

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: 28 May 2014

Date of Publication: June 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ivy Lodge Care Limited
Registered Manager	Miss Susan Lesley Starkey
Overview of the service	<p>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.</p>
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 28 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We carried out this inspection to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, speaking with visitors, speaking with the owner and manager and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no recent applications had needed to be submitted. All staff were due to receive training in this area and the manager confirmed that they understood when an application should be made, and how to submit one. This meant that people were safeguarded as required.

People received an assessment which helped to ensure that the home was able to meet their needs. We saw care plans and risk assessments were in place to help ensure people's safety and welfare. Information was reviewed regularly to ensure that it was up to date and reflected any changes.

The home had systems in place to make sure that managers and staff learnt from events such as accidents, incidents, complaints, concerns and whistleblowing. This helped to reduce the risks to people and helped the service to continually improve.

Is the service effective?

Individual choices and decisions were documented in the care plans we looked at and staff reviewed these decisions on a regular basis. However, people did not always sign their agreement to their records. This meant that it may be difficult for the provider to evidence who had input to people's care file development and that the decisions made about care

were agreed by the person who used the service or their representative.

All of the people we spoke with said that they liked living at the home, said they felt listened to and would recommend the home to others.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. One relative told us that they visited the service regularly and were delighted with their parent's care.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the provider and where necessary action was taken to make changes or improvements to the service

Is the service responsive?

Since our last visit the service had reviewed their care records to ensure the care being delivered was appropriate for those who lived there. They had implemented a professional visitor sheet and updated the care plans.

We saw that the home had responded to suggestions made within questionnaires or within meetings and people were confident that the home would respond to any concerns if they were unhappy. They had improved the range of social activities available and carried out a programme of refurbishment and redecoration. Comments included "We have new furniture, including tables and chairs. There are a lot more activities taking place."

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way. Meetings were held so that people could air their views. The relatives and those living at the home who we spoke with all confirmed that they felt able to air their views with the provider and manager and that these were responded to. One person told us "The service is under new management. It has improved. We can talk to the new owners and there is lots more going on."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People told us that their views were sought and said they were able to make choices and decisions about all aspects of their daily lives and routines. Comments included, "I am treated with respect. My care needs are not really discussed, but if I want something I tell them (the staff) and they do it for you." "We can talk to the owners and the manager. They really do listen to us."

Individual choices and decisions were documented in the care plans we looked at and staff had reviewed the decisions on a regular basis. The provider may find it useful to note that not all risk assessments and care plans were signed by the person who used the service or their representative. This might make it difficult for the provider to evidence who had input to people's care file development and that the decisions made about care were agreed by the person who used the service or their representative. When we asked people if they felt their care needs were discussed with them, they told us that they hadn't been but they also said that they were well cared for and said staff knew how to care for them.

We observed staff talking to people and offering choices about meals, drinks and activities. This was done in a supportive and friendly manner which people responded positively to. One person told us "I am treated with respect. The staff always do what they can and it's never a problem. No one comes into my room without knocking first and they listen to what you have to say."

People told us that staff explained what they were doing and respected their decisions about care. One person told us "I can have a bath when I want. The staff are always there to offer me support should I need it." One relative who was visiting the service told us "The staff keep us informed of anything to do with my parent's care. We try to support with hospital visits. Families are invited to meetings so we can express our views."

Where people did not have the capacity to consent, the provider acted in accordance with the legal requirements. Although there were no deprivation of liberties currently in place.

The manager confirmed that they had sought one previously and was clear of the process to follow.

Staff had not yet received training in the Mental Capacity Act or Deprivation of Liberties safeguards but the manager and provider confirmed that they would include this training as part of the safeguarding vulnerable adults training later this year. This helps to ensure that staff are able to support people appropriately and if required to make decisions on people's behalf are able to do so using the proper legal safeguards.

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 liked living at Ivy Lodge. Comments included "I am well very well looked after. It's very good" and "Everything is really great. I wouldn't go anywhere else." Other comments included "I have a buzzer, the staff answer it quickly", "There is all sorts going on socially and you can choose what you want to do" and "The staff are always in and out of the lounge checking on people."

All of the people we saw during our visit looked well cared for with their personal care needs appropriately attended to. We observed staff interacting with people in a calm, respectful and pleasant manner.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people's needs were assessed and each person living at the home had a documented assessment. We saw that some people had signed and agreed to these assessments.

We spent time looking at care records. The manager told us that all of the care records had been reviewed and updated with new documentation since our last visit. Some of the care records contained life history information. This is particularly important for people with memory problems as it helps staff to know and recognise the person as an individual and to focus on things which are meaningful to them.

Care plans contained risk assessments in areas such as falls and manual handling. The provider may find it useful to note that we discussed the benefit of additional monitoring forms which focused on areas such as falls, nutrition and pressure care with the manager. These forms help to identify potential risks and can support services in reflecting how these risks should be monitored.

We saw that care records were being regularly reviewed and updated with input from the individual or their family where appropriate. We saw that input from other health professionals was sought where necessary. This showed that people's health needs were monitored and that care was provided safely.

There were a range of social opportunities available and these were displayed on the

noticeboard. One person said "There is a list and it's up to you what you join in with." We saw that activities for the week of our visit included a film afternoon, hairdressing, chiropody, massage, keep fit, sherry and socialise and an owl and falconry visit. A gardening club and craft class were also starting. This meant that people were provided with a range of social and leisure opportunities.

There were arrangements in place to deal with foreseeable emergencies. There was a manager on-call arrangement. We were told that if people were admitted to hospital that information was provided by the home. We discussed the use of 'hospital passports' being held within people's care records as in the event of an admission to hospital they enable the home to share relevant information about the individual quickly.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

All of the people we spoke with were complimentary about the food. Comments included, "The food is lovely", "The meals are lovely, really great" and "We get plenty to eat and drink. Snacks are available." Another person said "The meals are good really. No menu as such but if you don't like what's on they always give you an alternative."

People's food and drink met their religious or cultural needs. We were told that specific diets would be catered for. The home supported people who were diabetic and ensured that diets and meals supported their needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs. One person said "Tea is always on the go. There are biscuits and fresh fruit. We are offered supper." We observed people being offered drinks and biscuits during the morning and observed the dining experience at lunch. A platter of fresh fruit was available in the entrance foyer which people could help themselves to.

The dining room had been redecorated since our last visit, with new flooring, tables and chairs for people. The tables were attractively set and meal times were used as a social experience for people. We observed people sitting chatting to each other.

We observed staff serving food. They provided support to those who needed it in a dignified manner. They helped people cut up their meal where needed and offered additional utensils to those who required additional support. We saw that people were offered a choice of drinks at lunch. We spoke to an individual who said they were given wine at lunchtime on Sundays. They said they enjoyed this.

People were provided with a choice of suitable and nutritious food and drink. There was a four week menu which was displayed in the entrance foyer of the home. There was a choice available at breakfast, a main meal at lunch and a choice of items at tea time. Although there was only one main meal prepared at lunch, the staff and people living at the home confirmed that alternatives would always be provided if someone did not want what was on the menu.

People were weighed regularly and we saw that information about diet was included within care records. This included people's likes and dislikes and any required support during mealtimes. No-one was currently accessing support from a dietician or doctor in regards to

their weight but the manager confirmed that should any concerns be identified a referral would be made.

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

People made positive comments about the staff. These included "The girls are always nice and so helpful", "The staff talk to me, they are very good" and "We regard the carers as our family. They really are carers in the best sense of the word."

We asked to look at staff recruitment files as part of this inspection. We looked at a mixture of files for staff who were on duty, those who had been recently employed and those who had worked at the home for years.

In the main we found that appropriate checks were undertaken before staff began work. All staff had received a police check to ensure that they were safe to work with vulnerable adults.

There were effective recruitment and selection processes in place. Jobs were advertised. Staff completed an application form and the home requested two references. The provider may find it useful to note that where referees declined to provide a reference an alternative referee should be sought as this helps to safeguard people living at the home.

Once recruited staff received an induction. Alongside their induction they also received training in a number of topics. These included manual handling, first aid, food hygiene, health and safety, infection control and safeguarding vulnerable adults from abuse. This training helped to provide staff with the necessary skills and training to carry out their roles effectively.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us "We have the odd resident meeting", "I could tell someone if I had any worries or concerns but this has never been the case" and "We had a meeting to discuss meals. There are plenty of meetings going on and my family can attend them."

The manager had sought feedback from people living at the home regarding standards of cleanliness and the menus provided. We saw that action had been taken in response to people's feedback. We were able to see how the service planned to make improvements to working practices through these records and documentation. For example, the cleaning schedules had been amended following feedback about standards of cleanliness in an individual's room. The home now ensured that all rooms were cleaned more frequently.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Feedback from these individuals was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was analysed by the provider and where necessary action was taken to make changes or improvements to the service. This was evidenced in the various meeting minutes. We were given access to all the above documents during our inspection.

People we spoke with said they were confident of using the complaints system if they needed to. They told us that they would speak to the staff or the manager about any issues and that action was taken quickly to resolve any problems. Comments included "I could talk to the manager if I had any worries at all" and "We can talk to the owners, they really do listen to us."

Information we received from the manager indicated that there was an open door policy so staff were able to discuss any concerns. The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices which staff could easily access.

The home had a business continuity plan in place for emergency situations and major

incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

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.

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