

Aitch Care Homes (London) Limited

Ivers

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ivers is a care home for up to 25 people who have a learning disability or autism. The service had previously been a learning disability college but no longer operated as such. It would be unlikely that we would register this model of service now when considering applications for services for people with a learning disability and/or autism.

This is because there were several properties on one site. 'The House' could accommodate nine people; there were also four bungalows, Tyneham, Crantock, Kenley and Trafalgar, that could each accommodate four people. There were 19 people living at the home when we visited; four more people were staying with their families on the day of our inspection.

The provider had changed the way the service operated so that the main house and the four bungalows were each managed by a deputy manager and had separate staff teams. This was with the aim to personalise the services and to better reflect the Registering the Right Support Guidance.

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

The service was going through a period of significant change and restructuring, in an effort to create five very distinct 'homes' at Ivers. Each would cater for a small group of people with similar needs. This had been delayed due to the significant impact of COVID 19 both within the service itself and in the wider health and social care sector. We acknowledged the real pressures this had placed upon the service, upon people and the staff team.

Medicines were not always managed in a safe and consistent way. Infection control practice was not always in line with current guidance or best practice. Both of these issues were addressed immediately by the registered manager.

The provider and manager's oversight and monitoring of the service had improved. There was an action plan in place to address a number of improvements identified by the provider's monitoring in July 2020. This meant the service was not always providing consistent, high quality care to people.

Staff were very kind and caring and respected people's individuality and diverse needs. However, improvements were needed to ensure people living together were compatible, to make sure the service suited all people living there and to ensure staff teams had the right training and skills to provide specialist areas of support.

There were enough staff on duty to care for people, although some people's staffing levels were being reviewed as their needs had changed. The provider had been very successful in recruiting new staff and reduce the use of agency staff. This means people were provided with more consistent staff support.

Relatives had mixed views about the quality of care, communication and their involvement in the service.

People who lived at the home told us they were happy at Ivers, well cared for and liked the staff who supported them.

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. Our report was published in June 2019.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns we had about medicine administration, infection control, staffing levels, people's compatibility, communication with families and quality assurance processes. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Ivers

Detailed findings

Background to this inspection

This was a targeted inspection to check on specific concerns we had about medicine administration, infection control, staffing levels, people's compatibility, communication with families and quality assurance processes.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ivers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors in relation to COVID 19.

What we did before the inspection

We reviewed all of the information we had received about the service since the last inspection. We sought feedback from the local authority and from other professionals who work with the service. We had not requested the provider send us a 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 were able to gather this information, where relevant, during our inspection.

During the inspection

We spoke with three people who lived at the home about their experience of the care provided. We spoke with two assistant managers, three care staff, the registered manager and the regional manager.

We reviewed a range of records. This included people's care records and medication records.

After the inspection visit.

Between 31 July and 12 August 2020, we received feedback from one person who lived at the home and from six relatives about the quality of the service. The registered manager provided us with copies of specific care records and a range of records relating to the management of the service including staffing rotas, staff training records, audits, policies and procedures. They also sent us copies of recent compliments they had received from both people who lived at the home and from their relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about medicine administration, infection control practice and staffing levels. We will assess all of the key questions at the next comprehensive inspection of the service.

Using medicines safely

- People had medicine files and guidelines, however we found medicines were not always managed safely. There was a risk that people may not be receiving their medicines as prescribed as there were gaps in Medicine Administration Records (MAR). One member of staff told us there had been many medicine errors since medicines had been dispensed from boxes and not blister packs. This had led to changes whereby two staff sign for medicines. However, we reviewed three MAR charts and found that administration errors were still occurring as there were gaps in the records.
- Some people needed staff to apply creams to ensure their skin remained healthy. We reviewed two people's records which showed protocols were not in place and the creams were not being applied as prescribed. We found creams were not recorded as applied from 20 July to 24 July. This meant the person was at risk, because it was not possible to tell if their cream had been applied.. One staff member informed us it was very important that this person had creams applied daily as their risk of skin break down was high.
- Where people took medicines when required (PRN) we found there was a risk they may not be given their medicines as prescribed. For example, one person's PRN for pain relief had been increased. There needed to be a four-hour gap in the administration of the medicines. Although staff were signing the MAR chart to say they had given the medicines, they were not recording time given. Guidelines were not in place to ensure the medicines were given at the correct time. We addressed our concerns with an assistant manager who said they would ensure guidance was put in place.
- People had their medicines stored in their bedrooms. Staff made sure medicines remained at the recommended temperatures through daily checks. One person told us, "I wouldn't be very safe with my medication myself so the staff give me my tablets but they let me choose when to have it. I stay up late and they don't rush me to take it or rush me to go to bed. Also, they let me see my medication whenever I ask because I can feel better that we count it together. If I worry it's going to run out, they don't mind showing me that it is all ok." This showed a personalised approach to their medicine administration.
- The registered manager told us they were aware of the errors in medicines administration and were addressing the concerns. Following our visit, the registered manager wrote to us and said they had reviewed and improved medicine administration.

Infection control

- Because of the increased infection risk to people during the COVID 19 pandemic, CQC undertook an Emergency Support Framework (ESF) assessment with the provider on 14 May 2020. The outcome of this assessment showed the service was managing infection control.
- However, on the day of our targeted inspection in Trafalgar we found infection control was not being effectively managed. For example, although people were being supported with personal care, staff were not wearing the full PPE in accordance with government guidance. One member of staff informed us they had "Run out of aprons and would need to go to the house to get some more."
- The assistant manager informed us there were no set guidelines for staff to follow on entering and exiting the homes. We discussed our concerns with the registered manager and regional manager who agreed to address the concerns with immediate effect.

Staffing and recruitment

- There were enough staff on duty to provide people with safe care and support. One person said, "Staff are in my bungalow all the time. I think sometimes we could do with more staff but generally it's ok. We have really cut back on agency staff, which is good because I prefer our own staff. Agency staff don't interact with us as much."
- The provider had been very successful in recruiting new staff in the last year. When we last inspected they had vacancies for 15 full time staff; they now only had three vacancies. This had significantly reduced the use of agency staff.
- People had a wide range of staff support. One person was supported on a one to one basis, 24 hours a day; others had one to one support ranging from 10.5 to 77 hours per week. Some people did not have any contracted one to one support so shared staff who were on duty.
- Relatives who contacted us said how important consistent staffing was to their family member. One relative said, "In general we feel the core staff members who support [name] are very good and where standards in his care occasionally dip this seems to be a result of a greater use of agency staff and increases in the rate of staff turnover in the last couple of years."
- Another told us, "In the last year we found out that [name] was not accessing activities they had been doing, due to lack of staffing. We found this quite hard to understand due to the hours of one to one. We get the impression rightly or wrongly, that a high proportion of agency workers have been used in the bungalow, which was not the case previously."
- The staffing rotas we looked at showed that staffing had improved and that there was much less use of agency staff. This meant people were supported by staff they knew well and who understood their needs. The registered manager said, "Staffing has massively improved. We've had a big influx of recruits, especially in the last two to three months. We are looking at some people's staffing, as their needs have changed so really need some more one to one. One person's staffing has also reduced from 68 hours to 28 hours one to one as he is doing so well and needs less staff support."

Is the service caring?

Our findings

At the last inspection this key question was rated as Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the compatibility of people. We will assess all of the key questions at the next comprehensive inspection of the service.

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

- The different homes accommodated between three and eight people. People sharing sometimes had very different skills and needs; this led to issues of incompatibility and made it more difficult to develop the skills of staff. One person said, "I get on with everyone. I respect them and they respect me. Some people though need a lot more help. I do lots of things for myself but not everyone is like that. Sometimes I think we could do with more staff because it's a lot for staff to do, looking after some people here."
- The registered manager agreed compatibility was an issue; they confirmed the service did not suit everyone who lived there. They told us, "We are looking at the compatibility of people. We are not there yet in getting this right. One person's placement is not sustainable due to their care needs. Quite a few people here should also be looking at [moving to] supported living. Some funders are keen for people to move on."
- The provider had a plan to develop the service; this had been delayed due to the impact of COVID 19. Part of this plan was to create five very distinct 'homes' at Ivers; each would cater for a small group of people with similar needs. This would also enable staff to be trained to provide specialist support, such as in using adapted communication like sign language, pictures or 'social stories' (a tool to help individuals with autism better understand the nuances of interpersonal communication).
- The registered manager said, "Since the staffing restructure, things are a lot better. It's more stable. Now we can start looking at each bungalow having a specialist area, its own staff team and train those staff in their specialist area. At present, some staff might only work in a particular bungalow every three weeks, so how can they provide a quality service?"
- People told us they were well cared for by staff. Staff spoken with, and observed, respected and cared about people. People had built good, trusting relationships with staff.
- It was clear the service was the right place for some people. They were happy, well cared for and had benefitted from the care and support provided by staff. One person had written, "The staff here believe in me and let me say what I need. It took a long time but thanks to being here I finally live a full life." Another wrote, "I have improved so much since living here, by trying really hard and listening to the staff and Ivers House has made me so much calmer and happier." One relative wrote, "We believe that Ivers provides [name] with everything he requires to live as full a life as possible."
- There were many positive comments from relatives about the caring nature of staff. These included: "My son has lived at Ivers for many years now and he is extremely happy there. The staff at Ivers also look after [name's] emotional wellbeing and support him well with this", "We believe [name] is well looked after by the staff there, thrives in the generally happy Ivers House community" and "Overall we are very happy that [name] is at Ivers and once again applaud the staff. They show great care, compassion and awareness of [name's] sometimes complex needs."

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 the last inspection this key question was rated as Requires Improvement. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about quality assurance processes and communication with relatives. We will assess all of the key questions at the next comprehensive inspection of the service.

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

- At our last inspection, the provider had failed to ensure that oversight was effective in improving the safety and quality of the care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we looked at the provider's annual survey results, the service improvement plan and recent medicine audit.
- We looked at the provider's medicine audit process. These were carried out regularly but had not always picked up errors we found or prevented a recurrence.
- It was clear that some improvement in medicine administration and auditing was still needed to prevent errors. The registered manager told us after our visit, "In light of more recent discussions, I am also changing the roster patterns of the assistant managers so that they are available across as many shifts as possible to support individual services with double signature/administration, so that this burden is not falling on staff to facilitate and therefore cause pressure leading to errors."
- The provider's quality assurance advisor completed a comprehensive audit of the service on 20 July 2020. This stated, "I last visited Ivers House over a year ago...I have been impressed with the changes I have observed during my visit, including the environment which is much cleaner and more homely." However, the resulting action plan identified 49 areas which still needed improvement, with timescales ranging from two weeks to three months for completion. This meant the service was not always providing consistent, high quality care to people.
- We read the provider's annual survey results, published in July 2020; these are for the whole organisation, not specifically for Ivers. The results were mostly positive, but it was not clear how useful this survey was as part of Ivers' quality assurance process. For example, where people had answered 'no' to questions such as "do you help staff write documents about you" and "do you think there are enough staff members on each shift", there would be no way of knowing if any of those people live at Ivers and whether this needed improvement.
- We acknowledge our inspection took place during the COVID 19 pandemic. It was evident the pandemic has had a significant impact on the pace of improvement within the service. We also acknowledge recently one person very sadly passed away. This had an impact on both people and staff; it has clearly been a very

difficult time but people and staff have been well supported. We will therefore review the provider's governance systems again at the next inspection to ensure high quality, consistent care was being provided.

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

- Relatives had mixed views about the quality of the service and how good communication was between staff at Ivers and themselves.
- Some relatives were very happy with the care provided to their family member. One relative said, "I am very happy with the care and support that [name] receives at Ivers House, and the freedom of movement that the site allows. This is a superb model of residential care, especially for someone with [name's] level of care needs." Another relative told us, "Our son has been at Ivers for 20 years. There have been blips over the years but overall we are very happy with the care provided. He appears to be happy and that's all we want."
- Other relatives were not completely happy with the service, but felt things were improving. One relative said, "We have seen a marked decline in the continuity and standard of care over the past two years in areas of communication, mental health, healthcare and lack of stimulation and activities." Another relative told us, "We believe that the standard of management and aspects of care at Ivers declined somewhat around 2018 after several changes in the management team following the departure of a long-standing site manager. Generally, we feel that care standards have improved once more under the current management team, who are generally responsive to any issues we raise."
- We also had mixed views about communication and how much relatives thought they were listened to and involved. Comments included: "Our wishes are not met or met with negativity. The main being lack of regular updates on our [family member's] wellbeing and activities. We used to have a weekly call, this stopped and despite our repeated appeals to 'prove this works' and had done in the past it was denied, apparently due to lack of staffing and time. Recent communication has been sporadic and only when certain members of staff are available and working", "Communication has been good via staff but not management; this I feel could be improved." and "There have of course been some niggles at times that I have voiced and they have been swiftly dealt with."
- This shows that consistent quality of care, communication and engagement with people's relatives is another area which still requires improvement. The registered manager agreed these areas still needed to be improved further and were part of the service's improvement plan.