

Care South

# St. Ives Country House Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Ives Country House Care is a residential care home providing personal care to up to 60 people. The service provides support to older people, people who have physical disabilities or sensory impairments and people living with dementia. At the time of our inspection there were 55 people using the service.

### People's experience of the service and what we found:

People were safely cared for by well trained staff who understood their responsibilities about safeguarding. Risks were assessed however people were not restricted and lead fulfilling lives.

A robust recruitment system ensured only staff suitable for caring roles were recruited and use of a regular care agency ensured continuity of care.

The premises were very well maintained and extremely clean and all necessary infection prevention and control measures were in place.

The service was very well-led, and we only received positive feedback about the management team and staff. There was an open culture and people, staff and relatives could easily communicate with the management team due to an open-door approach.

Auditing and planning ensured both good oversight and continual improvement of the service delivery. Staff were supported to develop in their care careers and most feedback from staff indicated pride in working at St Ives Country House Care.

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](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 7 April 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St Ives Country House Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# St. Ives Country House Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector. A second inspector contacted relatives by telephone to obtain their feedback.

#### Service and service type

St Ives Country House Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Ives is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### 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

The 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager, deputy manager, receptionist and briefly spoke with 4 other staff members. We spoke with 2 people and 1 relative. We reviewed a range of records including examples of care records, multiple medicines administration records and 6 staff records to review recruitment processes. We reviewed a variety of records relating to the management of the service including audits and premises safety records.

We received written feedback from 3 staff following the inspection and spoke with 5 relatives on the telephone.

# 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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff completed training in safeguarding and during 1 to 1 supervision sessions with their line managers and at team meeting, safeguarding was discussed.
- Staff could tell us about their responsibilities around safeguarding and understood the term whistleblowing and knew they could report poor practice should they witness it.
- People's relatives, without exception, told us the service was safe. They said, "They were too physically weak to live on their own. They are blind and very independent and are safe now which is a priority for us as a family." Another relative told us, "Most definitely they are safe and well looked after. Staff are consistent and there are regular staff my relative can build a relationship with. And myself too – they know me, and they know my name which is lovely."
- A staff member told us, "I do indeed think St Ives is a safe place to live and work. I do indeed feel the company, management and staff provide a safe place for these residents to live."
- A second staff member told us, "I feel that St Ives is a very safe place to live and work. St Ives is staffed with well trained staff who are kind, passionate and very competent in their job roles. The staff at St Ives are very caring and eager to help and support the vulnerable residents that reside with us."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took actions to mitigate any identified risks.
- People were encouraged to take positive risks and a wide range of activities and outings enabled people to lead fulfilling lives. People also accessed the community independently.
- Following falls, ongoing risks were mitigated using post falls monitoring protocols. These were used following all falls and not just falls involving head injuries or for people prescribed blood thinning medicines.
- Safety was managed throughout the premises by completing regular equipment checks and servicing and by ensuring maintenance was carried out in a timely way. All checks and services were current and in-house monitoring such as water hygiene flushing was done as required.

Staffing and recruitment

- The provider ensured there were enough suitable staff. Each month, or when there was a new admission to the service, a dependency tool was used to calculate the level of staffing required to maintain safety and provide quality care.
- People's relatives gave mixed feedback about staffing numbers however all agreed care was not adversely affected by this. A relative told us, "Yes, I am very impressed with staffing levels. I know they struggle sometimes but it doesn't affect people. My relative likes staying in their own room and when they press the call bell staff always attend." A second relative said, "Most of the time there is [enough staff], but on some

occasions there's not enough I think. Not often. Not to the point that they are lacking numbers to carry out all the tasks they need to complete, which is a lot especially caring for people living with dementia."

- One relative highlighted the difference they saw between permanent and agency staff telling us, "Staff are wonderful, but there are agency staff who are not as good as permanent staff. I don't know about their training. They are sweet and kind, but it is important for my relative to have familiar faces, someone they recognise. It's important for continuity of care."
- A final relative told us, "Yes, there seems to be [enough staff]. The last few months there was a little time when they didn't [deploy enough staff]. But when I visit, I never see anybody that is wanting help but cannot get help. Staffing is satisfactory."
- The provider operated creative and exceptional recruitment processes. An electronic system was used when recruiting staff which would not clear staff to commence in post until all pre-employment clearances had been received.
- The provider also audited a staff record daily in the same way as they reviewed a resident of the day. When we inspected, they had found a staff member recruited some years before had a gap in their employment history. They had subsequently provided their full employment history to complete the record in line with guidance.
- All staff had Disclosure and Barring Service (DBS) checks completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to receive their medicines in a way that was safe.
- The medicines room was well organised and very clean with all current medicines and additional stock accounted for and safely stored.
- There were robust procedures for ordering and signing in medicines and regular stock checks ensured all medicines were accounted for. All controlled medicines had been checked and signed by 2 staff members. A controlled drug is a prescription medicine that is subject to strict legal controls.
- The provider had used electronic medicine administration records (eMAR's) for a long period and all staff trained to administer medicines used the system. The electronic system meant there were few medicines errors and omissions, or late medicines were flagged to ensure they were given.
- Staff were trained and their competency checked before administering medicines.
- Audits were completed at different intervals; weekly checks were made of controlled medicines and a monthly audit gave a clear overview of administration.

#### Preventing and controlling infection

- People were well protected from the risk of infection as staff were always following safe infection prevention and control practices.
- The premises were very clean, where there was a malodour, the provider was working with their cleaning product supplier, shampooing the carpet daily and had replaced the carpet. Alternate types of flooring had also been considered however due to other risks carpet was the only option.
- Staff wore personal protective equipment, (PPE) appropriate to the task they were completing, and PPE stations were set up outside bedrooms should anyone need to be isolated. A person had a virus when we inspected and appropriate and discreet signage was evident to warn people and staff not to enter their room without a mask and apron.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We saw visitors arriving at the service and being welcomed by staff and the management team. They were all familiar with staff who knew them by name and were friendly and professional.



Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Accidents, incidents and near misses were recorded and reviewed both by the management team and by the provider's health and safety and quality teams.
- Learning was shared in care plans, handovers with staff and during a daily 10 at 10 stand up meeting with team leaders.
- Analysis of falls and other incidents was completed, and findings audited each month.

Is consent to care and treatment always sought in line with legislation 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the MCA.
- Appropriate MCA capacity assessments had been completed and best interest decisions made as necessary.
- Applications for DoLS had been made and records held were very clear and detailed. Daily records and audits confirmed that DoLS conditions had been met. The registered manager arranged reassessments of people should conditions on their DoLS no longer benefit them.

# 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 Good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an exceptionally positive, open and inclusive culture at the service. The management team were particularly committed to achieving positive outcomes for people and their staff team. This was evident from the passionate manner in which they reflected on the service, in records and in interactions throughout our inspection.
- The management team had an open-door policy and staff, people and relatives frequently accessed them.
- Throughout our inspection the registered manager and deputy manager consistently showed how person-centred the culture was at St Ives Country House Care. People were the main focus and ensuring they received quality care in the way they wanted it provided was central to their service provision.
- The registered manager was passionate about the people receiving care and ensuring they were respected and treated kindly. They had certain 'swear' words they felt labelled people and were degrading. These were, 'feeding', 'doubles', 'singles', 'aggressive' and 'wandering'. Their preferred terminologies were, 'supporting to eat or drink', '1 or 2 to assist', 'frustrated or showing signs of being upset', and 'walking with purpose, or being busy walking around the home'. They firmly believed that changing terminology changed people's views and understanding, the preferred terms were respectful and avoided negative impact to people and their relatives.
- The provider had effective systems to provide person-centred care that achieved good outcomes for people.
- There was an electronic care record that was completed to a very high standard without exception. Care plans were in-depth, though there was also a shortened version with basic support needs only. There was extensive personal histories which are vital to people living with dementia, staff could speak with people about things they were interested in, places they had visited and family members to enable them to effectively engage.
- The positive culture was enhanced by several measures to benefit the staff team. A staff continuity fund was in place and a monthly amount was allocated to provide treats to show appreciation for staff. In the past this had been provision of takeaway pizzas, these had been delivered to the service by the management team as a treat. Employee of the month congratulated staff who had gone over and above for people and there were annual Star staff awards.

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

- The provider fully embraced their responsibilities under duty of candour and had embedded the ethos at

the service.

- The provider had a set of 'HEART' values, the first of which is 'honesty'. This was evident in staff practice, record keeping and how the management team works with people, relatives and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of a very high quality.
- The registered manager and deputy manager were positive role models to their staff teams and both led, and enabled staff to constantly improve. We only received positive feedback about the management team.
- A staff member told us, "We are very lucky to have the excellent management team that we have at St Ives. They provide us with guidance, support and encouragement to fulfil our job roles. They are always happy and willing to help and support us, and even make themselves available during their days off or nights if we need them. Their support and guidance has helped improve St Ives significantly over the last 3 years."
- A relative told us, "[St Ives Country House Care] is very well – led. The manager is always there for me. Whenever I visit, and I go at different times, they are more like a friend to me. I feel they not only support [relative] but they support me as well."
- There were robust governance systems that gave clear oversight to the management team and senior managers within the provider's organisation.
- A weekly audit was completed which ensured that day-to-day records had been completed including medicines room temperatures, body maps, new admission paperwork and fluid thickeners were labelled. This ensured that none of the day-to-day tasks were forgotten and if they had been, this was noted immediately and could more easily be rectified than if it was found at the end of the month.
- Actions from audits and feedback were added to a service improvement plan that was reviewed at least monthly, and for some actions more frequently. There were also actions such as reviewing the dining experience, scanning power of attorney documents to the electronic care system and recruitment of staff. This was very much a live document and at any time could be reviewed for a current reflection of the service.
- Notifications were made to the Care Quality Commission and other organisations as required.

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

- People and staff were actively involved in the running of the service and fully understood and considered people's protected characteristics. Residents meetings enabled people to contribute, question and request changes.
- There was a strong commitment, modelled by the management team, to ensuring people living at St Ives lead fulfilling lives.
- A relative told us, "They have the best life they can possibly have at the moment. I feel that they feel safe, and they sort of recognise carers. We all feel that this is their safe place now." They added, "There is always something going on. Last week they had animals – furry animals and an owl. Another time they had bingo. They encourage people to participate as much as they can, keep them engaged. You don't see people just sitting in the lounge on their own."
- People and their relatives could attend a regular meeting with the management team and department leads enabling an exchange of views and the management team welcomed people, relatives and staff when they wished to speak with them.
- Surveys were issued at regular intervals to obtain feedback from people, relatives and staff and use of 'you said, we did' posters in the service updated about concerns and solutions. For example, after some very positive staff feedback, there remained questions around pay. These were taken to the senior management team who were constantly reviewing pay to ensure rates remained competitive and a request for hot meals to be reinstated for staff was made.

- The provider had a staff association and there were staff representatives in each service who represented the views of their teams. They attended meetings and raised concerns on behalf of their teams and fed back any new information from the provider.
- Staff completed training in equality and diversity and a job role check list was completed with staff new in post. This covered the practical aspects of a caring role alongside the staff member having to demonstrate interactions with people respectful of their beliefs, culture, values and preferences, showing the importance of treating people with dignity and respect when providing care and demonstrating their own attitudes and behaviours promote emotional and spiritual wellbeing and supporting and encouraging people's own sense of identity and self-esteem.

#### Continuous learning and improving care

- The provider had created and embedded an exceptional learning culture at the service which continuously improved the care people received. The provider management team and senior managers were committed to being current in their knowledge of the caring field. For example, this was reflected in the service by areas of the ground floor accommodation being updated. The addition of new hobbies areas had been recommended by a dementia specialist.
- Staff participated in regular and varied training courses and additional learning was communicated in 1 to 1 sessions with their line managers and team meetings.
- There were robust procedures to ensure all accidents and incidents were reviewed both internally and by health and safety staff within the provider's organisation. Learning from such events was cascaded to teams.
- Staff were encouraged to develop additional skills and there were several staff members who had progressed their careers with the provider because of learning and experiences gained.
- A staff member told us, "I have found that over the years I have been supported within my job role, but I have also been challenged and encouraged to grow and develop and given the opportunity to be promoted. Since the arrival of [current management team], my enjoyment and passion for my work at St Ives has substantially increased and I find myself enjoying and taking pride in the work that I do, and the service I provide for my residents."
- All staff providing feedback believed their suggestions for improvements to people's care and to service provision would be welcomed by both the registered manager and senior managers alike.

#### Working in partnership with others

- The provider worked exceptionally well in partnership with others. There was a regular GP ward round, either in person or remotely and district nurses attended the service daily.
- The provider had developed positive working relationships with health and social care professionals to smooth transitions and ensure people were cared for by the most appropriate services.
- Feedback received from a health and social care professional said, "I find both management and care staff at St Ives Country House very helpful and do feel that they actively work in partnership with me for the benefit of the resident. We have resolved some quite complex issues impacting the residents such as working with myself and GP / District Nursing Team to explore the option of Continuing Health Care (CHC) funding for residents if felt potentially eligible and actively working with myself / family / new care provider to enable a smooth transition to nursing care."
- We reviewed visits by health and social care professionals for a 10-day period around our inspection. We noted the GP had visited and completed virtual rounds, concerns had been reported to the GP surgery by phone and email, several social care professionals had visited to review DoLS applications, and multiple visits had been made by district nurses, a chiropodist and a physiotherapist.