

Aitch Care Homes (London) Limited

Ivers

Inspection report

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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

Ivers is registered with the Care Quality Commission to provide accommodation and personal care for up to 25 adults with a learning disability. On the day of our inspection there were 23 people living in the home. People lived in either the main house or one of four bungalows built on the site. Each bungalow accommodated four people.

At our last inspection in July 2015 the service was rated Good at this service we found the service remained Good.

A new provider had taken over the responsibility of the service in October 2016. There was a new manager in post who was applying to the Care Quality Commission to become the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service cared for people with a variety of needs and abilities. Some of the people were able to carry out their own personal care and support with prompting from staff. Some people could go out into the community independently, others needed support from staff. People demonstrated they were happy in their home; they were relaxed and engaged with staff. One person told us, "It is really good living here".

Staff were visible and attentive towards people they were supporting, noticing when those who could not verbally ask for assistance required help. They responded kindly and compassionately to people, they used objects of reference or signs to ensure they knew what was being requested.

Recruitment checks were robust and there were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was appropriate to people's roles and staff were suitably skilled. Staff were supported through supervision and appraisals. The manager told us specific training needs were currently being identified, for new and existing staff.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

Health professionals were routinely involved in supporting people with their health and wellbeing.

People were involved in planning activities, which was coordinated by learning support staff. Activities included animal care, gardening and IT skills. One person told us, "I like to look after the animals and give them their dinner". The service had their own vehicles which could be used to access activities, appointments and other events.

There was a complaints procedure in place. Complaints had been dealt with in line with the service policy. Audits were carried out to monitor all aspects of the service and action plans developed which highlighted areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Ivers

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 27 April 2017 and was unannounced. It was carried out by an adult social care inspector.

During the inspection we met with the locality manager, regional coordinator, the manager, two deputy managers and a senior support worker. We also spoke with ten people, who lived at the home, nine members of staff and two visiting relatives. Following the inspection we spoke with two health professionals and three relatives by telephone.

In addition to speaking with people, we looked at documentation relating to four people who used the service, four staff recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated good. At this inspection we found the service remained good. People told us they felt safe. One person said, "I do feel safe here the staff help me". One relative told us, "[person's name] is very safe we have never had any concerns, and would know if things were not right".

The provider had a recruitment procedure for new staff. Before staff were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

We checked staffing levels at the service. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. The rotas identified that there were sufficient staff to meet people's needs. The need for additional support for people was identified and some people received one to one support at different times.

The provider had a continuous recruitment programme and had been successful in recruiting a number of new care staff but some had decided this was not the right job for them due to the rural location. We reviewed the staffing rotas for the past four weeks with the manager. They told us, "We do make sure there are sufficient staff available, the agency we use for additional staff are incredibly reliable and ensure they send the same staff to ensure consistency." A deputy manager told us, "The team are very good and will work additional shifts". The manager told us they needed to carefully consider any new referrals to the home until a full complement of care staff was in place.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take in regards keeping people safe. There had been a number of recent safeguarding concerns, which were being addressed by the provider and the local authority. The provider had held reviews to ensure they were able to meet all people's needs. Where needs were unable to be met safely, people were supported to find alternative accommodation of their choice.

Risks to people were identified. We looked at one person's care plan and it showed risks were clearly identified and were specific to the person. There were detailed and clear guidance for staff on how to manage these risks. For example we saw protocols were in place for staff to follow whilst supporting a person in the community. Staff were able to clearly demonstrate full understanding of their responsibilities whilst supporting the person. This meant that risks were minimised and actions taken to help keep people safe.

Risk management plans for people's behaviour identified triggers and cues to their behaviours and gave guidance for calming strategies. The manager told us strategies and risk assessments were updated and in place. For example communication boards had been put in place for people to know the structure of their

day. However although communication boards held pictures of activities taking place they did not hold photo identification of the member of staff who would be supporting them. We addressed our concern with the manager who informed us, the process of gaining photographs of staff was being addressed and implemented.

People received medicines safely from staff who had been trained and assessed as competent to administer medicines. The staff we spoke to who administered medicines confirmed they had received training and their competency to do this task was assessed. People were given their medicines in a safe, considerate and respectful way. Medicine administration records (MAR) were accurate and up to date. Each person had a lockable secure cabinet in their bedroom in which their medicines were kept.

Accidents and incidents were monitored and analysed. Action was taken if concerns were identified. The manager told us, "There were new processes in place for reporting accidents and Incidents". These were reported on an electronic system on a weekly basis to the provider who monitored for trends. Action was taken to reduce risk, for example where people were deemed to need additional support, measures had been put in place to reduce risks.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. One person told us, "I feel safe and know where to go if the fire alarms go off". There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Personal emergency evacuation plans (PEEP's) had been prepared, and were held in people's care plans. This meant in the event of an incident the emergency service would be able to support people safely. Regular maintenance checks were completed by external contractors and staff.

Is the service effective?

Our findings

At the last inspection this key question was rated good. At this inspection we found people still received effective care. One person told us, "We get to choose what we like to do".

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively, which included opportunities to shadow more experienced staff. The manager told us a probationary review was held six months after new staff were employed to ensure the correct competency skills had been achieved. Staff confirmed they had received induction training and support from more experienced staff. One member of staff said, "I wasn't allowed to administer any medication until I had received my training, if I didn't feel confident about doing anything I just said, and got more help".

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as health and safety, fire procedures, safeguarding, moving and handling, medication and MCA. They had also completed training in other key topics related to the needs of people who lived at the service such as learning disability and autism. The manager told us specific training needs were currently being identified, for new and existing staff.

Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. Alongside the supervision, staff received weekly 'job chats'. The manager told us the 'job chats' were an opportunity to ensure staff were spoken with on a regular basis and any issues or concerns were addressed promptly or in supervision meetings. The new provider had completed a supervision audit in March 2017, this concluded some supervision were out of date. The manager told us following the audit action was being taken to ensure all staff received at least six supervisions annually.

The manager and staff understood the principles of the Mental Capacity Act (MCA) and the importance of supporting people to make choices about all aspects of their lives. 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.

Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. People told us they were consulted and supported to make choices, for example, being consulted about recent refurbishments to their bedrooms or agreeing to their photos to be used in the newsletter. One person said, "I know my photo might be seen on our Facebook page but that's OK".

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 MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw legislation had been followed. Where people were restricted due to their disabilities, for example if they were unable to go out without support of staff, the manager understood the need to seek authorisation from the Court of Protection.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. Most people were able to eat independently and required no assistance with their food. Comments made in regards the food included, "I like the food here". "I can have what I like to eat". A chef was employed in the main house. They told us if people did not like what the meal of the day was they could choose an alternative of their choice. Menus were available in easy read format, so people could identify what their daily meal were going to be. A member of staff told us, "We really try to encourage a balanced diet". They gave an example of purchasing a 'smoothie maker', they told us. "We encourage people to put vegetables and fruit into the smoothies they all enjoy it particularly people that wouldn't normally eat fruit or vegetables".

People could see health care professionals when they needed to. Records demonstrated people attended appointments such as doctors, dentists and saw other health professionals as required.

Is the service caring?

Our findings

The service continues to provide a caring service to people. Staff interactions were warm, and respectful, and laughter and playful dialogue was witnessed throughout both days of the inspection. One person told us, "It is really good living here". Another person told us, "Yes I do like living here, the staff are kind to me".

People were treated with dignity and respect. The service cared for people with a variety of needs and abilities. Some of the people were able to carry out their own personal care and support with prompting from staff. Some people could go out into the community independently, others needed support from staff. Personal care support was carried out discreetly and people's privacy was respected. For example, people had their bedroom doors closed and staff knocked before entering. People looked relaxed and comfortable with the staff who supported them and the atmosphere in the house and bungalows on both days of the inspection seemed calm. All of the people looked well cared for and were appropriately supported to their chosen activities for the day.

People received care and support from staff who had the knowledge and skills to support them. Staff were visible and attentive towards people they were supporting, noticing when those who could not verbally ask for assistance required help. They responded kindly and compassionately to people, they used objects of reference or signs to ensure they knew what was being requested.

Rooms were personalised with people's belongings, such as furniture, photographs and ornaments. People were very keen to show us their rooms and were clearly proud of the recent newly decorated rooms. One person told us, "I love my room, I choose what colour I wanted". Another person told us, "I am very happy I like living here". One member of staff told us, "There is always a good family atmosphere, we all come together to support the residents. Great team work". One relative told us, "The staff are very good at listening and know [relative's name] well. When we go for a coffee in the village everyone seems to know them as they are always out and about".

People and staff had built up relationships which gave mutual respect and kindness. When staff entered the building people were pleased to see them. Each person was allocated a keyworker. The keyworkers held the responsibility of ensuring the person had opportunities to discuss their needs and wishes. Care plans included reviews where people had been involved in discussing their care needs. One relative told us, "Keyworkers are very good and make sure we are contacted if they are worried or just want to speak with us." Staff demonstrated an awareness of what their responsibilities were in regards their specific roles and responsibilities to supporting people. One member of staff told us, "We have specific sensory strategies to follow such as social stories, which shows the person what we will be doing for the day".

People chose their individual activities and sometimes did things as a group. For example when we arrived at the service it was one person's birthday. They were setting up a birthday disco and buffet tea. People were supported to care for a variety of animals including chickens, alpacas, and rabbits. One person told us, "I like to look after the animals and give them their dinner". One member of staff told us, "We have a newsletter that we send out to family and friends on a DVD, or people can follow us on our Facebook page." They told

us people had their own iPads which enabled them to be independent on which photos they wished to take and share.

Staff spoke to people in a polite and caring manner. When people needed support staff assisted them in a discrete and respectful manner. Personal care was always provided in the privacy of people's bedrooms or bathrooms. People told us they liked their home and were proud to show us around.

The main house and bungalows were well maintained light and airy and had recently had areas of refurbishment. In the main house there was a communal lounge, an activities lounge and a dining area. In the bungalows people's rooms opened onto communal kitchens or lounge areas. The manager told us plans were in place to add more communal space to the four bungalows. Outside were a selection of secluded courtyard/garden with hard standing patios, plant beds and garden furniture for use by people who lived in the home and their visitors.

Is the service responsive?

Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. One person told us, "They listen to me, and if I want to do something I just say". One relative told us, "There have been some challenges but they have always been responded to in a positive manner".

Each person had a care plan for every aspect of their lives including their communication, behaviour and physical health. These gave staff specific information about how people's needs were to be met. Were people required one to one support to keep them safe, staff demonstrated full awareness of how to support the person. The deputy manager told us, "We know there have been recent challenges supporting people, their care plans have been updated to ensure when they leave the service information is up to date". The manager told us the current formats of the care plans were currently being up dated for all people living at Ivers, they told us, "Keyworkers will be involved and review them with people they are supporting". Where it was appropriate relatives told us they were kept informed of changes and their in-put was welcomed and valued. One relative told us there is always a dialogue with staff and they feel listened to. They said, "We are always involved and consulted when there is a need to tell us about changes". Another said, "We are involved in reviews or with changes within the home. We were told about the changes with the provider and manager and invited to a meeting to meet them".

People were involved in planning activities, which was coordinated by learning support staff. Each person had their own programme of activities which was specific for them. The rota showed which staff member would be supporting which individual to their chosen activities. Transport was available to support people to their daily activities. There were also a variety of workshops within the grounds of the home. Activities included, animal care, gardening, cooking, art and crafts and IT skills. One member of staff told us, "It is brilliant working here, support from the management team is great, we put an idea in the mix and go with it. The students tell us if they want to try new things, we put a note on their care plans." They gave an example of plans to set up a bicycle workshop. One person told us, "We help out at a local toddler group, where we help to put the toys out, make items to sell at local charity shops, hold charity function like fashion shows bake cakes and lots of other things to raise money for local or national charities we are always busy".

On one of the days of the inspection a resident meeting was being held. A member of the local constabulary was available to answer any questions people had in regards remaining safe whilst out in the community and also in their home. Lots of discussions were held where people were given the opportunity to speak. Minutes of meetings or forthcoming meetings were displayed in the games rooms. Staff recorded messages to each other in the communication book, and also passed information over at the daily handover sessions.

People and their relatives were aware of how to make a complaint or who to complain to if they were unhappy. The manager told us, "My door is always open, we have an open door policy." One relative told us, "I have not met the new manager yet but we did get an invite to come along to a meeting and meet the new provider and manager." People told us they were happy living at Ivers and knew how to complain if they had to. Reviews had taken place for people who were not happy living at Ivers, the manager told us. We are

working with professionals and families to ensure the transitions are as people would wish".

Is the service well-led?

Our findings

At the last inspection this key question was rated good. At this inspection we found the service remained well led. There was not a registered manager in place and there was a new provider of the service who had recently appointed a new manager. The manager was applying to the Care Quality Commission to become the registered manager of the service.

There had been a number of recent safeguarding concerns, which were being addressed by the provider and the local authority. The provider had held reviews to ensure they were able to meet all people's needs. The decision had been made some people's needs were not being met. At the time of the inspection two people were being supported to move to different services. One professional told us, "The new provider and manager have identified the same concerns of people's needs being met safely at Ivers. We are hopeful the new provider and new manager are listening and will implement improvements".

The new provider had begun to implement new "Improved" quality assurance systems, which was enabling the management team to identify and address shortfalls. The operational manager told us, "We have a lot of confidence in our new manager; we can already see the changes since we completed a full quality audit in March 2017. For example the recent refurbishments have made a huge difference to the appearance of the house". They told us plans were in place to develop the bungalows to give more communal space.

The manager was supported by two deputy managers and senior support workers. Each home had a main co coordinator who was responsible for the day to day running of each home. The manager told us, "We can be flexible with the staffing during the day as sometimes everyone in the house is out. Staff help each other out. We have a very flexible working team". The manager told us all staff had the correct level of training although recent incidents had identified staff needed additional training to support people who are anxious or upset. They told us, "Workshops are being held, where specific training will be delivered to the members of the management team who will then pass the training back to all staff". The operational manager told us, "Since taking over responsibility for the service we have been listening to staff, and completing quality audits, which includes looking at levels of staff, training and skills".

Staff were very positive about the new management structure. Comments included, "There have definitely been changes since the new manager came into post. It has been much better working here". "The new manager is nice really and making a difference". "The new manager is very approachable". The manager told us, "My door is always open, I know there is a lot of work to do but know the team are behind us".

There was a process in place which ensured staff and people were kept informed of changes. Feedback from people and their relatives was complimentary about the service in particular the new management arrangements. One relative said "We are invited to meetings and social events, we are kept up to date on changes". Another relative told us, "I have not met the new manager yet, but I have been kept updated with all the changes at the home."

The provider knew and understood the requirements for notifying us of all incidents of concern and

safeguarding alerts as is required within the law and we saw that these had been reported appropriately. The submission of notifications enables us to monitor any trends or concerns within the service. They also displayed their previous CQC performance ratings in line with legal requirements