Iver House Limited

Ivers

Inspection report

Hains Lane, Marnhull,Dorset
DT10 1JU
Tel:01258 820164
Website:info@achuk.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 31 July 2015.

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager was on annual leave, however the deputy manager was available to help us.

Some people living in the home were unable to verbally communicate with us or engage directly with the inspection process. People demonstrated they were happy in their home; they were relaxed and engaged either with staff or in an activity meaningful to them. People were valued and well cared for by staff. People

Summary of findings

and their relatives told us staff were friendly and caring. Staff demonstrated a high commitment to their work and had built up positive relationships with people. People were treated as individuals and their diverse needs respected and met.

People received the support they required in a way which was tailored to their individual needs and preferences .Families told us they were involved in decisions about their loved one's care and they felt listened to. People had an individual programme specific to them. There was a wide range of activities available for people both in the home and in the community. One healthcare professional told us the activities were "second to none and the staff are fantastic at giving people meaningful activity."

Staff, people, relatives and healthcare professionals told us the home was integrated into the local community. For example one relative told us when they go into the village people in the community know their loved one by name and are warm and friendly. People attended social events in the village. One healthcare professional told us staff have made good contacts with the local community and relatives described it as accepting and inclusive.

People were protected from harm and abuse. There were policies and training in safeguarding adults and staff knew their responsibilities for reporting poor practice .People told us they felt safe and relatives told us they had no concerns and trusted their loved ones were safe living in the home.

There was an open transparent culture. People, staff and relatives told us they could approach the manager and felt listened to.

People were cared for by staff with the appropriate skills and experience. Some staff had worked in the home for a number of years and enjoyed their work. There had been five new staff recruited due to vacant posts. New staff were waiting to start work once all the necessary recruitment checks had taken place.

People told us they loved living in their home and liked having their own space. One person told us " it's so comfortable, I love having my own room." People's rooms were personalised with their own belongings and people were involved in decisions about decoration and furniture.

There were regular health and safety checks to ensure the home was safe such as infection control and checks of electrical goods. There were some outstanding maintenance jobs, to do with the general upkeep of the building. The provider had interim plans to carry out essential maintenance work. The deputy manager told us there were plans to have a maintenance person attend the site on a regular basis.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

People were safe. They were protected from harm and abuse because there were processes in place for recognising and reporting abuse. Staff received appropriate training and were able to talk with us about their responsibilities.

People's risks were assessed appropriately and care plans provided detailed guidance on supporting people.

People received their medicine safely. Medicines were administered and stored safely.

Is the service effective?

Good

People received effective care. Staff and healthcare professionals told us staff had the right knowledge and skills to meet their needs

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

People received sufficient food and drink. People had choice and flexibility around what they ate and when.

Is the service caring?

Good

People received kind and compassionate care. Relatives told us staff were caring and professional. We saw staff communicate with people in a friendly and warm manner.

People and their relatives were listened to and involved in making decisions about their care.

People were treated with dignity and respect and their privacy was protected.

Is the service responsive?

Good

People received care that was responsive to their individual needs. People had a detailed care plan which provided staff with guidance to enable them to meet peoples individual needs.

People had an individual programme of activities tailored to their needs. There was a wide range of community and home based activities.

People and their families were able to influence their care by making suggestions or raising concerns. They felt staff would listen and take action.

Is the service well-led?

Good

The service was well led. Staff and health and social care professionals had confidence in the manager.

There were processes in place to ensure regular checks were carried out to ensure a good quality service.

Staff were keen and motivated and knew what was expected of them.

Ivers

Detailed findings

Background to this inspection

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

The inspection took place on 31 July 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. Before the inspection the provider completed a Provider Information Record (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Following our inspection we contacted the local authority's contract monitoring team and the clinical commissioning group involved in the care of people living at the home to obtain their views on the service.

In order to gain further information about the service we spoke with eight people living in the home. We also spoke with six members of staff. We spoke with three relatives and three healthcare professionals.

We looked around the home and observed care practices throughout the inspection. We looked at six sets of care records. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

Good

Is the service safe?

Our findings

People were safe. They were protected from harm and abuse because staff had received appropriate training in safeguarding people from harm and abuse. Staff were able to describe how they would recognise abuse and were aware of their responsibilities to report it. The service had a safeguarding policy which staff were aware of. Staff told us how they would report poor practice and were aware of whistleblowing procedures. People told us they felt safe living in the home. One relative told us they are confident their loved one was safe and described the home as "first class."

People's care plans provided staff with detailed information about how to support people in a way that minimised risk for the individual. The service had a risk assessment policy and people had their risks assessed. For example there were nutritional risk assessments, moving and handling risk assessments and falls risk assessments. There were behaviour support plans for people who needed them. Staff were able to describe peoples support plans and had an awareness of the risks people faced. People's risks were reviewed and updated with involvement from relatives and healthcare professionals where necessary.

People received their medicines safely. Staff received training and were assessed as competent to administer medicines. There were regular checks of the Medicine Administration Records (MAR) and weekly checks of stock. Any discrepancies were picked up promptly. For example, when a medicines administration error occurred and the wrong medicine was given this was reported appropriately by staff. Medical advice was obtained promptly; the person suffered no harm. Following an internal investigation the member of staff received more training and had their competencies to administer medicines reassessed. Medicines were stored safely and securely. When required the medicines were kept at the correct temperatures. There was sufficient information in people's care records to provide guidance to how people liked to take their medicine and possible side effects.

There were sufficient staff to meet people's needs. There were five vacant care worker positions, which meant permanent staff worked extra hours or bank and agency staff were used. One member of staff told us they felt tired sometimes at work because they felt there was more pressure on them either working additional hours or supporting bank/agency staff. However the rosters were covered with sufficient numbers of staff, the deputy manager told us staffing is calculated according to people's needs and depending on activities. The agency provided regular care workers who knew the home and provided a resume of staff which included a summary of their training and photographic identification. New staff were recruited safely and had the appropriate background checks, including references, employment history and criminal records checks. The five vacant positions had been recruited to and new staff were waiting to start work once all necessary pre-employment checks were completed.

Good

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet people's needs. Staff received induction training before they started work and there was an on-going programme of training for staff to develop their skills. Staff confirmed they had received enough training to carry out their roles. For example staff told us they attended a full day training in epilepsy, the day before our inspection. Some of the training included a basic introduction delivered by e-learning and staff then received additional face to face training, for example safeguarding adults, first aid and moving and handling. Some staff were in-house trainers and have received additional training to enable them to deliver training to others. Staff told us "learning is encouraged," training needs are identified in supervision and appraisals. Staff told us there were opportunities for career development for example one member of staff was supported to do a Team Leader Course.

Healthcare professionals told us if staff needed specialist advice they would ask for it and worked in partnership with healthcare teams and follow recommendations. They were confident the staff knew their limitations and worked well with people of varying needs.

Staff received regular supervision and had an annual appraisal. One member of staff told us "supervision is good, we get good support." There was a supervision policy and sessions were recorded and signed and agreed by both supervisor and supervisee. One member of staff described the support and supervision as "amazing." They told us prior to working in the home they did not have previous experience supporting people with a learning disability, however the support and supervision they received enabled them to feel confident about their work and they felt they had grown into the job.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of people who have been assessed as lacking capacity to make specific decisions. Some people did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions. They followed guidance from senior staff to ensure the legal requirements outlined in the Mental Capacity Act 2005 were met.

Staff knew about the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospital from being inappropriately deprived of their liberty. DoLS can only be used if there is no other way of supporting the person safely. The provider had made 20 applications to the appropriate supervising authority responsible for assessing applications to deprive people of their liberty. Two people were identified as not requiring an application for a DoLs. The registered manager made the correct notifications to the Care Quality Commission to inform us of the outcome of DoLs assessments. Staff had received training in MCA (2005) and DoLs, however one member of staff told us they would like further training, and they told us they planned to raise this in their supervision.

People had sufficient food and drink. There was a survey in January 2015 and people who lived in the bungalows wanted to have more autonomy over their main meals. This meant people planned their own meals and each bungalow received a budget. This gave people more flexibility to have their main meals at a time convenient to them. Some people were more independent than others and the level of involvement and support by staff was dependant on each person abilities. Staff asked people for feedback and were still pulling together information received in the questionnaires.

People told us they were happy with the food. We saw people eating a range of different lunches according to their personal choices. People who needed more help were provided with a meal based on their likes and dislikes. Staff used pictures or symbols to communicate with people who were unable to talk verbally. There was a cook in the main house and people were offered a choice. If people did not want what was on the menu, they could have an alternative. People had regular access to various healthcare professionals. For example, people had appointments with opticians, dentists, chiropodists and speech and language therapists. Peoples care plans indicated if people needed additional support to have their health needs met and support was put in place with help from other healthcare teams such as the Community Learning Disability Team.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Staff spoke warmly about people they supported. One person told us “staff are all very good.” Due to some people’s varied and complex needs they had a limited ability to understand and verbally communicate with us. However, staff recognised and understood people’s non- verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. Staff were respectful to people and were considerate of their diverse and varied needs. Staff told us they were motivated to come to work because they care about people and want to make a difference to people’s lives.

People and their relatives were complimentary about staff. People told us staff are kind and friendly and relatives described staff as very good. One relative told us “staff are quality and their communication and person skills are excellent.” We were informed in the PIR that a caring attitude is an essential criteria in the recruitment process. People and their relatives were asked to comment on caring as part of the annual review. Health care professionals told us, staff are caring and very good at communicating with people and meeting their needs. One healthcare professional told us “it’s a fantastic residential home.” People told us they were happy living in the home. One person described a member of staff who they have known for a number of years as “wonderful.” We saw the interaction between them was friendly and mutually respectful. There was appropriate use of humour and we saw people smiling and laughing with staff.

People were supported to give feedback on the home and the support they received. Each building had its own monthly meeting and people made suggestions about places they would like to visit or activities they would like to do. Staff told us the meetings were opportunity for information sharing and for people to make suggestions and give feedback. For example people had requested specific day trips at weekends, which we saw had been arranged. One member of staff told us peoples’ involvement varied although all people were encouraged to contribute in some way and communication methods such as picture prompts/books were used. Relatives told us they felt involved.

People were treated with dignity and respect. Personal care support was carried out discreetly and people’s privacy was respected. For example, people had their room doors closed and staff knocked before entering. People who needed some support at lunch time had one to one support from staff who interacted respectfully with them. They were unhurried and there was a calm and welcoming atmosphere throughout the home. Relatives told us their loved ones had lived in Ivers for many years and it was their home and people were happy to return to it when they have been away. Some people were unable to describe to us there experience of staff and living in the home, however people were smiling and responded to staff positively.

Good

Is the service responsive?

Our findings

People's care was planned and delivered in a way that was tailored to their needs and preferences. People's care plans gave staff detailed information about the person, including their preferences, likes and dislikes and the level of support needed. Care plans included a snap- shot of the person which included 'do's and don't's' for the person and important information, for example one person needed to have someone they knew well with them at healthcare appointments. Care plans were presented in an easy read format so that people could understand them.

People's rooms were personalised and people had their own belongings. One person told us, "I like my own room, my own space, it's so comfortable, all my own things." People showed us around their home and into their rooms, people had made their rooms their own.

People's care needs were reviewed. Care plans were reviewed at least monthly or as required. Where it was appropriate relatives told us they were kept informed of changes and their in-put was welcomed and valued. One relative told us there is always a dialogue with staff and they feel listened to. They feel they can make suggestions and "there is never a no- there's always a conversation." Each person had an annual review which people, family and healthcare professionals were invited to.

People had an initial assessment of need to establish if the home could support them. Consideration was given to ensure staff can meet their needs and that people would fit in with the existing community. People have opportunity to spend time at the home prior to moving in to assess if the move is right for them.

People were involved in planning activities, which was coordinated by three learning support staff (tutors).Each person had their own programme of activities which was specific for them. People were given support to access community based activities, for example work opportunities, shopping and social activities. There was a range of activities within the home. For example animal care, cooking, art and craft, outside activities included swimming, skittles and day trips. One person told us how much they enjoyed the animal care and talked enthusiastically about their responsibilities when caring for the animals. People and relatives were happy with the range of opportunities and one relative told us her loved one was supported to be as independent as possible, for example with shopping and cooking. We saw a group of people being supported to prepare a meal, people were involved at varying stages of the preparation depending on their abilities. We were invited by one person to watch a drama group and we saw people were enjoying the activity and being with each other and staff. Relatives told us the home was integrated into the local community and it was welcoming and accepting. One relative described the community as inclusive and said (people at Ivers) "don't exist in a bubble."

There was a complaints policy and the procedure for reporting complaints was on display and available in easy read format. People and their relatives told us they knew how to raise concerns and they felt listened to. The registered manager dealt with concerns promptly to avoid them escalating into a complaint. For example one relative raised a concern about the level of support her loved one received with personal care. The registered manager investigated the concerns and amendments to the persons support needs were made. The relative was notified of the outcome and a formal complaint was avoided.

Good

Is the service well-led?

Our findings

The service was well led. There was a management structure in place. The registered manager was supported by a deputy manager, two assistant managers and a health and safety coordinator. Each building had a unit co-coordinator who was responsible for the day to day running of each unit and ensuring peoples care needs were met in accordance with their care plan. Staff were aware of their individual roles and responsibilities.

People and their relatives knew who the management team were and told us they were approachable. One relative said the service was "transparent." Staff felt supported by management and told us they could raise concerns and felt they would be listened to. When staff raised concerns, the registered manager dealt with it appropriately and documented actions taken.

One member of staff told us the management team were "fantastic." They told us management were patient in supporting new staff to develop the right skills and told us about their own particular experiences in which they benefitted from additional support to enable them to do their job well.

There was a system for ensuring there were regular checks to ensure the safety and wellbeing of people living in the home. This included environmental checks to ensure the building was safe as well as checks relating to peoples care and support. Health and safety checks were carried out weekly by the unit coordinators and monthly by the health and safety coordinator. For example, water temperatures, electrical equipment safety checks. Actions were tracked by the health and safety co-coordinator. There were some outstanding actions relating to general maintenance, for example chipped paintwork. We asked the deputy manager about this. We were told the provider had a meeting at the home in the same week as our inspection to discuss maintenance issues. An intermediate plan was put in place to use local contractors to deal with outstanding concerns. There were plans for the home to be part of an internal company maintenance schedule, which would involve regular visits from maintenance staff. There were weekly checks of care records and care plans to ensure staff were recording accurately and that people's needs were being met.

There was a process in place which ensured staff and people were kept informed of changes. The registered manager attended operational management meetings and cascaded information to the deputy manager and other staff within the management team. Unit coordinators had a regular meeting chaired by the registered manager or deputy and then held their own monthly staff meetings. There was flexibility to extend handovers if adhoc information needed to be shared with staff. There was information sharing and opportunity for staff to contribute to discussions at staff meetings.

There were processes in place for reporting accidents and incidents and these were reported on an electronic system which was monitored for trends. Incidents and accidents which had been reported were minor household events which had caused either no harm/minor harm, for example one person had tripped when walking out of the house.