

Leaf Care Services Ltd

Ixworth Court Care Home

Inspection report

Ixworth Court
Peddars Close, Ixworth
Bury St Edmunds
Suffolk
IP31 2HD

Date of inspection visit:
03 April 2019

Tel: 01359231188
Website: www.leafcareservices.co.uk

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

About the service:

Ixworth Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Ixworth Court Care Home accommodates up to 17 people in one adapted building. During our comprehensive unannounced inspection on 3 April 2019, there were 5 people living with dementia using the service.

People's experience of using this service:

People were supported by compassionate and caring staff who knew them well.

Systems were in place to help protect people from the risk of abuse and harm.

Staff were recruited safely and received on-going support and training to be effective in their roles.

Medicines were managed safely and were available when required.

The environment was clean, and staff followed good infection control practices.

People's nutritional and hydration needs were met, and they were supported to access healthcare professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's independence was encouraged, their privacy respected, and their dignity maintained.

People were occupied with meaningful activity and had opportunities to maintain positive links with their community.

People's end of life wishes were documented.

There was a complaints procedure in place and people's concerns were addressed.

There was an open culture in the service. People using the service, their representatives and staff were asked for their views about the service and these were valued and acted on.

Systems to continuously monitor, assess and improve the quality of the service provided were in place.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned inspection following registration on 10 April 2018.

Follow up:

We will continue to monitor this service according to our inspection schedule.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ixworth Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ixworth Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider and is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority and information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response. We used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People were living with dementia and at times could not always readily tell us about their experiences. We observed the way people interacted with the management team and staff.

We looked at the care records of two people who used the service, including risk assessments, care plans and records relating to medicines administration.

We spoke with the registered manager, three members of staff and a visiting relative. We received electronic feedback from three relatives and three community professionals.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, and staff training and recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe in the home one person nodded and another person said about the staff, "They look after us and keep us safe." A relative commented, "I know that my [family member] is being well looked after and is safe and secure living in the home." Another relative commented, "Most of all [family member] is now in safe hands."
- Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.

Assessing risk, safety monitoring and management

- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, moving and handling and nutrition.
- Risks associated with supporting people to be independent with daily living tasks such as food preparation and cooking had been assessed.
- Identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us that their requests for assistance, including when they used their call bell, were responded to promptly. One person said, "Usually someone about. I will press my buzzer if it is urgent and they come quickly."
- A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. They explained that that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness and as the number of people living in the home increased so would the staffing levels.
- Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Medicines were stored safely and securely in the service. There were procedures in place to ensure the service did not run out of people's medicines.

- Staff were trained in medicine administration and their competencies were checked regularly to ensure they followed company policies and procedures.
- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.

Preventing and controlling infection

- The service was visibly clean throughout. There were hand sanitisers around the service and bathrooms and toilets held hand wash liquid and disposable paper towels to use to reduce the risks of cross infection.
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in food hygiene, infection control and regular audits supported the registered manager to address any shortfalls promptly.

Learning lessons when things go wrong

- Accidents and incidents had been reported appropriately with action taken to make improvements.
- The registered manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. These had also been reviewed externally by an independent consultant.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, a comprehensive needs assessment was undertaken by the registered manager. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.

Staff support: induction, training, skills and experience

- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff were provided with one to one supervision meetings. These provided an opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively and could undertake professional qualifications. A member of staff said, "The training is good, covers what you need to know to do your job and if we need more we only have to ask."

Supporting people to eat and drink enough to maintain a balanced diet

- People's specific dietary needs were assessed and met. People were supported to have enough to eat and drink and to maintain a balanced diet.
- People enjoyed a positive meal time experience. Staff were attentive and supported people who needed assistance.
- People were complimentary about the food they were provided with. They told us that they always had choices of what they wanted to eat, and the quality and quantity of food was enjoyable. One person said, "The food is good, you can have what you want, when you want." A relative commented, ". Thanks to the care provided at Ixworth Court [family member] is now regaining lost weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. They had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken.
- The registered manager advised that a local GP surgery provided a weekly visit at the service, this ensured that any concerns about people's wellbeing were addressed promptly. Feedback from professionals involved with the service was complimentary. One health care professional told us, "I have found all the staff extremely nice and very helpful."

Adapting service, design, decoration to meet people's needs

- The design and layout of the service had been adapted to meet people's needs. There were signs and photographs throughout the home to aid familiarity of environment. People living with dementia had pictures and photographs on their bedrooms to enable them to navigate round and recognise their bedrooms.
- There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required. A relative told us, "The decor and layout being like a home rather than an institutional set up is lovely and in such a short time I have already seen how the carers are helping my [family member] to make them feel at home and get settled in."
- A community professional shared with us that Ixworth Court was, "Clean, spacious and homely with every effort being taken to personalise space in the way which is most meaningful to individual residents. The fact that bedrooms are organised around a central hub of kitchen, living, dining room feels very comfortable and the outside spaces are accessible and safe."

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support. For example, a staff member asked for a person's consent to support them with their medicines.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that the staff were compassionate, kind and caring towards them. One person talking about the staff said, "They are lovely and look after me well." Pointing to a member of staff they continued, "That one makes me laugh, we have a right giggle when [they are] on."
- Relatives were complimentary about the staff approach. One relative told us, "The carers are very patient with all the residents and such genuinely caring people and I know that my [family member] is being well looked after and is safe and secure. They treat my [family member] with respect and are very friendly and kind."
- Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. Staff knew people well and could adapt their communication and approach to meet the needs of each person.
- Positive and caring relationships between people and staff were seen throughout the inspection

Supporting people to express their views and be involved in making decisions about their care

- People and, where appropriate, their representatives were regularly asked for their views on their care arrangements and agreed decisions were reflected in the care records.
- People's care records were on a secure electronic system that kept family members updated and was available by a touch of a button. One relative spoke positively about the accessibility of using the system, "I'm kept informed on a regular basis of how [family member is] doing and having the [name of electronic system] I can see immediately what is happening and for my other relative] who is further away it's great, such a simple concept."
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed staff putting this into practice during the inspection. Staff were polite, courteous and engaged with people. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff respected their privacy. One person said, "They make sure my curtains are closed and the bedroom door is closed when I need some help with [personal care]." A relative told us, "I have complete confidence in all the staff at Ixworth Court that my [family member] is being cared for with dignity, genuine care and attention. I think they will be able to get the most out of them and give them the best quality of life that they can have."
- Staff were discreet when asking people if they wished to use the toilet or, with their permission, adjusting their clothing to maintain their dignity.
- Staff encouraged and supported people to be as independent as possible. One person said, "I can do

most things myself but will ask if I need help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that they received a tailored service which met their needs. One person said, "I want for nothing." A relative shared with us how their family member had improved since moving into the service, "Prior to admission, [family member] was desperately confused and unhappy. Despite the efforts of the family [family member's] general health was deteriorating; not eating or sleeping properly and had finished up in hospital on a number of occasions because of falls and similar accidents." They added the falls had reduced and their family member is, "Generally more cheerful and sleeping well."
- Conversations with staff demonstrated they knew people well on a personal level. This was confirmed in feedback from people who used the service and their relatives.
- People's care plans were personalised and included information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records.
- People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. This included gardening, reminiscence, games, baking and arts and crafts. External entertainers visited the service including a local community choir.
- A relative told us, "[The registered manager] is amazing; looking at what issues my [family member] faces and trying to come up with solutions to help and looking at the latest research to see what activities they can try with the residents." Another relative commented, "I believe it is because of the quality of care and understanding shown to [family member] that they are always happy to return to Ixworth Court following their weekly trips out for lunch and shopping."
- An onsite restaurant/social club room held weekly events to welcome the wider community.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- People's end of life wishes were recorded, which assured us their choices would be respected at the end stage of life and following their death.
- No one at the time of the inspection was receiving end of life care. The registered manager explained how

the service would work with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives, we spoke with were complimentary with the quality of care provided. One person said, "I think this is a nice place. I would rather be back at home, but I couldn't manage on my own. They [staff] do right by me. They look after me and see I have everything I need." One person's relative commented, "I honestly can't speak more highly of Ixworth Court. I visited them and was shown around and straight away could see how my [family member] would benefit from the simple layout and small group living and I reserved a place for them."
- There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- The registered manager was proactive and acted when errors or improvements were identified and learnt from these events.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was held in high regard and a visible presence in the service. One member of staff said, "[Registered manager] is hands on, knows the staff team, residents and their families really well. Always has time for people. They are a good listener, reassuring, supportive and available when needed."
- A programme of audits to assess the quality of the service and identify issues was carried out by the registered manager. These included regular management reports which covered areas such as staff training, supervisions, care plan reviews, staffing levels, incidents and complaints. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
- There was a commitment to learning and development. The registered manager shared with us that when people using the service had specific needs, additional training was sourced to support staff. Records confirmed that cognitive stimulation therapy to support people living with dementia was planned.
- The registered manager understood the importance of keeping up to date with changes in the care industry.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement in the home.
- The registered manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the service.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their colleagues and management team.
- Staff described feeling valued and listened to by the registered manager and that this contributed to good morale and team working.

Working in partnership with others

- The registered manager had developed positive relationships with health and social care professionals. Records and conversations with professionals demonstrated the registered manager had taken on board advice from external organisations and put this into practice. A community professional told us, "My experience of the service is that it is well and proactively led by [registered manager] who communicates her ethos clearly and is actively involved in developing individual care plans with her residents and staff."