

# Achieve Together Limited

# Ivers

## Inspection report

Hains Lane  
Marnhull  
Sturminster Newton  
Dorset  
DT10 1JU  
  
Tel: 01258820164






Date of inspection visit:  
15 March 2022  
16 March 2022

Date of publication:  
21 April 2022

## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ivers is a group of care homes on one site for up to 25 people who are autistic or have a learning disability and/or a physical disability. The service had previously been a college for people with a learning disability but no longer operated as such. It is a large service with five properties on one site. 'The House' can accommodate nine people; there were also four bungalows, Tyneham, Crantock, Kenley and Trafalgar, that could each accommodate four people. There were 15 people living at Ivers when we inspected.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

Consent to care was generally sought in line with legislation, although the practice and record keeping regarding people's legal rights to make decisions and/or impose restrictions upon people needed to be improved. This was being worked on. The environment continued to be improved to meet people's individual needs; people were being involved in this process.

People were receiving more personalised care than when we last inspected. Care and support was much more responsive to people's current or changing needs. Improvements were being made with people taking part in more trips, activities, work placements and groups of their choosing. These could occasionally be affected by staffing issues and/or a lack of staff.

People's communication needs were being better met by staff whose training and practice had improved. People had access to healthcare services and received appropriate healthcare support. There had been improvements in medicine administration since our previous inspection, and we found that people's medicines were well managed. Further improvements in staff training were planned.

Ivers is located in a rural location away from local services found in an urban area. The provider had ensured people had support to access the local services they wanted or needed in order to comply with the principles of right support, right care, right culture.

### Right Care

Risks to people were not always properly assessed or sometimes conflicted with other information in care plans. Risk assessments continued to be improved.

Systems, processes and practices generally safeguarded people from abuse and avoidable harm. People were now much safer and there was a focus on continuing to improve the safety culture. People were protected by the prevention and control of infection measures in place. Lessons were now learned and improvements made, when things go wrong.

Staff were recruited in a safe way. There were enough staff to support people, although there remained a reliance on agency staff.

People were treated with kindness, respect and compassion. People's privacy and dignity was respected. Staff were patient, dedicated and caring.

People were now supported to express their views and be actively involved in making decisions about their care and support. People were being supported to become more independent.

#### Right culture

The provider and current management team had worked very hard to develop a positive culture that was person-centred, open, inclusive and empowering. There was a clear improvement plan in place designed to enable the service to measure improvement and deliver good quality care and support. Staff support, team work and staff morale had all significantly improved.

Some people had chosen to move to other homes which could better meet their needs; they had been well supported to choose and move to their new homes. Care and support were continuing to improve and develop for people who currently lived at Ivers.

The provider's improved governance framework now ensured that responsibilities were clear, and that quality performance, risks and regulatory requirements were understood. There was honesty and openness when things went wrong. Concerns and complaints were now being listened and responded to and used to improve the quality of care.

People, their relatives and staff were now much more engaged and involved in the service; all felt the service had improved and hoped it would continue to do so. Relatives still felt both communication with, and their trust in, the service could be improved upon further over time.

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 and update.

The last rating for this service was inadequate (published 21 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found many improvements had been made, however the provider remained in breach of regulations.

This service has been in Special Measures since 21 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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. 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

This inspection was carried out by four inspectors (one of whom was a pharmacy inspector) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ivers 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. Ivers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The provider has, however, sent us detailed monthly reports on the

service as required by the conditions we imposed on their registration following the last inspection. We reviewed all the information we had received about the service since the last inspection. We have met with the provider's nominated individual, operations director and head of regulatory practice online. (The nominated individual is responsible for supervising the management of the service on behalf of the provider.) We also sought feedback from the local authority safeguarding and quality improvement teams who work with the service. We used all this information to plan our inspection.

#### During the inspection-

We visited on two separate days. On 15 March 2022 we met seven people who lived at the home and had conversations with five of them about their care and support. We spoke with eight members of staff including the provider's head of regulatory practice and operations director, one deputy manager and care staff. We reviewed four people's care records and eight people's medicine records.

On 16 March 2022 we met four people who lived at the home and had conversations with three of them about their care and support. We spoke with six members of care staff and again with the provider's head of regulatory practice and one deputy manager. We reviewed two people's care records and one staff file in relation to recruitment.

Two people were staying with family members when we visited; two other people were self-isolating due to COVID 19 so we did not meet these people during our inspection.

#### After the inspection

The Expert by Experience made phone calls to relatives of people who lived at the home. They spoke with nine relatives. We contacted social care professionals who had recent contact with the service for their views; two shared their views with us. We asked the provider to send us additional information. This included copies of a recent staff newsletter, staff rotas, staff meeting minutes and the outcome of a recent safeguarding investigation.



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

Learning lessons when things go wrong. Assessing risk, safety monitoring and management

At our last inspection the provider had failed to adequately assess and monitor the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider's systems, processes and practices generally protected people from avoidable harm. People were now much safer and there was a focus on continuing to improve the safety culture within the service. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us when they raised concerns about people's safety these were taken seriously and acted upon.
- Risks to people were not always properly assessed or sometimes conflicted with other information in people's care plans. Risks were reduced as permanent staff and regular agency staff knew people well. However, the management team acknowledged risk assessments needed to be improved and they were continuing to improve them.
- The service recorded any use of restrictions on people's freedom; managers were reviewing the use of restrictions to look for ways to reduce them.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People spoken with said they felt safe living at Ivers and they knew how and when to raise a safeguarding concern. One person told us, "It is nice at Ivers. I do feel safe. I am very happy here." Another person said, "I do feel safe here. I had a choice in moving and I chose to stay."
- Relatives said their family members were generally safe and some people moving from Ivers had improved

safety. One relative said, "I think [Name] feels safe now. There was a time when [Name] was very frightened by one of their housemates, but [the housemate] has now moved somewhere else."

- Relatives were far more confident about safety when permanent staff were working rather than agency staff. Comments included: "[Safe] yes, but only when there's the right staff working" and "Yes [safe], with regular staff. Not when agency [staff were working] as there's a lack of attention to detail."
- People were generally kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. When safeguarding incidents occurred the service worked with other agencies to ensure people were safe. A recent safeguarding incident had been investigated and changes made to better ensure people's safety. The report had been shared with the person, their parents and other relevant professionals.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

## Preventing and controlling infection

At our last inspection the provider had failed to mitigate the risk of infection transmission and had not implemented guidance to manage COVID-19. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

## Using medicines safely

- Improvements have been made to the way people's medicines were managed since our previous inspection.
- Staff assessed the level of support each person needed with their medicines. They recorded mental capacity and 'best interest' decisions, and risk assessments to make sure people's medicines were managed safely.
- Medicines were stored safely and securely in locked cupboards in each person's room.
- When people were prescribed medicines 'when required', we saw that there were clear and detailed person-centred plans for when they should be given. Staff were aware of, and had training in, the 'STOMP' initiative (to stop over medication of people with a learning disability, autism or both).
- Staff received training in safe administration and had checks to make sure they gave medicines safely. We were told that further training is being arranged to increase the number of staff who can administer some specialist medicines, for example for epilepsy.

- There had been some errors and incidents involving medicines, although these had been reported and investigated appropriately. The number of errors appeared to be decreasing, and managers were auditing and monitoring, to make sure actions could be taken to prevent them happening again.

#### Staffing and recruitment

- The service generally had enough staff, including for one-to-one support for people to take part in activities and trips out. However, there were occasional shortages due to staff sickness which could not be covered and this affected what people were able to do.
- People and staff told us the management team would stay on and "Worked on the shop floor" to make sure staffing levels were never unsafe.
- Staff recruitment processes promoted safety, including those for agency staff. Recruitment of new staff had improved and was ongoing but there was still a reliance on agency staff to cover vacant shifts. The agency staff were often consistent, so they got to know people well, but consistency could not be guaranteed. Sometimes people were supported by staff who were new to them. One staff member said, "The level of agency staff used is still a concern but staffing issues were having far less impact on people than they used to."
- The management team were developing a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support people.

# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to carry out thorough assessments of care needs or to assess the impact of new people moving into the home on others to prevent poor outcomes. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection with regard to carrying out thorough assessments and the provider was no longer in breach of this specific part of Regulation 9.

- No one had moved into the home since we last inspected. Six people had moved to other homes which better suited their individual needs, wishes and aspirations. There were no current plans for new people to move to Ivers. The provider was clear they would complete a comprehensive assessment of a person's needs, wishes and aspirations prior to them moving in should they be able to accommodate new people in the future.
- People had care and support plans that were personalised and included their physical and mental health needs. Care plans did not always accurately describe people's care needs or the care being delivered by staff. One person sat with us and went through their care plan. They said, "I need to do some work with my new keyworker as my care plan is a bit out of date; some things need updating as they have changed."
- One person's plan said they could use the toilet independently but they needed staff support. Another person's plan clearly stated they were on a weight loss plan, but they were not, and the plan had not been updated.
- There were notes in care plans stating they were all currently being reviewed and improved. Staff were honest and open about the need to continue to improve people's care plans to ensure they were clear and accurate. These improvements were ongoing.

Care plans did not always accurately describe people's care needs or the care being delivered by staff. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff who were observed seeking consent from people and supported people to make their own decisions. Some people had agreed to specific ways to manage their support such as with finances, medicines, photographs and internet use.
- Staff had an understanding of the MCA and the principles of making decisions in people's best interests. When people were not able to make their own decisions, others involved in their care had made decisions on their behalf. The management team were now checking if relatives had legal authority to make decisions in people's best interests as this was unclear. Where this was the case, they would now be asking for a copy of this authority to keep as part of people's care records.
- People's records showed that the MCA had not been fully adhered to when undertaking mental capacity assessments and best interests decisions. Records of people's capacity to make decisions and best interests decisions were inconsistent and were sometimes contradictory. For example, one person had capacity to consent to a vaccination but a best interests decision had been made for them. Another person had capacity to consent to taking medicines but a best interests decision had also been made for them.
- All of the authorisations to deprive a person of their liberty were being reviewed by the management team. This was to ensure all had the appropriate legal authority and any conditions were being met. Managers had submitted DoLS renewal applications where they could not see evidence these were done by the previous management or where they had expired. These latest applications included any amendments in restrictions due to people's changing needs.
- To mitigate the risk of poor documentation related to people's mental capacity, the management team had placed written guidance in all support plans. This stated people's plans required review and reminded staff they must promote decision making, remember capacity was assumed and always work in the least restrictive way possible when supporting people. The management team were also planning to deliver workshops to the deputy managers and senior support workers about completing mental capacity assessments, best interests decisions, who should be involved and how the decisions should be worded.

People's legal rights under the MCA had not been fully adhered to when undertaking mental capacity assessments and best interest decisions. Records of people's capacity to make decisions and best interest decisions were inconsistent and were sometimes contradictory. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Our meetings with the provider and the monthly reports they had sent us showed there had been a focus on improving staff training and support. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- The latest staff training records showed high completion rates for on line training courses. Face to face training (such as basic life support) and 'service specific training' (such as gastronomy care) completion rates were lower as training courses had been postponed during the pandemic. New courses were now being arranged.
- Staff told us training and support had improved. One staff member said they were, "Getting up to date with training" and "managers were making sure staff had the training they needed." Another staff member told us, "Training is a lot better now. I have a number of courses coming up."
- Whilst people acknowledged staff training had improved, there were still some minor concerns from relatives and social care professionals. One relative said, "No, definitely not [enough training], but if the carers were given enough resources and training specifically for learning disabilities it might be better." One social care professional told us, "I am concerned about the staff turnover and the impact this has on the availability of skilled and trained staff. [There was a] need for staff who are well trained as well as available."
- Staff supervisions and staff meetings had been carried out. The frequency and quality of supervisions had improved. One staff member said, "Staff now feel better supported and listened to. We have never had the level of support we have now in all the years I have worked here."

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

At our last inspection the provider had failed to provide people with adequate and suitable nutrition and hydration to ensure good health and reduce the risks of malnutrition. This was a breach of Regulation 14 (Meeting Nutritional and Hydration Needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. One person wrote their shopping list whilst we spoke with them. They said, "I choose what I want and write my list but the staff do help me choose things or remind me of things I might need. I'm going shopping after swimming." Another person told us, "I like the food here. I can cook quite well and I often make the staff drinks when I'm having one. I choose what I have."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One staff member told us how they encouraged people to try different foods. They used "Pictures from the internet or PECS (a picture-based communication system) to help people choose. Once they have cooked a new meal I take a picture of it to help in future choices."
- Some people required their food prepared in a specific way or specific support to enable them to eat and drink safely. There were clear plans in place for staff to follow. We saw these plans were followed on both days we visited.

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

- There had been improvements made to the environment, to make this more homely and to improve

accessibility and safety; the provider intended to make further improvements. Several communal areas had been redecorated. When areas had been decorated, people told us different colours had been put on walls and they had signed the one they liked best to ensure the colour scheme was their choice. One person told us, "We did some redecorating. I helped choose the colours and I am very good at painting, cutting in and rolling. I helped paint the annexe."

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. For example, one person told us they chose the décor in their own room and had music symbols on the wall, reflecting their love of music.
- Exterior lighting had been installed outside some of the bungalows when a member of staff had said how dangerous this area was when it was dark; this had made this area much safer for people and staff. There were plans to change one ramp to a grabrail to create "a more homely feel" to one of the bungalows.
- Staff were very positive about the improvements being made to the environment. One staff member said, "Maintenance is brilliant now. It feels much more homely."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People played an active role in maintaining their own health and wellbeing and were supported to attend annual health checks, screening and primary care services. One person told us, "I've just rung my GP [as they had a minor issue]; they've given me antibiotics which I'm picking up later on."
- Relatives told us health care support had improved. One relative said, "The staff at Ivers are usually responsive to [name's] needs, and to any concerns I have. There has been a huge improvement in this since [the last inspection]."
- People had health action plans which were used by health and social care professionals to support them in the way they needed. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they received kind and compassionate care from staff. One person said, "I like the staff. I am very happy here." Staff used positive, respectful language which people understood and responded well to.
- Relatives said staff were kind, caring and respectful. One relative told us, "[Caring] definitely; above and beyond. The staff seem very attached to [name]."
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed and attentive to people's emotions and support needs. Staff members showed warmth and respect when interacting with people. When people were worried or upset, staff spent time with them, explained things and offered reassurance.
- Staff showed genuine interest in people's well-being and quality of life. One staff member said, "Everyone here genuinely wants the best for people who live here."

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

- People told us staff listened to them and they felt valued by staff. One social care professional told us, "There have been some examples of very good work completed by staff on site. Certainly the residents appear very contented and that is a very significant point to keep in mind."
- People, and those important to them, took part in making decisions and planning of their care. Staff now supported people to express their views using a variety of communication methods. One person told us about a review of their care and support and their decision to move to a different home. They said, "I am moving to my own flat where I can be more independent. It is my choice. I have been to see it and am looking forward to moving."
- Staff supported people to maintain links with those that are important to them. People used emails, tablet computers and phones to keep in touch with family and friends. Whilst relatives felt communication had improved, this could still be improved upon further. One relative said, "There has been a real improvement in communication, they're much more open, newsletters have restarted, very good model."

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy. Staff knew when people needed their space and privacy and respected this. One person said, "Staff ask if they can come into your room. You can spend time in your room on your own if you want to." When staff entered each property they knocked at the door, asked if they could come in and greeted people.
- People were now better supported to develop new or improve existing skills and gain independence. One person made their own meals and carried out their own test for COVID 19 before going out. They told us, "I

always do a test before I go out. I wear a mask when I go to the shops. It is safer."

- Staff encouraged people to do as much for themselves as they could. Staff prompted people at each stage of a particular task to help them to complete it independently.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

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

At our last inspection we recommended the provider reviewed the Accessible Information Standard and all relevant good practice guidance in respect of supporting people who use adapted communication. The provider had made improvements.

- Staff now supported people to communicate using their preferred method. People used a variety of communication methods which were described in their care plans. There were visual structures, including objects, photographs, use of gestures, symbols and sign language which helped people make choices, understand information and know what was likely to happen during the day and who would be supporting them.
- Staff had improved their awareness, skills and understanding of individual communication needs. Staff had been trained in using personalised communication systems. One staff member said, "I have recently been on a one-day course to learn the basics of Makaton (a form of sign language). I really enjoyed this and all three of the people [they supported] use some signs, so it has been very helpful."
- There was individualised support such as tailored visual schedules to support people's understanding. One person showed us their pictorial daily planner which helped them make choices about how to spend their day.

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

- Staff provided people with personalised support, although this support was not always accurately reflected in people's care and support plans.
- People were supported and encouraged to learn everyday living skills and understood the importance of personal care by staff who knew them well. One staff member said, "There was an aim around personal care which was to support [name] to become more independent; he is doing really well."
- People were supported to understand their rights and explore meaningful relationships. Some people had friendships with people they lived with and were happy spending time together and going out together. Some people who were not well suited no longer lived together. One staff member said one of the homes was "Much calmer. The last person who was living there wasn't right and there were clashes. [Name] was

scared of the person. Now all three people get on really well."

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

- People told us they were supported to participate in their chosen social and leisure interests on a more regular basis. One person said, "It has changed for the better. I go out for shopping, go for walks, walks and for trips out in the car with staff. There's lots more happening here as well. Things are better now."
- Staff had helped some people find voluntary work, such as at a local farm, café and charity shop. There were weekly drama and arts groups which people took part in. One person told us they really enjoyed helping the maintenance staff and gardener at Ivers. They said, "[Name] is the gardener, he is quite good, he keeps me busy. We have two maintenance people now and I go around and help them."
- Some relatives acknowledged that their family members were doing more but all felt this could be improved. One relative said, "There is a timetable of activities and [name] has been able to go off site for swimming and other social events such as going to the pub and for a walk; it is good that the programme of events can now come back into action including classes such as Yoga." Another relative told us, "We're really disappointed that activities haven't fully resumed. Activities are starting again slowly, it is positive but we would rather see small, realistic, and achievable goals, rather than huge changes which will never happen."
- Staff told us they supported people with activities and trips as best they could. Sometimes these did get cancelled, usually because of a lack of staff. One staff member said, "We had to cancel swimming today, which they love, as we don't have enough staff. It is difficult and frustrating [when this happens]."
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone, email, social media and through video calls. Visitors were welcomed and people often went to stay with their family members or went on holidays with them. One person was away, visiting their parents when we inspected.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Staff explained to people when and how their complaints would be addressed/ resolved. One person told us, "If I am not happy I speak to staff. They do listen to me and sort it out for me."
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the staff team and throughout the organisation if appropriate.
- Relatives said there had been a marked improvement in the complaints process. One relative told us, "The staff at Ivers are usually responsive to [name's] needs, and to any concerns I have. There has been a huge improvement in this."
- One relative told us the provider's new operations director had come to visit them at their home to help resolve their complaint. They said, "He had only been in post for three weeks when he contacted me. We arranged his visit to our home two weeks later. He was affable and honest in that he agreed with most of my observations. Over two hours we discussed the various short-comings at Ivers and he set out his plans for rectifying matters."

End of life care and support

- No one was receiving end of life care when we visited.
- There was a memorial garden to support people in their grief following the passing of a person who lived at the service in 2020. Staff had facilitated grievance counselling and support for one person, to support them following the loss of a parent.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the 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. Continuous learning and improving care

At our last inspection the provider had failed to improve the quality of the service and to consistently assess, monitor and mitigate risks to people's health, safety and welfare. This was a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There was no registered manager in post; the last registered manager left shortly after our last inspection and their replacement subsequently left their post prior to registration. Following the inspection visits, the provider confirmed a new manager had been recruited and would be starting work shortly.
- One of the provider's experienced managers from another service was currently 'acting manager', supported by the provider's head of regulatory practice and two deputy managers. This current management team had the knowledge and experience to perform their roles. They had developed a clearer understanding of people's needs and worked very hard to improve all aspects of the service. They were honest and open about the improvements still needed and were committed to completing these.
- Governance processes were now much more effective and helped to improve the culture of the service, people's safety, their care and support, staff training and support and the environment. The provider now had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. There was a detailed improvement plan in place, with timescales, detailing who was responsible for ensuring improvements were completed and how these would be measured.
- People told us the service had improved and continued to do so. One person said, "Things are better now, management is a lot better. We are not out of the woods yet, but it is getting much better." Relatives said the service was improving and hoped it would continue to do so. One relative said, "[Name] who is currently working as part of the management for three days per week is making positive changes and is a lot more professional and approachable." Another relative told us, "I am hoping that the recruitment of a new manager will be successful in finding the right person for the role and that they are able to continue to make improvements and restore Ivers to its former status."
- Each member of staff we spoke with said the service was improving and this had a positive impact on people. One staff member said, "I am proud of what we have all done as a team. Things are a lot better and [managers were] getting stuck in. We see them a lot more and we have their support." Another staff member

told us, "I feel like things are getting fixed root and branch. Before, I felt like I was on a sinking ship".

At our last inspection the provider had failed to notify the CQC of safeguarding incidents. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. We had been notified of all safeguarding incidents which had occurred so we could check the right action had been taken to ensure people's safety.

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

At our last inspection the provider had failed in their legal responsibility to be open and honest with people when something goes wrong. This was a breach of Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 20.

- The provider apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The current management team had worked very hard to develop a positive culture in which staff valued and promoted people's individuality, protected their rights and enabled them to develop.
- Management were now visible across the service, approachable and took a genuine interest in what people, staff, families and other professionals had to say. One relative said, "There has been a noticeable [positive] change in managers and management."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "I love coming here, I love the people we support. I know this place can be absolutely amazing".
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us when they raised issues, these were now acted upon.

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

- Staff encouraged people to be involved in making decisions about the service they wanted and where they wanted to live. One person said, "I had a choice [to move homes]. I spoke with my social worker about supported living and I chose to stay here." Some people had chosen to move to other homes which could better meet their needs; they had been well supported to choose and move to their new homes. Care and support continued to improve and develop for people who currently lived at Ivers.
- There were better opportunities for family and friends to share their views, but relatives said communication, although improved, could still be better and some trust in the service needed to be rebuilt. One relative said, "Communication [with us] can still be poor. Staff are lovely and doing their best, but any progress is yet to filter down to us." Both social care professional told us communication remained an issue.

One said, "Feedback from families continues to highlight concern about being able to communicate with the site to find out how things are, as well there being evidence of poor communication between staff, such as messages not passed on or responded to."

#### Working in partnership with others

- The management team and the provider had worked closely with the local authority quality improvement and safeguarding teams, people's funding authorities and the CQC to improve the quality and safety of the service provided to people and staff.
- The provider and other organisations attended the regular quality improvement forum organised by the local authority. One social care professional said, "I attend the quality improvement forums held by Dorset so am up to date on how things are at Ivers and the improvements being made."
- There had been a recent meeting with a recruitment coach, to explore opportunities for work placements for people. People told us this was a positive development and hoped it would lead to more work options for them.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans did not always accurately describe people's care needs or the care being delivered by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's legal rights under the MCA had not been fully adhered to when undertaking mental capacity assessments and best interest decisions. Records of people's capacity to make decisions and best interest decisions were inconsistent and were sometimes contradictory.