheld. Staff were clear that people were assumed to have capacity to make their own decisions unless they were assessed as not having capacity to make specific decisions. We saw how people were asked their consent for day-to-day decisions that affected their care and how people were supported to make decisions by being offered a small range of choices. They were then given the time to make their own selection. A staff member explained how they supported a person who does not use verbal communication to be able to express their wishes in regards to their personal care. There was also guidance in one person's health plan for staff about who they should approach if the person needed dental work and it was in their best interests. Staff understood which professionals they needed to contact to arrange the appropriate support and decision making.

People were well supported by staff during mealtimes. People were able to make their own food choices. For example, one person chose their meal from a variety of different items brought to them by a member of staff on a tray. Staff also checked that they were sure and offered them a chance to change their minds. People could choose where they ate. For example, one person came to the table to eat after everyone else had finished which was their preference. Guidance was in place for people who may be at risk of choking. For example, one person needed their food to be soft, moist and cut into bite sized pieces. Staff knew this and made sure their food was the right consistency before it was served.

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. For example, people were supported to attend dental appointments and staff understood when this was a cause for anxiety for some people and they ensured they were supported through the appointment.

Is the service caring?

Our findings

People told us staff were caring. People had comfortable relationships with staff and shared activities had developed these relationships and enabled meaningful conversations. People told us; "staff help me" "staff know me". One person told us that; "K (member of staff) makes the best tuna pasta bake".

People and staff were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. Staff communicated well as a team, arranging who was providing support to people. This was also based on what the individual's view was so people were asked who they wanted to go out with and were enabled to make choices not just in what to do but in who they wished to share the experience with.

Staff told us that they provided a service that put the person at the heart of everything they did. Staff explained that people's choices, wishes and goals were the driving factor in how people were supported. Nothing was done without the person's wishes and choices being listened to first.

There was a good rapport between the registered manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. The registered manager and staff spoke with knowledge and understanding of people. People's relatives were encouraged to be involved in their care and support. This involvement included taking part in formal care reviews with staff as well as day to day contact.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the care they received. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand so the care plan stated; 'I need staff to explain to me what they are doing step by step'. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support.

Staff respected people's privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

Is the service responsive?

Our findings

People told us staff responded to their needs. One person told us that they were able to visit their friends. Another person said that staff were kind and took them to appointments. Not everyone was able to express themselves but throughout the day staff responded to people quickly and with thoughtfulness.

People's care plans were detailed and informative. They included records of initial assessments completed before the person moved into the home. The care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required.

Care plans were written in a personalised way, including what and who was important to the person. For example, for one person the guidance for staff was around how they should be supported and what staff needed to do to reassure the person this included the tone of their voice. For another person their care plan was specific about how they liked to look each day and what staff needed to do to ensure they were smart. Another person's care plan stated how they should be consistently supported when they woke in the night.

Care plans were reviewed each month. Any changes in the support required by someone were changed in their care plan at that point in time. These plans were followed by staff to make sure the person received the support they need and in a way that they have chosen.

People were supported to take part in activities. There were several photograph albums of the trips and holidays people had been on together. For example, last summer people had decided on a week filled with day trips rather than to go away. The photograph album was filled with pictures of trips round the local area including a local monkey sanctuary and boat ride round Poole harbour. People chose their activities based on their interests so for example, some people liked to go out at the weekend and one person went to a café with staff support. They said they liked coffee which is why they wanted to go out even although it was a cold day. Another person liked to visit their friends at another home

People's communication needs were clearly described. For example, for one person there was detail on their preferred way of communicating and what specific gestures meant. It also gave staff guidance on how to speak to the person in calm reassuring tones. Another person had a communication plan which detailed the particular sounds they made and what they meant. One person needed staff to explain what they were doing step by step especially when giving personal care. Care records for one person recorded that staff should not give up trying to work out what someone's gestures meant.

The registered manager told us they had received one complaint about the service. A complaints procedure was available in written and pictorial formats to assist people to make a complaint. The registered manager

had clearly documented the response and action taken to ensure the complainant was happy with the outcome. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Is the service well-led?

Our findings

People told us they liked the registered manager and staff. We could see from interactions that the registered manager knew people extremely well. Throughout the day people laughed and chatted with the staff and the registered manager and shared stories about previous activities.

The registered manager promoted an open and inclusive culture in the home. Staff told us they were well supported and said they were able to raise any concerns with the registered manager and were confident that they would be addressed. Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. Staff told us they appreciated that the registered manager worked alongside them.

People were valued and respected. The home's culture was one of mutual respect and a desire to ensure people lived the life they wanted to. The registered manager had through induction and training and working alongside staff ensured that everyone understood that their role was to enable people to be safe and supported. Training, supervision and regular meetings ensured that staff knew this and always acted in the person's interests.

Quality assurance systems were in place and used to monitor and identify improvements within the service. A range of audits were carried out by the registered manager and the provider. The registered manager told us that he was considering how best to seek people's views as questionnaires were not always returned from other professionals. Satisfaction surveys had been carried out annually, including to relatives and external professionals. Relatives who had responded were very satisfied with the care being provided to their family member. Staff told us they knew that audits took place and that the registered manager discussed improvements in meetings so they could learn and improve the quality of their work.

The home was maintained to ensure people's safety. For example, at a recent kitchen inspection the home received a five star rating. Electrical equipment was regularly tested and there was a maintenance plan.

Incidents and accidents were monitored on a monthly basis. The registered manager told us that he was in regular contact with health care professionals who supported people in the home and that their guidance was sought to ensure risks were minimised as soon as possible. The registered manager investigated incidents to learn from them and put in place measures to ensure the person was safe.

There was a culture of continuous improvement. The registered manager and staff team worked with people living in the home, relatives and other stakeholders to learn and develop the service from their comments and wishes. Staff told us that they listened to people and took action to enhance their experience of care. For example, following a recent complaint staff had changed their approach to similar situations and handled people's expectations differently. The registered manager and staff participated in regular updates and training events arranged by local groups. The registered manager told us he kept up to date with current good practice through these events but also through contact with other managers and professionals providing care and support to people with a learning disability.

