Care Quality Commission

Inspection Report

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

Ivy Lodge Retirement Home

Briergate, Haxby, York, YO32 3YP

Tel: 01904760629

Date of Inspection: 25 June 2013

Date of Publication: July 2013

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

Standard	Result
Respecting and involving people who use services	✔ Met this standard
Care and welfare of people who use services	✔ Met this standard
Management of medicines	✔ Met this standard
Staffing	✔ Met this standard
Assessing and monitoring the quality of service provision	✔ Met this standard

Details about this location

Registered Provider	Ivy Lodge Care Limited
Overview of the service	Ivy Lodge is registered to provide care and accommodation for up to 34 older people. The building is situated in a residential area of Haxby, some four miles from the centre of York. The home provides accommodation on two floors. There is a choice of communal space and a passenger lift to the first floor to make access easier. The home has a garden area, and parking places are available for visitors.
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 25 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and used information from local Healthwatch to inform our inspection.

What people told us and what we found

Everyone told us they were satisfied with the care they or their relative received. People told us that they were treated with respect and were able to make choices and decisions about their care. Comments included "We are very lucky to live here, I am glad to call this my home." People also told us that they had ample opportunity to attend a range of social and leisure opportunities. They told us that the food was 'delicious' and that they were well cared for.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place which helped to ensure that medicines were well managed. People were supported to manage their own medicines where this was appropriate.

Records we looked at confirmed that staff received training in areas such as first aid, infection control and safeguarding. Staff we spoke with told us that they received 'good support from the manager' and that they received useful/appropriate training.

There were a range of effective quality management systems in place to assess and monitor the quality of service that people received. People's views and opinions were sought and their comments were acted upon.

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 and 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

People told us that they were treated with dignity and respect and that they were able to make choices and decisions in all aspects of daily living. Comments included "I am always spoken to in a nice manner. I choose what time I get up and I go to bed whenever I like" and "I have been here a while. I am able to make choices about how I spend my time. We get a good choice of meals." Another person told us "The new owners are very nice they talk to us and ask us what we need."

People expressed their views and were involved in making decisions about their care and treatment. Residents meetings were held every two to three months, the last one was held on the 12th June 2013. This gave people the opportunity to voice their opinions and have their views heard about the service. Copies of minutes from these meetings were put on the resident's notice board with dates for the next meetings. People told us "We had a meeting recently. We can raise suggestions and ideas."

People were supported in promoting their independence and community involvement. We spoke with people at the home who told us that they could choose how to spend their time. Comments included "I choose what I want to do. I like watching television but there are all sorts of things going on here" and "We have a fellowship day where speakers attend and we receive Holy Communion." A relative told us "There is a noticeboard with social activities displayed, such as keep fit, crafts, trips out and church services. If people don't want to go they don't have to."

People's views were sought about the home wherever possible. The new owners were purchasing some new chairs. They were testing different types and getting feedback from people so that they were provided with chairs that were comfortable for them. People also told us that the new owners were asking their opinions regarding how the home could be improved and said that they felt involved in these decisions. This enabled them to make choices about the environment they lived in.

We looked at two people's care records and saw that general risks to wellbeing were recorded. However, this was a general tick list risk assessment and not always valid to the individual. The provider may like to consider reviewing their risk assessments to ensure that they remained person centred and valid to the individual. We saw evidence that some people had been encouraged to sign their care records and some evidence that where they were unable to do so they were signed by the person's representative. This helped to ensure that people were involved in decisions about their care.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that they were happy living at Ivy Lodge and were well cared for. Comments included "I have been here a while, it's all very nice and very comfortable" and "We are all well looked after, I'm glad this is my home. We are very lucky." A relative told us "We think our relative is looked after well."

We looked at two people's care records in detail during our visit. The manager told us that a pre-admission assessment was completed before people moved into the home to make sure that people's needs were known and could be met. Information was gained from the person's relatives or representatives and from other relevant health professionals where appropriate. People were encouraged to visit the home and were given information to help them decide if the home was the right place for them. Although the manager confirmed these assessments were completed they were not available in one of the care plans viewed.

We saw that basic care plans and risk assessments were in place. The provider may like to note that one of the care plans viewed during our visit was not up to date as it did not reflect the current needs of the person accommodated. We found that risk assessments were standardised so did not address individual risks. Care plans overall could be provided in a more person centred way to reflect the individual needs, wishes and aspirations of the people accommodated. Assessments to monitor nutrition and other risks to people's safety and welfare could also be developed further to ensure the welfare and safety of service users.

Despite care records requiring attention in some areas, all of the comments about the standards of care received from people living at the home, the staff who worked there and relatives who were visiting were positive. We observed interactions between people living and working at the home. There was a warm and friendly atmosphere and it was clear that people working at the home knew the people living there well. We observed people chatting to the owners, chatting to the staff and observed people popping their heads into the kitchen to thank the cook for their lunch. All of the people we saw during our visit were dressed appropriately with attention given to people's hair and nails. People looked well cared for.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

One person told us "The staff look after my medicines. I am quite happy about this. They come and give them to me."

People were supported to manage their own medication where this had been risk assessed and it was deemed safe enough to do so. We saw when people did self medicate then their medication was stored in a locked cupboard within their room.

We looked at the storage, administration, recording and disposal of medication. We found that medication was stored properly. The home had a locked medication cabinet and a room where medicines could be safely locked away. The home used the 'monitored dosage system' to dispense medication. This system provided medicines in pre packed blister packs.

The medicine administration records (MAR) were correctly recorded and if medication had been refused or if for example someone was in hospital the code to reflect this was recorded. We checked the medication fridge; staff were recording the temperatures of this fridge on a daily basis to ensure it was maintained at the correct levels.

We carried out a random sample of stock and all were found to be correct. The deputy manager carried out monthly audits of medication which include stock counts. In addition to this the manager also carried out a six monthly audit of all medication systems. This helped to protect people from the risk of harm from poor medicines management.

We looked at the controlled drugs and carried out a random audit of some of the medicines held. All were correctly recorded within the controlled drugs book, signed by two people when administered and stored correctly.

During our visit we found that one member of staff was administering medication without formal certified training having taken place. They had undergone training with the manager and had formal competencies carried out. The provider may like to consider whether the current in-house training arrangements are providing staff with the right skills and knowledge to carry out this role safely and appropriately.

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

People we spoke with told us "The staff are all very nice" and "There are plenty of staff around." We also spoke with relatives who told us they did not have any concerns about the care at the home or about staffing levels. They told us "The staff have been here for a long time so we know them; it's a nice friendly home."

We spoke with two members of staff. They made comments such as "We have plenty of staff, three on each shift. We get good support and receive all our compulsory refresher training" and "I really enjoy working here." All the staff we spoke with said they received good training from the organisation covering subjects such as manual handling, first aid, infection control and safeguarding. The staff also said they felt well supported within the workplace, and were able to raise concerns straight away.

We spoke with the manager of the home who confirmed that training was ongoing for the staff team. The manager told us that various training was available such as fire safety, safeguarding adults, moving and handling and health and safety. Additional training was provided in topics such as dementia care. We talked to the manager about more client specific training for example in topics such as diabetes, epilepsy, pressure care or nutrition. The manager said that she would review the training provided looking at the needs of people accommodated.

The staff we spoke with confirmed that they received regular supervision. They told us that they felt well supported by the management team and were able to raise issues. This helped them to deliver care and treatment safely.

We asked for and were given copies of staff rotas for June 2013. We were told that there were three carers on duty on a morning and on an afternoon and this was consistent with the rotas. In addition there was also a manager, deputy manager and senior care staff on duty. All of the people we spoke with felt that staffing numbers were sufficient. Comments included "My buzzer is answered quickly" and "There are plenty of staff around to help you if you need it."

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

Relatives we spoke with said they were happy with the care at the home and had no complaints. Comments included "If we have concerns we raise them, things are addressed straight away.

People we spoke with and staff we interviewed told us that that they felt confident in taking any concerns to the management team. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The previous survey had taken place in 2012. We saw that a detailed report was completed of the results of what people had said about the home and what action had been taken.

We were told that the last residents meeting was held in June 2013 and we saw that the minutes of this meeting were displayed on the notice board. This helped keep everyone up to date with what was happening within the home. There were no designated relative meetings as relatives were able to attend these meetings. However we spoke with the new owners who told us that as they were new to the service they would hold a meeting for relatives. The owners and management made themselves available to people both living at and visiting the home. These informal systems gave people the opportunity to express their views and to raise any concerns as they arose.

The home had good, effective quality monitoring systems in place. Daily, weekly and monthly checks were carried out by staff at the home to ensure that equipment used was in good working order. Regular audits had been carried out by the manager. There was evidence that learning from incidents/investigations took place and appropriate changes implemented. The home carried out individual analysis of falls and accidents; however, the provider may wish to consider a more formal monthly system to collectively monitor for trends so that action could be taken to stop issues re-occurring. We could see that the relevant professionals were contacted for advice and support where this was required. Decisions about care and treatment were made by appropriate staff at the appropriate level.

There was a suggestions/complaint book available in the reception area of the home. No

complaints had been received. All of the people we spoke with said that they would have no hesitation in raising issues with staff at the home. The new owners were actively seeking people's feedback on all aspects of the service and they took account of complaints and comments to improve the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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