

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Ivy Lodge

212a Howeth Road, Ensbury Park, Bournemouth,
BH10 5NZ

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Acorn Lodge (Bournemouth) Limited
Registered Manager	Mr. Matthew Druce
Overview of the service	Ivy Lodge is situated in a residential road in Bournemouth. The home is registered to provide accommodation and personal care for up to six people on a permanent basis and one person on respite. Nursing care is not provided. It is set back from the road and has parking space for approximately five cars. Accommodation is provided in single rooms with ensuite facilities. The respite facility comprised a room with ensuite facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People living in the home were able to choose how they spent their time and what activities they wished to participate in. Staff addressed individuals by their preferred name and supported people to maintain their independence.

People told us they had been involved in assessments of needs and developing their care plans. Care plans we examined were person centred and individualised. Records included information about how people preferred to communicate, such as using signs or photographs.

There were suitable safeguarding procedures and practice in place that ensured people were protected from harm.

People were supported by suitable numbers of experienced and qualified staff. We noted that staffing levels were flexible and influenced by activities people wanted to do. Staff confirmed that they had received training appropriate for their roles and were regularly supervised.

The home had suitable quality monitoring systems in place. People living in the home and their representatives were consulted about the running of the home. Any areas suggested for improvement were acted upon.

People were involved in planning meals and preparing them. There were a range of activities that individuals could participate in, such as shopping, visits to the pub and holidays both in the UK and abroad.

People were able to maintain their independence, risk assessments were in place to ensure they were safe for example when travelling on public transport.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with the manager, one member of staff and four of the people that were at home on the day of inspection. We observed interactions between staff and people and viewed care records of three of the four people we spoke with.

People were supported in promoting their independence and community involvement.

People were able to choose how they furnished and decorated their personal space. Two people showed us their bedrooms. We noted that they had DVDs and CDs of their favourite films, television programmes and music. One person particularly liked characters from a film series and had a large collection of figures and posters from the films. The other person told us they were proud of the colour scheme they had chosen for their room.

People who use the service understood the care and treatment choices available to them. People living in the home were able to make decisions about how they spent their time and the care they received. People's plans included information on how they would like to be supported and their preferred name. People had been asked whether they wanted to receive help with personal care from a female or male carer. One person said that they had chosen the pictures and photographs in their care plan and had been involved in deciding how their needs should be met. They had signed to indicate their involvement.

We saw there were sufficient staff available to support people in activities of their choice, such as cooking or shopping. We noted two people returned from a shopping trip with staff and had purchased items for a cooking session later that day.

When necessary risk assessments had been completed and arrangements put into place to ensure people were safe when going out. These included how many staff were required to accompany an individual when away from the home, to keep the person safe. One person's plan detailed activities where they needed to be accompanied and supported by staff, such as shopping. There was also information where a person would benefit from

being part of a small group. These activities included holidays and cooking in the home.

People expressed their views and were involved in making decisions about their care and treatment.

We saw that where a person needed assistance to make decisions and consent to care their family members had been involved. We looked at three care plans and found that each plan included information about the person's preferred method of communication. These included use of pictures, easy read information, signs and the use of closed questions to allow a 'yes' or 'no' answer.

Care plans and daily records showed a person's right to exercise choice had been upheld. We noted words such as 'prompt' and 'encourage' had been used to show this.

We observed people being called by their preferred name. We also observed staff requesting permission to enter their bedrooms.

Plans were being made for a long week end away to Blackpool and staff prompted and encouraged people to pack items of clothing they would need. People were able to say what time of day this wished to do this, a group of three people had decided to go to the pub for some "chips and Coca Cola", before they packed. We noted that people were given time to complete activities.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with the manager, one member of staff and four of the people that were at home on the day of inspection. We observed interactions between staff and people and viewed care records of three of the four people we spoke with.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw staff supported people to carry out activities they chose. For example, one person who went out was prompted by staff to make sure they had money to purchase a drink.

People could participate in activities such as visiting pubs and cafes, shopping and holidays to places of their choice. One person told us that had suggested the long weekend in Blackpool this year. The manager explained that people had a holiday in the UK one year and had a foreign holiday on alternate years. The manager said that previous holidays abroad included a cruise to the Canary Islands and a holiday to Mexico.

We looked at three care plans and found that they were written from the person's viewpoint. Photographs and easy read formats had been used to ensure the person was able to understand what had been written. When the person was able they had signed to indicate their involvement in the care planning process. Care plans had been reviewed regularly and updated and changed if needed.

There were details in care plans of how individuals wanted to be supported with personal care and their particular routines. We found clear details of how people wished to be supported with their personal care. These included what the individual was able to do for themselves, such as cleaning their teeth or shaving.

People were supported to maintain contact with their families and friends. Each plan had information on risks that might occur, for example when cooking or going out of the home. The risk assessments detailed the number of staff needed to support the individual when going out to ensure they were safe.

We saw that people were seen by health professional such as the GP, chiropodist and

optician when needed. When a person declined to see a health professional this was noted. Staff also ensured that the individual was offered the opportunity to see a health professional, such as the dentist, even if they had declined previously. People were weighed each month as a means of monitoring their health.

The manager told us that the majority of people had medicines on an as required basis. We saw that there were suitable storage facilities and records were kept accurately. There was information on specific ways people preferred to take their medicines, such as in food.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people living in the home, but what they told us did not relate to this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The home used the local authority's multi-agency safeguarding policy which clearly set out types of abuse that could occur and the responsibilities of staff to report any concerns. There were also local procedures for actions staff would need to take in the event of an allegation being made. For example, the need to report to the local authority immediately where abuse was suspected. There was also information on Deprivation of Liberty safeguards (DoLs) and when this should be considered in relation to a person's care.

Staff files showed that staff had received training about safeguarding people. The manager was able to explain the process of raising a safeguarding alert with the local authority.

We noted that the home held personal money for people. This was locked in the safe and separate envelopes and forms were kept for each person. When an individual required some money we observed them signing for this, if they were able to, with a member of staff countersigning. The balance was also checked at this time. The manager said that balances were checked daily by two members of staff and recorded.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with people living in the home, but what they told us did not relate to this standard.

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

We looked at three staff files of members of staff that had been recruited in the past twelve months. Each file was clearly set out and information was easy to find. We noted that prospective staff had undergone checks on their suitability to work, such as Criminal Records Bureau checks. References had been obtained from their previous employers and there were details of their full employment history.

We found evidence of the person's identity and a recent photograph of the staff member. There was information on induction and further training undertaken.

We spoke with a staff member who confirmed they had not commenced employment before all checks had been carried out.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the manager, one member of staff and four of the people that were at home on the day of inspection. We observed interactions between staff and people and viewed care records of three of the four people we spoke with. There were enough qualified, skilled and experienced staff to meet people's needs.

The manager told us that the home did not have a keyworker system because there was only a small number of people living there. They said that all staff were involved in supporting each individual in the home. This meant that people benefitted from knowing all the staff who supported them and anxiety was reduced if a staff member was ill or on leave.

We saw that staffing levels were flexible according to activities people were undertaking. For example, when we arrived in the home there were two staff members on duty. Another two members of staff had taken people shopping. When they returned from their shopping trip, a further member of staff arrived at the home to assist with supporting the group of three people who wanted to go to the pub. One of the three people was initially unsure of whether to go out, but they changed their mind. They told us their "favourite member of staff was going."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people living in the home, but what they told us did not relate to this standard.

Staff received appropriate professional development and supervision. The manager reported that staff were supervised at least six times a year. Staff we spoke with confirmed this.

We looked at three staff files and noted that training they had received and needed had been documented. Each person had induction training. Specific training people had received included understanding people's behaviours and improving social skills. We saw that staff had received mandatory training such as fire safety and food safety and received regular updates. We spoke with a member of staff who had recently started. They confirmed that had received induction and mandatory training. They also said they hoped to undertake training for a relevant national vocation qualification (NVQ).

The manager told us that training was recorded on a training matrix when it had been completed.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with the manager, one member of staff and four of the people that were at home on the day of inspection. We observed interactions between staff and people and viewed care records of three of the four people we spoke with.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

The Quality Assurance and Continuous Improvement Framework policy in the home linked directly to governing regulations and covered all aspects of the regulations

When we arrived at the home, one of the people living in the home was busy putting surveys into envelopes for health professionals for this year's quality assurance review.

The manager said that each person had a weekly planning meeting with a member of staff to discuss their week's activities. One person we spoke with said that every Monday they had "diary time" to plan their week. We noted that a meeting was also held weekly with all people living in the home to decide the food menu for the week.

Checks of the environment were carried out regularly and recorded. These included gas and electrical systems checks, fire audits and drills and records of food temperatures.

The manager told us that surveys are sent each year to staff, health professionals, relatives and people that live in the home. We saw people's surveys had been designed in east read with pictures to aid independence. Topics covered in the surveys included food, environment, activities and choice.

The manager said that the last complaint the home had was over four years ago. They showed us comments and thank you cards received from relatives of people living in the home. Examples included: "Very many thanks for your care and kindness." and "Delightful environment in which [they] live and the wonderful people who care for [them]."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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