

Aria Healthcare Group LTD

Ivy Court

Inspection report

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Website: www.ariacare.co.uk/find-a-home/ivy-court-in-norwich/?utm_medium=directory&utm_source=CQC&utm_campaign=profile

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Ivy Court is a care home which at the time of inspection was providing personal and nursing care to 44 older people, some of whom were living with dementia. The service can support up to 71 people.

People's experience of using this service and what we found

Risks to people were not adequately planned for, managed or mitigated. Six of the care plans we reviewed contained old or conflicting information, making it difficult to ascertain what care people required to keep them safe. The service was currently using a number of agency staff due to difficulties in recruitment. These staff would be reliant on these inaccurate care plans to know how to care for people, placing them at risk of receiving inappropriate and unsafe care.

Care plans failed to provide robust and consistent information on how to support people who displayed distressed behaviours. In the case of three people who had distressed behaviours, there was not always sufficient information in care planning with regard to how people could be positively supported to avoid, reduce or deescalate the situation. Some people with complex mental health conditions which could impact their well being did not have care plans for these.

The service did not demonstrate how they met their responsibility to be open, honest and transparent. Examples included one document we requested had been edited prior to it being sent to us to include necessary information which was not there before our request. Complaints that had been made by one family member were not included in the complaints file and were not mentioned when we asked about complaints that had been made.

The quality assurance system did not appropriately identify the issues we found at inspection. Therefore, this was ineffective.

The service has had five inspections since May 2017 and has only been rated good at one of these inspections. This 'good' rating and compliance with regulations was only sustained between January and October 2018. This means that people have received an inconsistent standard of care which often did not meet regulations or fundamental standards and the provider has failed in their responsibility to address these issues and protect people from harm.

Medicines were managed, monitored and administered safely.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was 'requires improvement' (2 April 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 18 February 2020. Breaches of regulations 9: Person Centred Care, Regulation 12: Safe Care and Treatment, and Regulation 17: Good Governance. At this inspection the service remains in breach of these regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ivy Court on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendation

We have identified breaches in relation to how the service identifies, monitors and manages risks to people, care planning around distressed behaviours and the governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation around how the service ensures it can demonstrate it has acted upon feedback from people and their relatives.

Follow up

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Ivy Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors. An Expert by Experience made telephone calls to people and their relatives to ask about their experience of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 relatives of people who used the service. We spoke with 12 staff members including the registered manager, unit leads and care staff. We reviewed the care records for 10 people and 3 recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our inspection on 17 and 18 February 2020, we found the service in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were not robust enough to demonstrate safety was effectively managed. At this inspection we found that the service is still in breach of Regulation 12, this is because risks to people were not always planned for, monitored and mitigated effectively.

- Risks to people were not always identified, managed or mitigated in eight of the care plans we reviewed.
- Five of the care plans we reviewed contained inconsistencies which meant it was not clear what care the person required. For example, one person's care plan reflected the need for both a pureed diet and a soft diet. It also referred to one scoop of thickener in drinks and then two scoops. Providing food or fluid of the wrong consistency for this person placed them at risk of choking.
- Care planning was not always in place where people were at risk of choking. Care plans for four people did not reflect what action staff should take in the event of the person choking or how these risks can be reduced.
- Where people had lost weight or were losing weight, care plans were not always clear about how the risk of malnutrition was being managed for five people. One person had lost 6kg between 14 January 2023 and 18 February 2023 but there was no care planning around how they were being supported to gain and maintain a healthy weight. The care plan for another person stated they had not 'lost any body mass' in the previous 6 months. However, this was incorrect as they had lost 11.03% of their body mass in the previous 6 months. There was no care planning around how they were being supported to reduce the risk of further weight loss and malnutrition. The person had been seen by a dietician previously, but the service had failed to refer them again when they continued to lose significant amounts of weight. Food charts did not always evidence people were supported to have a sufficient nutritional intake.
- There were no diabetes care plans in place for those whose records we reviewed. This meant that there was no information for staff to refer to about target blood sugar levels, the signs and symptoms of low or high blood sugar levels and what action they should take. The registered manager told us they were aware of this shortfall but this had not been corrected prior to our inspection.
- Care plans for two people whose records we reviewed did not make clear what care people required to reduce the risk of pressure ulcers. For example, where people were at risk and required repositioning, the frequency of repositioning was not noted. One person had a pressure ulcer but this was not mentioned in their care plan and so there was no information for staff about what, if any, action they were required to take.
- The risk associated with all the above concerns was increased because the service was using agency staff

regularly because they did not have enough of their own staff. Three staff told us they regularly had new agency staff on shift who had never worked at the service before, and this created difficulty for them as they 'didn't know what they were doing'. We also noted a new member of agency staff starting during our inspection. These agency staff would be reliant on people's care records to know what care they required and poor care planning meant that people were placed at risk of receiving inappropriate or unsafe care.

All of the above represented a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our above concerns, relatives told us they felt people were safe in the service. One relative said, "Yes I do think they are safe, there are no problems."
- Appropriate measures were in place to reduce environmental risks, such as the risk of fire or of the presence of Legionella in the water system, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues were acted upon.

Learning lessons when things go wrong

- Incidents and accidents were recorded. There was a system in place for the registered manager to oversee these monthly and action was taken where required to reduce the risk of repeat incidents.

Using medicines safely

- Medicines were stored, managed and administered safely.
- We compared the stocks of medicines against the record of administration. In all cases the quantity of medicines remaining matched with the records, indicating that people's medicines had been administered in line with the instructions of the prescriber.
- Medicines audits were carried out regularly and we saw that action was taken where errors were identified.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- At the last inspection we made a recommendation that the provider reviews their management of staff deployment regarding ensuring staff are readily available to meet people's needs when required and take action to update their practice accordingly. At this inspection we found this recommendation had been met.
- There were sufficient numbers of staff to support people when they needed it.

- People and their relatives told us that there were enough staff and that people did not have to wait long for support. One relative said, "There are always lots of people milling around." Another relative said, "It is very well covered."
- Our observations confirmed there were enough staff to meet people's needs and they did not have to wait long for staff to answer calls for support. We observed that staff were present in communal areas so they could respond to people's verbal and non verbal requests for support in a timely way.
- Staff said that on the whole there were enough staff, but spoke of a high turnover of staff and the use of agency staff leading to a lack of consistency of care for people.
- The service was having to use a number of agency staff to cover shifts as they were in the process of recruiting staff. The registered manager told us they had several new staff due to start working at the service, including some who had come from overseas as part of a sponsorship program.
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks (DBS) and obtaining references from previous employers.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were in place.
- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans for people who expressed feelings such as distress or agitation were not always written in a respectful manner. One person's care plan talked about them in an inappropriate way. Other care plans contained language which indicated the author did not have a good knowledge of supporting people appropriately with distress and agitation.
- Where people's behaviour presented a risk to others, there were not always clear plans in place on how people could be supported to reduce distress behaviours. With regard to one person, there had been a number of serious incidents where they had assaulted staff. A staff member told us of some known triggers for behaviours which were not included in the person's care records.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to provide accurate person-centred information about the support people required. This meant that people were at risk of not getting their needs met in the way they preferred. This was a breach of regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made to personalise people's care records.

- Care records were personalised to include people's preferences, likes and dislikes.
- Care plans made clear what parts of tasks people could complete themselves and what they may need support with. This reduced the risk of people being over supported.
- Where people were living with dementia and may not be able to recall details of their past life independently, there were detailed life histories in place to inform staff about their past.
- Everyone we spoke with told us they were involved in the planning of the care for their relative and were kept up to date with any changes and involved in regular reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was dementia friendly signage throughout the home. Visual displays were in place and a pictorial menu was offered, as well as show plates at meal times to help people make choices .
- Where people communicated non-verbally, details of how they communicated were noted in their care records. For example, with facial expression or head movements.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to appropriately.
- There was a complaints procedure in place and people and their relatives told us they knew how to make a complaint.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships to avoid social isolation.
- People's relatives told us there were sufficient sources of activity and engagement for people. One said, "There was a concert at Christmas and a talk by an Art Gallery. [Relative] is having their nails done too."
- The service had two activities coordinators who provided activities across both floors of the service. We observed that there was a well-stocked activities and crafts room with a variety of activities on offer. During the day we saw people engaged in reminiscence activities and musical activities.
- People's relatives told us they were encouraged to take part in events and have meals with their relative. We were shown a 'private dining room' where people could dine with their relatives in private or hold a private birthday party if they wished.

End of life care and support

- People had care planning in place which recorded their preferences in coming to the end of their life. These were personalised to include people's wishes and involved their families where appropriate.
- Staff had training in providing personalised end of life care.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has remains inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection on 17 and 18 February 2020 we found that the service was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance systems were not robust enough and breaches of regulation were identified.

At this inspection we found that the service had failed to make improvements and there were repeat breaches of regulation. This was despite having a consistent management team in place since the end of 2021.

- We were not assured that the service always acted with honesty and transparency.
- Following the site visit, we requested a copy of a care plan relating to a complaint we had received from a family member. When we received this, we found it had been edited after our request. When we requested the previous version, we could see that a significant amount of necessary information had been added following our request to look at the care plan. In addition, the service did not disclose complaints made by a relative until we told them we were aware of these. This meant we were not assured the service was being open and transparent with us at all times.
- Requests for information made previously had been delayed significantly and not acknowledged by the registered manager until the provider was contacted. In addition, the service missed a deadline for urgent information to be provided in response to our concerns and did not appear to pay due regard to the timescales set by the commission.
- The significant concerns we have identified through the course of this inspection had not been identified and acted upon by the management team through the quality assurance system. In addition, the providers own quality assurance system had failed to identify these shortfalls so they could not be addressed in a timely way. This meant people had been placed at the risk of harm through receiving inappropriate or unsafe care.
- The manager told us that staff on each unit had been tasked with writing care plans. However, there was little oversight of how this was taking place, at what speed and what the quality of these were. One staff member told us they felt they did not have adequate support or knowledge to write care plans which they said were 'new to them' and were unsure whether what they had written was adequate.

The above was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns, most people's relatives told us they felt the service was well managed. They said they knew who the manager was and found them helpful and supportive.

Continuous learning and improving care

- The service has a history of failing to reach and sustain compliance with fundamental standards and regulations. The service has had five inspections since 4 May 2017 and has only been rated 'Good' at one of these five inspections. This good rating was only sustained between January and October of 2018.
- At this inspection the service had deteriorated in compliance in the 'safe' domain and this is now rated inadequate.
- The above history demonstrates that this was not a service or provider that is continually learning, developing and improving the care for the vulnerable service users to which it has a duty of care. Their inability to ensure consistent compliance means that people have experienced care of insufficient quality which could have placed them at risk of physical, mental or emotional harm.

This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service had positive working relationships with outside organisations such as external healthcare professionals.

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

- People and their relatives had the opportunity to attend regular meetings to give their views and participate in discussions about the future of the service. Minutes of these confirmed people's views on future activities were recorded and people were asked to share their views freely.
- Staff also had an opportunity to attend regular meetings where they were asked for their views and input, as well as the meeting being an opportunity to share best practice.
- Surveys were carried out of the views of relatives and people using the service. We reviewed the results of the last survey and found that whilst these were mostly positive, there were some areas for improvement such as people feeling as if complaints were not always acted upon effectively, activities were not sufficient and that the home management required improvement. It was not clear how identified areas for improvement were being acted upon as none of these actions were noted on the whole service action plan provided to us by the registered manager.

We recommend that the service ensures they act upon the views of people and relatives and records how they have responded to these.

- Following the inspection, the service sent us copies of positive correspondence and compliments they had received about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The care and treatment of service users must— be appropriate, meet their needs, and reflect their preferences.