

Aitch Care Homes (London) Limited

Ivers

Inspection report

Hains Lane
Marnhull
Dorset
DT10 1JU

Tel: 01258820164
Website: www.regard.co.uk

Date of inspection visit:
16 April 2019
17 April 2019

Date of publication:
21 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This guidance was implemented in 2017 after the service had registered with us. This was because there was The House that accommodated nine people, including one flat and an annexe, and there were also four bungalows, Tyneham, Crantock, Kenley and Trafalgar, that could each accommodate four people.

The service is registered for 25 people and there were 23 people living at Ivers during the inspection. The service had previously been a college but no longer operated as such. It would be unlikely that we would register this model of services now when considering applications for services for people with a learning disability and/or autism.

The provider and manager had recently changed the way the service operated so that The House and two of the bungalows in a group were managed by separate deputy managers and 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:

The manager and staff did not always have a good understanding of the Mental Capacity Act (2005) (MCA) or Deprivation of Liberty Safeguards (DoLS). This was because the conditions on people's DoLS were not known or understood by the managers or staff. People's representative and or professionals had not always been consulted or involved in making best interests decisions.

The provider and manager's oversight and monitoring of the service had not effectively identified all the shortfalls for people. There was an action plan in place to address the shortfalls identified by the provider's monitoring but not the areas identified during the inspection.

People were safe from the risk of abuse. Risks were assessed but the risk management plans needed to be reviewed alongside people's assessments and care and support plans. These reviews were in progress. However, people's monitoring records were not accurately or fully completed.

There were enough staff on duty, but this included a high number of agency staff. Recruitment and retention remained difficult.

Staff felt well supported but had not received supervision and development sessions. Not all staff had completed the provider's training and induction programme and staff had not been trained in people's communication methods. There was a plan in place to address this.

Overall, staff were kind and caring and respected people's individuality and diverse needs. However, improvements were needed in relation to people's dignity and privacy and staff respecting people's identity.

Care and support was personalised to meet people's care, social and wellbeing needs. People had access to a range of activities that met their interests.

People and staff spoke highly of the manager and said they were listened to.
Rating at last inspection: Good (report published 25 May 2017).

Why we inspected: The inspection brought forward due to information of concern.

For action we have told the provider to take please refer to the end of full report.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective 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 responsive?

The service was not always responsive.

Details are in our Responsive 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

The inspection:

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

The comprehensive inspection was brought forward in response to concerns we received.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service did not have a manager registered with the Care Quality Commission. The manager had been in post since December 2018. 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 unannounced.

What we did: Before the inspection we reviewed all the information we held about the service. This included complaints and information we received from contract monitoring and safeguarding teams. We also reviewed any notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We did not request a Provider Information Return. This is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met, spoke and Makaton signed (a type of sign language) with 18 people and one visiting relative to ask about their experience of the care provided. We spoke with 10 members of staff

including the manager, and the provider's regional manager. We also spoke with an agency member of staff.

At the close of the inspection, we asked the manager to share CQC's contact details with people's family members and staff so we could gather further information about people's and staff's experiences. We did not receive any further feedback. We also requested the manager send us the contact details of professionals involved with the service. However, we did not receive this. The manager sent us their action plan, staff training information, complaint responses and surveys as requested.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- People's records were not consistently accurate or up-to-date so that staff had all of the information they needed to keep people safe. There were gaps or omissions in some people's monitoring records. For example, one person with complex health needs, who also had a percutaneous endoscopic gastrostomy (PEG) feeding tube directly into their stomach, needed to be weighed twice weekly to monitor their weight. However, this record was not consistently completed so there was full information for the health professionals monitoring the person's condition.
- Risk assessments were in place to reduce risks to people and staff were able to describe how they supported people to manage any risks. However, the manager acknowledged that people's risk assessments and management plans required reviewing alongside people's care plans to ensure that the plans reflected how staff were currently supporting people.

The shortfalls in people's record keeping were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were systems to keep people safe in the case of emergencies.
- Overall, the environment and equipment was safely maintained. There was a planned programme of servicing of equipment. There was an action plan and programme of refurbishment in place to address those areas of the house and bungalows that were worn, damaged or needed replacement.
- There were ongoing issues with effectiveness of the heating in Tyneham and Crantock bungalows. People had additional radiators in their bedrooms whilst waiting for new underfloor heating to be installed. The manager told us there were risk management plans in place for the heaters.

Systems and processes to safeguard people from the risk of abuse

- People were very relaxed with staff and those who were able to, told us they felt safe. People knew how to report allegations of abuse and easy read information was displayed in the house and bungalows. One person told us they had previously reported an allegation of abuse to the provider's representative. They said they had been supported throughout and were kept informed of the progress of the investigations and the outcome of their allegation.
- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it.
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.

Staffing and recruitment

- Staff responded when people requested their support. There were enough staff on duty to provide people with safe care and support. However, there was very high use of agency staff at the service. The service was

short of 15 full time staff and used between 350 and 400 hours of agency staff each week. The manager told us wherever possible they tried to use the same agency staff but this was not always possible. The rural location of the service made it very difficult to recruit and retain staff.

- Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- Staff recruited prior to the manager starting had not always been recruited and interviewed by members of the management team. This did not reflect best practice as the staff would not have had the skills or authority to make such recruitment decisions. The manager gave us assurances that recruitment would be undertaken by themselves and deputy managers in the future. They planned to look at ways of involving people in the recruitment process.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task.
- Medicines were stored securely and administered safely.
- Medicine Administration Records were complete and contained no gaps in administration. Where people had refused medications, or for creams to be applied, this was recorded.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- For people prescribed medicines PRN, or 'as and when required' staff had a good understanding of when it was appropriate to administer these, and this information was contained in support plans.
- The manager and provider had identified areas for improvement in their action plan and this included reviewing the medication policies and procedures.

Preventing and controlling infection

- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- The house and bungalows were clean.

Learning lessons when things go wrong

- The service had a robust system in place to monitor and learn from any incidents and accidents.
- All accidents and incidents were entered on to an electronic system and reviewed by the manager and representatives of the provider. Learning was also shared by the provider across services.

Is the service effective?

Our findings

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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. However, we and the manager were not able to establish who had any restrictions on their liberty authorised or whether they had any conditions. This was because people's records were out of date and there was not a system for recording whose applications had been made, approved or reapplied for. We identified that at least one person's conditions were not met but we were not able to establish how many other people also had conditions or whether their applications had been authorised. The provider told us following the inspection they had implemented a DoLS monitoring system. However, we have not been able to test the effectiveness of these systems and will fully assess this at our next inspection.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their consent was sought and where people were able to, they had signed to show their agreement to their care plans. We checked with one person, whose care plan included words and photographs and they confirmed they fully understood their care plan and had agreed to it.
- Staff had received training in the MCA but some staff were due refresher training. Following the inspection, the provider told us all staff were being asked to complete electronic training on MCA by the end of June 2019. Staff had some understanding of the principles of the Act. However, this was not consistently implemented. For example, people's capacity to make specific decisions had been considered and mental capacity assessments and best interests decisions had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions in the person's best interests. However, this process did not consistently include professionals and people of importance to the person.

This was an area for improvement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed prior to them moving in to the service. However, the care plans developed from these assessments needed fully reviewing to make sure they reflected people's current needs. This was so staff had clear and up to date plans of how they were to care for and support people. The provider told us following the inspection, they anticipated the reviews would be completed by the end of August 2019. They also told us people's care plans would also be checked by the manager and provider's representatives.

- Staff were very knowledgeable about people and their assessed needs and were able to describe how they supported people. People and staff were fully involved in the reassessments and development of their care plans. Staff told us they planned to involve and consult with people's families and representatives where people were not able to do this themselves. This remains an area for improvement as we have not been able to check the effectiveness of the new assessments and care plans.

- People were supported to have their healthcare needs met, and access healthcare professionals when required such as dietitians, speech and language therapists, learning disability nurses, dentists and chiropodists. However, some people did not have up to date hospital passports which are documents that include important information about people for health professionals. This had been included in the manager's action plan.

Staff support: induction, training, skills and experience

- Most staff had completed the provider's electronic on-line training and the manager had set a timescale for all staff to complete the provider's required training. Following an internal review, the staffing agencies were now only providing staff who had been fully trained in positive behaviour support and with specific medication training so they were able to effectively support and care for people.

- Staff recruited by the previous registered manager had not received an induction or had a probationary review. Staff told us they felt supported, but they and records showed they had not been having regular supervision sessions or annual appraisals. This was an area for improvement. Following the inspection, the provider told us they now have a plans in place for staff supervisions and appraisals.

- Some people used different ways to communicate including using Makaton and using Picture Exchange Systems (PECs). However, staff had not been trained in people's communication methods. One person nodded and smiled when we asked them, by using Makaton, if they preferred it when staff Makaton signed with them. The manager told us there was a training plan in place to address this shortfall. Some staff had also been identified as communication champions who would receive specialist training and cascade their learning to the staff team. However, we have not been able to test whether this training plan has had a positive impact for people living at the service. This will be reviewed at the next inspection.

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

- People were supported to have meals they preferred and met their dietary requirements. Some people did not like healthy meal choices and staff encouraged them to try new healthy foods which they might prefer.

- Most people required assistance with food preparation but they were also encouraged to be independent. For example, we observed staff encouraging a person to choose and make a sandwich for themselves and help prepare the main meal. Staff described how they encouraged people to be involved in aspects of their meal preparation. One person Makaton signed that they liked to help with the cooking.

- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed

guidance from healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- The service and its staff were committed to working collaboratively and were working to build good links with health and social care professionals.

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

- The bungalows were being fitted with conservatories, so people had more communal space. People told us they were looking forward to being able to use them and they had chosen the colour schemes for the furniture.
- People's rooms were decorated as they wished and were reflective of their personality. Some people were in the process of choosing new furniture for their bedrooms.

Is the service caring?

Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- Overall, people's equality and diversity was respected but this was not consistent and was an area for improvement. However, there were some examples of staff not respecting people's identified gender and or their chosen name. One person told us they wanted all of their records to now reflect their chosen name and identified gender. This person's request had not been acted on and this was an area for improvement. The provider told us following the inspection that the person's support plan was being reviewed and this would be completed by the end of June 2019.
- We observed positive interactions between people and staff and it was evident people trusted the staff who were supporting them.
- People were relaxed in the company of staff. People smiled, laughed and actively sought the company of staff.
- People were supported to develop and maintain relationships that were important to them. This included relationships they had developed at the service and with other friends and relatives.
- One person's visiting relative spoke very highly of the care and support of their family member. They said, "Ivers couldn't be more perfect for [person]...staff are always very friendly and helpful and give us updates. We couldn't ask for a better placement. He's always happy and has lots to do."
- People were supported to maintain their personal identity. People were encouraged and supported to dress how they wished, and in a way that reflected their personality.

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

- People had communication plans that detailed how they made decisions and what support staff needed to give them. For example, where a person did not use words, their plan described how they used Makaton and PECs to make their wishes known and make choices. However, not all staff had been trained how to use PECs or Makaton and there was a high use of agency staff. This was an area for improvement so staff could understand and support people to express their views and make decisions.
- For people who communicated verbally they told us they were fully involved and consulted about their views and making decisions. One person told us, "Staff talk to me about everything".

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and always knocked when entering their personal spaces or bedrooms. However, one person told us that they had moved in six months ago and they had requested a key to their flat but they had not yet been given a key. They told us other people repeatedly came into their flat without their permission and this made them anxious and unsettled. The manager told us they were aware of the person's request and agreed during the inspection to contact a locksmith and arrange for a

new key. The provider told us a new lock was fitted three weeks after the inspection.

- People's dignity was not always maintained. For example, hand written labels were placed on some people's drawers indicating what should be stored in each drawer. People told us they did not need these labels. One person's personal furniture in a shared bathroom had the previous person's name on it who had moved out over six months ago. These practices were not dignified and were institutional. This was an area for improvement. The provider told us these labels have now been removed.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves. One person told us that although they were supported on a one to one basis by staff because of their complex health needs that staff encouraged them to learn and try new independence skills all the time. This included cleaning, cooking and doing work experience.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met.

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

- People's care and support plans were in the process of being fully reviewed by the new deputy managers, people and their representatives to ensure they were accurate and up to date. The manager anticipated that these reviews and the care plans would be completed within six weeks. We have not been able to test whether this has been achieved and the review and updating of care plans remains an area for improvement. This is because of the high use of agency staff who may not know people well.
- The manager told us they were committed to providing a more personalised service and planned for people to access more community activities rather than have activities that were historically based at the service when it was a college. For example, people were now using a swimming pool in a neighbouring town and had struck up genuine friendships with the members of the over 55 swimming club. Staff arranged the swimming sessions, so people could meet up and swim with their friends in the community. People also attended a local mother and toddler group for work experience. Other people volunteered at local charity shops.
- Staff showed us the new recording system that demonstrated the one to one support that people were receiving and how they had spent this time. This included daily living activities at home and leisure activities in the community. Each person had a planned programme of activities.
- People and staff told us there were times where they were not able to access the community. This was because of the rural location of the service and lack of public transport. There were also now only four vehicles where previously there had been five. The staff and people told us they were looking at different ways of using the vehicles such as using them in the evenings. However, people living in The House felt they had less access to vehicles than the people living in the bungalows.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that was supported by pictures. People told us they knew who to speak with if they were unhappy or worried about anything. Some people may not have been able to make their concerns known verbally. Their care plans did not include any descriptions of how they would make staff aware of when they were unhappy or worried. This was an area for improvement.
- The manager told us, and showed us correspondence, of how they had addressed an informal concern from a person's relative. They also told us how they had addressed any informal concerns from people. However, these were not recorded to be able to show that concerns were being addressed and acted on. There were some areas of concern that people had raised that had not been acted on quickly. For example, the person who had requested a key to their bedroom.
- We looked at the service's complaints records and saw that one complaint had not yet been resolved to the satisfaction of the complainant. The provider had arranged for a family liaison worker to be involved to look at ways of resolving the complaint. Other professionals were also involved in looking at the ongoing concerns and the investigations had not been fully completed at the time of the inspection.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had been in post since December 2018. They made an initial application to register in January 2019 which was rejected but at the time of the inspection they had not yet reapplied to CQC to register as manager. The manager submitted their application to be registered following the inspection.
- There were a range of quality assurance process in place with the aim of ensuring good governance. The provider's internal quality audit in February 2019 identified multiple concerns and shortfalls relating to staffing, incident monitoring, communication, training, fire safety, building and grounds safety, medication and people's assessments and care plans. An action plan had been implemented and there was some progress being made in meeting the shortfalls identified. However, there continued to be shortfalls in the provider's and manager's oversight of the service.
- The provider's quality assurance systems and processes were not always robust. We identified areas which required improvement that the provider's systems had not identified. These included, ineffective management and oversight of mental capacity assessments and best interest decisions, conditions of people's Deprivation of Liberty Safeguards not being identified and met. In addition, there had continued to be shortfalls in the record keeping for people following the provider's last audit and people's requests to maintain their privacy had not been acted on promptly. This meant the provider lacked sufficient oversight of the service.
- The manager was responsive to any shortfalls we fed back but they had not been proactive in identifying these areas that required improvement. For example, the manager told us they did not always visit the house or bungalows every day and there was not any system for the manager to have a daily update as to what was happening or how people were each day. This was particularly important because the manager needed to have oversight to be able to effectively manage the service. In addition, visitors and professionals were directed to the reception and managers office on arrival at the service. We suggested that the manager should have a daily handover system in place between the assistant managers and themselves. The manager implemented this on the first day of the inspection and told us they felt better informed on the second day.
- We requested information from the manager in relation to actions taken in response to the last fire risk assessment and the contact details of professionals involved in the service. However, we did not receive this. The manager sent us the fire risk assessment and actions taken following receipt of the draft report.
- These shortfalls meant the manager and provider did not have sufficient oversight of the service to identify all of the areas for improvement and use this information to drive improvements.

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

- The provider had acknowledged that the deputy managers needed more time to implement the changes required, and to update people's assessments, care plans and records and to manage the house and bungalows. The provider had agreed that they would increase the amount of time the deputy managers were not working directly supporting people. This meant that as from the week of the inspection they had three days a week supernumerary to undertake their management tasks.
- The provider had recognised the need to change the structure of the service into three smaller services and planned to undertake the monitoring of these three services separately in the future. They anticipated this would make the services more personalised rather than being a part of one large service.

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

- The provider completed an annual survey with people and people's friends and family in May 2018 whilst the previous registered manager was in post. The manager told us there were plans to repeat the surveys with people and their family and friends. Following the inspection, the provider sent us the results of the surveys.
- Staff told us they felt listened to by the management team and they had started to have separate staff meetings for the house and the bungalows. Staff told us there were a few teething problems with the changes of how the new systems were working but all were confident that the outcomes for people would improve and be more personalised with the changes in how the services were being managed.
- People spoke highly of the manager and the deputy managers responsible for overseeing the house or bungalow where they lived. They felt that they were listened to and things were starting to change. One person represented the service at a provider locality forum. They requested that the provider's auditor produce their report in an easy read format and visited the service to explain to people the content of their audit report.

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

- The culture of the service was positive and enabled people to live how they wanted to. There was a lively and friendly atmosphere across the service. People received personalised care which focussed on their individual needs.
- People, who were able to, told us they liked the manager and that they listened to them.
- The manager and provider had implemented an action plan following the provider's internal audit. Progress was being made with most of the actions the internal audit had identified. The manager and deputy manager's anticipated that once the three separate services had established they would be responsible for undertaking their own quality assurance and monitoring with the manager having oversight of these.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was not a system in place for monitoring whether the conditions for people being deprived of their liberty for the purpose of receiving care or treatment without lawful authority were being met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had not established effective good governance systems that had identified all of the shortfalls found.</p> <p>There was not an accurate, complete and contemporaneous record for people.</p>