

Independence Homes Limited

# Independence Homes Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Independence Homes Domiciliary Care Agency (Independence Homes) provides support for adults with epilepsy and other neurological conditions. Some people may also have physical and learning disabilities or mental health needs. At the time of this inspection, the service was providing support within the regulated activity of personal care to 57 people across seven locations. A further new supported living complex opened in August 2017, but was not in operation at the time of our inspection. Support ranged from a few hours per day to 24 hour care.

The inspection took place over three days. The service was given 36 hours' notice of the inspection in order to arrange visits to three locations and make staff available to speak with. This also enabled us to obtain contact lists of family members and advocates to facilitate real-time feedback.

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.

Independence Homes provided a bespoke service to a high standard. People living with epilepsy benefitted from the provision of services delivered by highly trained staff. Staff had an excellent understanding of people's needs and how to support them safely and effectively. Staff knew the importance of respecting people's choices and advocated on their behalf.

Strong leadership across the service fostered a culture of high support and high challenge. The provider was focussed on continual development and evolution in line with industry best practice. Staff were highly motivated and proud to work for the organisation and were committed to the future of the service and making it the best it could be.

There were good recruitment procedures in place that helped ensure that people received their support from staff of suitable character. Staff enjoyed their work and felt well supported in their roles. They had access to a wide range of training which equipped them to deliver their roles effectively. Staff were proud to work for Independence Homes and felt valued and empowered to deliver high quality care.

Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established. National best practice legislation and local policies were referenced to set and measure standards of care.

The service celebrated its successes as a way of motivating staff, but was never complacent and always striving to continually improve. People were regularly asked to provide feedback on the service. Where people made suggestions or raised issues, they were listened to and resulted in change.

The service had excellent systems in place to ensure that staff worked effectively together as a team to meet people's holistic needs. The medical team provided a bespoke service that bridged the gap between support staff and the health profession. Medicines were managed safely and where possible, people were supported to become independent in this area.

The service had good systems in place to ensure that people's needs were properly assessed at the start and kept under ongoing review. Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way to ensure that people were kept safe without being restricted from living their life as they wanted.

People received a personalised service that was planned proactively in partnership with them and which was responsive to their individual needs. People had control over their lives and spent their time as they wished. The service offered a wide range of both group and individual activities that were meaningful to them and which had a positive impact on their lives. People had opportunities to learn new skills and develop their independence.

Staff used creative and innovative ways to support people with their dietary needs which both improved their physical health and respected their cultural preferences.

People had good relationships with the staff that supported them. People were clearly relaxed with staff and felt happy and confident in their company. Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

## 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 safe.

There were systems in place to safeguard people appropriately. Overall, people had confidence in the service they received and felt safe in the hands of the staff who supported them.

Risks to the health, safety and well-being of people were managed in a positive and enabling way which promoted their independence.

Staff had the knowledge, skills and time to support people safely. There were good recruitment procedures in place to help ensure that people received their support from staff of suitable character.

The service had good systems in place to safely support people with the management of their medicines.

Good 

### Is the service effective?

The service was very effective.

Staff were provided with continuous training, support and supervision to ensure they delivered the very best care.

Staff consistently applied their knowledge of the Mental Capacity Act 2005, to support people to make choices and live their lives as they wished.

Staff used creative and innovative ways to support people with their dietary needs which both improved their physical health and respected their cultural preferences.

The service had excellent systems in place to ensure that staff worked effectively together as a team to meet people's holistic needs. The medical team provided a bespoke service that bridged the gap between support staff and the health profession.

Outstanding 

### Is the service caring?

The service was caring.

Good 

People had good relationships with the staff that supported them. People were clearly relaxed with staff and felt happy and confident in their company.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

Staff understood the importance of respecting people's choices and advocated strongly on their behalf.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

Overall, people were confident about expressing their views to staff. Relatives expressed mixed views about the way their concerns had been dealt with. Feedback indicated that complaint handling had recently become more open and responsive.

### **Is the service well-led?**

**Outstanding** ☆

The senior management team provided strong leadership and a clear vision of a person centred culture. These values were owned by staff at all levels and underpinned their practice.

Staff were highly motivated and proud to work for the service and were continually supported and developed to provide the highest quality of care. Staff were committed to the future of the service and making it the best it could be.

The provider was focussed on continual development and evolution in line with industry best practice.

Robust quality assurance systems enabled the service to continually reflect upon and improve the way the service was delivered.

# Independence Homes Domiciliary Care Agency

## **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 was a re-inspection of this service to check whether the provider was 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 an updated rating for the service under the Care Act 2014.

This inspection took place over three days on 21, 22 and 26 June 2017. The provider was given 36 hours' notice of the first inspection date in order to ensure we had access to the records we required and the opportunity to interview selected staff. On the second inspection date we visited three of the service's supported living locations; Prospect Court, Liberty Court & Clareville Lodge. On the final inspection day we visited the service's newest location; Woodland Court where we also met with two representatives from the senior management team.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our specialist advisor provided an expert opinion about how people's needs associated with epilepsy were being met.

Before the inspection, we reviewed records held by CQC which included notifications, complaints, feedback from other stakeholders and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider submitted a Provider Information Return (PIR) before our inspection. 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.

As part of our inspection we met with a large number of the people who were in receipt of a personal care service and individually spoke with six of them. We also conducted telephone interviews with ten relatives

and received written feedback from five commissioners from four different funding authorities who have contracts for services with Independence Homes. 26 staff were interviewed during the three days and these included those occupying management, support and office based roles.

We also reviewed a variety of documents which included the care plans for six people, five staff files, medicines records at each of the three locations we visited and various other documentation relevant to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff that supported them. In particular, people felt that the way staff supported them to manage their epilepsy kept them safe. For example, one person said, "Living here has pretty much saved my life." Likewise, another person commented, "I feel safe here. Staff can tell if I'm having a good or a bad day and I get the right support."

There were systems in place to safeguard people from the risk of harm. People told us that staff treated them well and listened if they had concerns. The majority of feedback from relatives reflected the same view that they had confidence that their family members were safe from harm. Two ongoing safeguarding investigations had understandably affected the views for a small number of relatives. Across the service as a whole however, the opinion was that the provider's systems for managing safeguarding was good and that prompt action was taken if concerns were raised.

All staff received training in safeguarding and were able to talk to us about the different types of abuse and describe what they would do if they witnessed or suspected that abuse was taking place. Staff were clear about their responsibilities for safeguarding people and then ensuring all allegations were properly reported. For example, one member of staff told us, "We have a really clear process for reporting abuse to our managers. We also have the contact details for external agencies such as the local safeguarding team or CQC. I would feel confident to report externally if I needed to."

Managers kept good records about allegations or incidents that required reporting under safeguarding and ensured referrals were processed as soon as they were informed. Safeguarding and whistleblowing were standard agenda items for each staff meeting. Risk and behaviour reports also contained a checkbox for staff to consider whether the report they were submitting was a safeguarding matter or not.

People's safety was carefully balanced with their right to remain independent. Comprehensive risk assessments were completed for each area of people's life where a risk had been identified. These were then linked with people's care plans to ensure that staff safely supported people in the agreed way. Risk assessments were kept under ongoing review and staff confirmed they understood the importance of reporting any new risks to the office. When risks to people changed, for example if they experienced a greater number or different types of seizures, these were quickly identified by staff, reported to the medical support team and risk assessments updated.

Senior managers had a good oversight over accidents and incidents across the service. Each accident and incident report was initially reviewed by both a manager and a member of the medical team. The senior management team then met weekly to discuss and review all safeguarding issues, incidents, accidents and changing behaviours. From these meetings agreed learning outcomes were discussed to minimise future risks. For example, the finance policy had been updated to reduce the amount of monies that were kept in services and ensure managers had tighter tracking over who had access to people's accounts.

Where people used equipment to help them mobilise, this was used safely. Staff received appropriate



training in moving and handling and were specifically shown how to use each piece of equipment safely. One relative told us, "I've seen them use the equipment and it's safe."

An alarm system was used to alert staff if people were experiencing seizure activity. Each location had 'Alarm Champions' who had completed advanced training on the system and were responsible for completing daily checks. During our second inspection day, one of the locations experienced a fault with their alarm systems which was identified during a routine check. The alarm champions took immediate remedial action and in the interim period people at risk of seizures were placed on 15 minute observations.

People received safe and consistent support from staff who had the knowledge, skills and time to care for them appropriately. People told us that they were given the support they required and that staff were always around to help them. Where people were funded for 1-1 support, this was allocated on the rota within the service. For example, one person had recently received additional funding for a specific activity and the staff member for this was clearly identified. Staff told us that with the exception of occasional last minute sickness, staffing levels were maintained in accordance with people's needs. Staff also told us that there was also a manager on-call who would take responsibility for arranging staff cover if an emergency arose.

Scheduling was done centrally by a team at the service's office. The manager responsible for overseeing scheduling described; "The scheduling team ensures the right people are in the right place at the right time and then in-service managers allocate staff to work with individuals." Each supported living location had a resource map which was based on the support hours that each person was funded for. The system had a built-in trigger system which sent alerts to the scheduling team if the resource map not met. Staff were required to swipe in and out of locations via biometric fingerprint system which is directly linked to payroll; this ensured that senior managers could ensure correct staffing levels were maintained across all locations.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. We found that staff files had all the required information, such as a recent photograph, full employment history, references, Home Office Right to Work permits and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with people who use care and support services.

The service had good systems in place to safely support people with the management of their medicines. People told us they received appropriate support with their medicines. A relative also informed us, "X's medication is closely monitored and he is able to live." People said that they received their medicines as they expected and in line with their preferences. Medicines were given to people in a way that was person centred. Each person had a care plan for medicines which included a section titled. 'How I take my medication'. This provided detailed information about how each person liked to take their medicines. People told us that staff followed this and we observed medicines being given were in line with people's recorded wishes.

Where appropriate, people were supported to manage their own medicines. For example, one person said, "They [the staff] have trained me to do my own medicines which I now keep in my own room." We saw that risk assessments and training programmes had been completed for people who self-administered their own medicines.

Where people were prescribed emergency medicines, for example to be administered in the event of a seizure, there were comprehensive protocols in place. In such cases, each person had an 'Emergency Rescue Medication Pack' which included the medicines they were prescribed and a personalised 'Seizure Profile' and 'Seizure Protocol.' These documents outlined when and how the medicine

should be administered and also at what point the emergency services should be called.

All staff had been trained in the safe administration of medicines, which included bespoke training on epilepsy management. Following training, staff had to complete a series of satisfactory competency assessments prior to administering medicines on their own. There were clear policies and procedures for staff to follow. Medication Administration Records (MAR charts) were regularly audited. Where errors were identified, for example if a care worker had forgotten to sign the record, this was discussed with the relevant staff member who was then received additional training and support. There were no gaps in any of MAR charts we reviewed.

## Is the service effective?

### Our findings

People felt supported by knowledgeable, skilled staff who had the right competencies to effectively meet their needs. The service supported people with neurological conditions, which for many included complex needs associated with epilepsy. People and their relatives repeatedly praised the way staff provided this specialist support. One person told us, "They have pretty much saved my life." They went on to describe how skilled staff were at recognising their epilepsy symptoms and said, "They manage my epilepsy so well. I feel confident that they know how to support me." Relatives echoed the faith they had in staff supporting their loved ones living with epilepsy. For example, one family member told us, "The home has been an absolute Godsend to both [family member] and our family. They really take excellent care of him and manage his epilepsy very well."

People benefitted from the careful selection of new staff. Prior to being offered employment, prospective staff were required to complete an intensive programme of assessment. One staff member told us, "We recruit for values and each new staff member is scored against a rating tool." We saw that to be successful, each new staff member had to successfully complete a series of both individual and group activities in which their competencies and values were assessed. People using the service were intrinsic to the recruitment process and as such had a direct say in whether candidates should be employed or not.

Following successful recruitment, each new staff member completed an induction programme that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The induction included both theoretical and practical training in addition to the shadowing of more experienced staff. Staff confirmed that they were required to complete the full induction course regardless of whether they had previously worked in care or not. The management team told us that this was because they wanted to ensure that all staff understood the organisational values and expectations from the beginning of their career with them.

People repeatedly commented about how well trained their care workers were. The service had robust systems for ensuring that staff completed ongoing training to ensure they were up to date with best practice and remained competent in their roles. In addition to mandatory training such as first aid, moving and handling and fire safety, staff also completed intensive training in more specialist areas, such as epilepsy, brain injury and managing aggression that were bespoke to the needs of the people they supported. All bank staff completed the same training as permanent staff, so people were supported safely and effectively regardless of which staff were scheduled to work with them.

Every staff member had completed training in the management of epilepsy and people told us this made them feel they were in safe hands. For example, one person commented, "The way the look after you when you have a seizure makes you feel safe and that you're going to be okay." Staff told us that the training they had received enabled them to feel confident in supporting people effectively. One staff member told us, "I've learnt so much here. It's really broadened my knowledge and experience; I believe I can deal with epilepsy anywhere now."

The management team were committed to the ongoing training and development of staff and as such some locations had been accredited by recognised external bodies such as Headway in the effective support of people with an acquired brain injury.

People benefitted from this culture of continual learning by receiving support from dedicated staff who felt valued and committed to being the best that they could be. From developing staff skills and interests, the service then supported staff to become champions in key areas such as dignity, brain injury or nutrition in order to share and promote best practice through the whole staff team. One staff member told us that they were a 'Peer champion' which means that they provided coaching and mentoring support to new staff. New staff said how much they valued this role and knowing that they can get support from the whole team and not just the manager.

People were supported by staff who were motivated in their work. In addition to training, staff received ongoing support, supervision and appraisal to ensure they delivered the very best care. One relative reflected, "Staff are always training for the next level, so they are highly motivated." Staff cited the investment in their training and development as being key reasons why they would recommend working for the company. As such, one staff member told us, "It provides an environment where you can grow and progress."

Supervision was a two way process used as an important resource to support, motivate and develop staff to drive improvements. Open conversation provided staff with the opportunity to highlight areas of good practice which were then shared with the team. Staff were also encouraged to raise ideas about how the service could be improved or where they required additional support to better their own practice. One staff member told us, "I really enjoy my supervision sessions, it's a great time to share views and feel really listened to."

Recognising the benefits to people of staff retention, the management team placed a high value on the professional development of staff. As such, an internal management programme, called 'Time to Grow' had been set up to support those staff who wished to progress into management. Many of the management team we spoke with had successfully progressed through this programme into their current roles. This not only provided a career path for staff, but also meant that the leadership teams within services had significant knowledge of people's needs.

Staff consistently applied their knowledge of the Mental Capacity Act 2005, to support people to make choices and live their lives as they wished. Staff were clear about their responsibilities under the Mental Capacity Act 2005 (MCA) and staff had been trained to ensure they provided care in accordance with the MCA Code of Practice. The 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.

Since our last inspection, the management team had further improved the way they recorded information about people's mental capacity to make it easier for support staff to access.

People told us that staff routinely asked for their consent before providing care, telling us, "I have full capacity and the staff respect that." Staff had an excellent understanding of people's levels of capacity and were also able to demonstrate the times and events that might cause people's capacity to fluctuate. Through this knowledge and by ensuring gaining consent was always a priority, staff consistently supported

people in accordance with the principles of the MCA.

The management team had submitted ten applications to the Court of Protection for community authorisations under the Deprivation of Liberty Safeguards (DoLS). The records in respect of these requests demonstrated a high level of understanding and practical application of the safeguards.

People were supported and encouraged to maintain a healthy balanced diet. Where people had specialist dietary needs these were known and followed. For example, staff talked about the set menu that was in place for one person with diabetes and how the food allergies for another person were managed.

People told us that staff supported them to prepare a range of meals in line with their own choices and preferences. Some people were completely independent in this area, whilst others required significant support. As such, support was tailored to people's individual needs. One person told us, "I am trying to lose weight and staff are helping me to stay on track." Staff went on to explain how they had arranged dietician input for this person, helped them join a local slimming group and enrol in a healthy eating course with an external provider. The relative of another person informed us, "They check that he eats regularly as this was an issue when he lived alone. I can honestly say that the home has literally saved his life."

Care workers were not afraid to try new and innovative ways to encourage people to improve their dietary intake and wellbeing. For example, two people were being supported to trial a specialist diet which has links to reducing seizure activity. This trial has involved significant planning, monitoring and recording from staff in addition to emotionally supporting the people to carry on with the programme.

Staff understood how to support people to follow their cultural preferences whilst maintaining their wellbeing. For example, as a practising Muslim, one person wanted to observe Ramadan, but was concerned about the impact that fasting would have on their epilepsy. Their keyworker consulted the medical team who provided advice to the person about the risks involved. When the person started to feel unwell during the fasting periods, their keyworker worked with them to identify a way of partial fasting which kept the person well, but also enabled them to follow their beliefs.

The service had excellent systems in place to ensure that staff worked effectively together as a team to meet people's holistic needs. People told us that staff supported them to access their healthcare appointments and were proactive in identifying if their needs changed.

The service worked in partnership with other healthcare professionals to ensure people maintained good health. The medical team provided a bespoke service that bridged the gap between support staff and the health profession. Each month the medical team reviewed every person and how their health had been. Through a consistent approach, comprehensive reports about people's seizure activity were compiled that enabled external health care professionals to have a clearer presentation of people's health needs.

Staff had a good knowledge of people's epilepsy and what their individual triggers were. One person informed us, "When I lived in the community, I spent so much time in A & E because of my epilepsy, but here, staff recognise the symptoms and manage my epilepsy really well." Management information identified that the training of all staff in epilepsy and holding of clinics within the service had led to both a reduction in hospital admissions and long drives for people to attend routine check-ups.

## Is the service caring?

### Our findings

People consistently told us that staff were kind to them. When we asked people to explain why they thought this, they added "They listen to me." Listening to people was a key theme repeated to us throughout by people who lived at each of the locations we visited. For example, one person informed us, "The staff have really supported me with my anxiety and I've learnt to cope with it." They went on to describe, "If I'm not in a good place, they help me out. They spend time talking things through with me." Likewise, another person told us, "I felt really vulnerable when I first came here, but I'm happy now because I know the staff are always there for a chat if I need them."

Relatives echoed that staff were caring towards their loved ones. One family member told us, "Before he was there he was very unwell and lost contact with his friends. They've brought him out of his shell - he's more confident." Another relative described staff as being "Affectionate" and a further told us, "It's a diverse group and he's treated as an individual."

The atmosphere between people and staff both across each of the locations was relaxed and friendly. People and staff were observed chatting and laughing with one another which highlighted that people were clearly confident and comfortable in the company of staff. Staff recognised the impact of people's mood on their epilepsy. As such, one staff member reflected, "Stress is such a major trigger to seizures, so it's really important for us to support them with whatever might be worrying them."

Staff demonstrated values of caring and empathy towards the people they supported. One person told us, "They [staff] go above and beyond. One staff member stayed with me until 4am when I was in hospital following a seizure."

Staff were passionate about people and spoke up for their rights. It was clear from our discussions with staff that they were strong advocates for the people they supported. For example when we asked staff the best things about working for the service, one staff member told us, "People are able to achieve their goals here." Likewise, when staff felt that an external health care professional was not acting in a person's best interests they challenged the decisions made and sought a second opinion for the person.

Staff were inclusive in the way they spoke with people and sensitively respected their choices and decisions. When one person wished to observe Ramadan, their keyworker coloured in a calendar and clock to show the person the fasting and prayer times. They also made a sign to hang on the person's door so that they would not be disturbed whilst they prayed.

People had opportunities to continually express their views and be actively involved in the planning of their care. Each person had a dedicated keyworker to work with them to identify their goals and plan their care. Monthly tenants' meetings gave people the platform about what was working well and what could be improved within the service they were living.

People's privacy and dignity were respected. People told us that staff always respected their private space.

We observed that staff either knocked on people's bedroom doors or rang their doorbell to gain permission before entering. Wherever possible, people had keys to their own rooms of flats.

When people required personal support we saw that this was provided discreetly and in a way that upheld people's dignity. Staff talked to us about the importance of protecting people's privacy if they were experiencing a seizure. Staff gave examples of the things they had done to ensure people's dignity was maintained during the administration of emergency medicines in a public place.

Staff recognised people's right to private lives and demonstrated how they balanced people's safety with their privacy. For example, one person has a partner who sometimes stays overnight. Staff said, "We always make sure the person's alarm is switched off when they have company. Their partner knows they only have to call us if they are worried."

## Is the service responsive?

### Our findings

People received a personalised service that was planned proactively and in partnership with them. People felt in control of their care that was delivered. People said staff included them in the decisions that were made about their support and where they lacked capacity; their representatives were regularly consulted with.

Comprehensive assessments were undertaken to identify people's support needs and these were translated into detailed transition plans. A member of the management team always met with people and their relatives on their first day at the service to ensure their expectations were understood and questions answered.

Information obtained at the assessment and transition stage was then used to develop a plan of care that outlined how those needs were to be met. Care records were fundamental to providing person centred care. Each plan of care was broken down into care statements that provided detailed information to guide staff and ensured consistent delivery of care.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences. Staff were highly responsive to any changing needs or issues that they raised about people. There were clear systems for staff to report any changes in people's needs, wishes or behaviours.

Every day, the care records required staff to ask people if they were happy with their care. Any changes to care were processed centrally overnight, with the care plan updated for the following day and support staff only had access to the most current information when delivering support. Formal multi-disciplinary care reviews were planned for with the completion of a detailed review pack that linked people's needs, achievements, goals and aspirations. Commissioners praised the information that was prepared and shared with them. For example, one funding authority told us, "Care records, risk assessments and incident reports have been reviewed and updated regularly according to the fluctuating need and complexity of the individual. These documents have been of a high standard."

Support was focused around developing people's independence. Across the service, different opportunities were available for people to develop their skills. A family member told us, "She's developed new skills. It's developed her understanding, to be more confident and her language has improved." Similarly, a commissioner also highlighted to us, "Independence Homes have been working to support her towards greater independence with a particular focus on travel training."

Staff talked confidently about the goals in place for people and how they had actively built links with the local community that enhanced people's wellbeing and quality of life. For example, one person with severe epilepsy was keen to access the local community independently. Through a period of careful planning and monitoring, staff successfully worked with this person to develop the skills and networks to be able to independently walk to a local coffee shop. Similarly, another person spoke with us about they support staff



had given them to manage their extreme anxiety. They told us, "They have really supported me with my anxiety and now I've learnt how to cope with it." They went on to tell us how they now had three voluntary jobs, attended a college course and held a season ticket for their favourite football team.

People had access to a range of activities that were meaningful to them. Activities were arranged with individuals based upon their interests and goals. One relative confirmed, "[Activities] are guided by her wants and needs. They ask her what she wants."

People talked to us about their college courses, employment and leisure opportunities. For those people who required greater support, staff arranged activities based on their known likes. One relative told us, "They're trying to get him as active as possible and he's got a full programme." Likewise another family member commented, "They make sure he's doing things and active. They've introduced hydro pool, day space and music group. There's communal activities within the house and they integrate well."

The provider also operated a specialist activities programme called 'Focus'. The Focus project organised a range of bespoke activities which centred on learning and skill development. People could access drop-in sessions such as cooking, knitting, arts and craft.

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The complaints procedure was readily available and displayed around the services in formats that were appropriate to people's needs.

Overall, people were confident about expressing their views to staff. People told us that staff listened and that they could raise any concerns they had with them. At one location, we were told that complaint handling hadn't always been so good. People went on to reflect that a new manager within the service had changed the way complaints were dealt with. Speaking of the new management team within the service they told us, "I have confidence that X will always listen and resolve issues properly."

Relatives expressed mixed views about the way their concerns had been dealt with. Most people felt that issues raised had been dealt with appropriately and the most feedback indicated that complaint handling had recently become more open and responsive. Speaking of an issue that had just been dealt with, one family member told us, "I made a complaint and they put in place everything I asked for." A commissioner also informed us, "One person moved within Independence Homes provision as they did not get on with their former staff. Independence Homes were responsive to the concerns and supported them to move to another supported accommodation service where they appear much happier."

## Is the service well-led?

### Our findings

People benefited from the specialist services offered by Independence Homes. When speaking of their epilepsy, people repeatedly attributed their safety and well-being to the support they received. Similarly, a family member told us, "I honestly believe that my brother wouldn't be alive today if it were not for the care he receives in this wonderful facility." Following an epilepsy review of one person, a medical professional highlighted, "I am exceedingly pleased to see how the intervention on his placement has produced such a profound improvement in his well-being and epilepsy control."

People received services from a forward-thinking provider that was focused on continual development and evolution in line with industry best practice. Partnered with King's College London, the service were trialling potentially life changing new technology for those living with epilepsy. Furthermore, recognising the added effect that hospital appointments can cause to people's epilepsy, the service holds review clinics within their own services, with medical staff from London visiting them. One staff member told us, "It means our service users don't have far to travel and have one less visit to a hospital environment, which takes away a lot of stress and anxieties."

New technological advances were constantly being explored to give people the best opportunities to manage their health conditions. For example, the bespoke epilepsy alarm system enabled staff to manage people's safety in the least intrusive way. Furthermore, the monitoring of unobserved seizures also enabled accurate information about people's seizure activity to be collated in order to support medical appointments. One health care professional highlighted that they had been able to make positive changes to a person's medicines based on what they described as "The excellent seizure documentation" prepared by staff.

A study by one NHS Trust highlighted a reduction in the number of hospital admissions for two people using the service following the effective management of their epilepsy. The study showed that prior to placement with Independence Homes, one person had attended their local emergency department 26 times in 22 months. Following placement, they had no unplanned hospital admissions at all.

The service was well established within the local community and the management team had worked hard to develop good relationships with a range of other professionals to achieve the best outcomes for people. With many people transitioning from children services to Independence Homes, the management team had regular contact with other providers in order to facilitate a smooth transition into adult social care. Similarly, with a recent increase in the number of referrals to provide services for people with acquired brain injuries, a team of staff had been working closely with Headway to develop expertise and accreditation in this field.

There was a positive and sustained culture which placed people at the heart of everything the service delivered. One staff member told us, "When I get up in the morning, I am motivated knowing that I am going to help people that day." The corporate values of responsibility, passion, respect, support and integrity were owned by staff at all levels and underpinned their daily practice. The management team placed a great emphasis on the recruitment of staff whose core values reflected those of the service as a whole. Staff

understood what was expected of them because the values of the service were embedded at every level.

Staff were proud to work for the service and were continually supported and developed to provide high quality care. The corporate vision of "Happy people, working together providing a service that everybody loves" was owned by all and the management team were continuously looking for new ways to further develop the positive culture amongst staff. For example, following feedback that new staff sometimes felt overwhelmed, the 'New Employee Peer Support System' was developed. As part of this, each service nominated a peer to support new inductees and share with them their knowledge and experience.

The senior management team provided strong leadership and managers were excellent role models for staff. Despite the size of the service, a member of the management team always met with people new to the service on their first day. Operational managers undertook a weekly walk about the service to ensure they were connected with the people and services they were responsible for. Staff commented that the availability and approachability of management was so valuable to them and created a real sense of team work. Likewise relatives expressed that they appreciated the in depth knowledge that managers had about their loved ones.

The management team had worked hard to find new and innovative ways of communicating with staff and ensure best practice was shared across each location. Reflective practice was not just something that happened during formal supervision sessions, but an ongoing theme across the service. As such, there was a file note system in place that positively recorded both positive and negative discussions about staff practices. This process led to the recognition and rewarding of those staff who 'went the extra mile' and also helped identify areas where improvements were necessary. Conversely, there were clear processes in place to ensure staff were managed effectively if any concerns about their practice were ever raised.

People benefited from the strong presence of team work across the service. Each staff member was allocated a team colour and points were awarded to staff for different things. Every quarter the team with the most points was rewarded. Staff explained how this process really promoted positivity and cross-working throughout all the locations. Similarly, staff at each location were required to conduct regular service reviews to share what made them unique. One of the locations had produced a video in which people living at the service described themselves as "Scarecrows" for being "Outstanding in their Field". What was evident from each of these reviews was the passion and pride from people and staff alike about the services they represented.

The service had excellent systems in place to ensure the management team had robust oversight of a large and dispersed work force. The office was the central hub of the service and this had evolved to enable the staff working within the locations to focus on delivering the hands on care. For example, it had been identified that the location managers within the services were spending a significant proportion of their time planning rotas. As such, a decision was made to move the scheduling of staff to a central function. The feedback from staff within the services was that this had "Considerably increased the time they had to spend supporting people." It also meant that staffing could be allocated more flexibly across the whole service, rather than having some locations that were overstaffed, with others running at a deficit.

The co-ordination of care plans from the central hub was another story of success. At the end of each day electronic care statements were locked down and updated to ensure that each morning, support staff only had access to the most current information. This meant that care was delivered in accordance with practices agreed by the whole team as being in the person's best interests.

There were numerous formal systems for gathering feedback, including regular meetings with people,

relatives and annual surveys for each stakeholder group. Operational managers had regular contact with people and their families to ensure they remained satisfied with the service. Managers also undertook a combination of announced and unannounced visits to the services in order to continually assess the quality of care provided.

Every meeting started with a review of the actions from the last and staff and managers alike were accountable for improvements being made. Staff were allocated their own roles in auditing and review to ensure they were on board with the process. As such, at one location team supervisors were responsible for completing mock quality assurance visits. This had led to them identifying that training around the keyworker role needed to improve. The training was provided and the next check identified that one keyworker had introduced daily chats with a person which had in turn led to them gaining employment.

There was also a wide range of audits used to monitor and analyse progress. The role of 'Quality Checkers' was pivotal to the quality audits. This role enabled relatives to be actively involved in evaluating services and offered a different perspective to the auditing process. One such relative who was in this position told us, "We visit services every three weeks and go unannounced." Quality Checkers did not have access to people's confidential information, but they reported on their observations about staff engagement with people, the provision of activities and presentation of meals.

The most recent accreditation report by Investors in People reflected that the service was "A values-driven organisation "with an "Exemplary coaching culture." Our findings from this inspection found the same, along with a commitment to continual improvement.

There was a high standard of record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. Information was stored securely and in accordance with data protection. Notifications have been submitted to the Commission in a timely and transparent way. Through the completion of the provider information return (PIR) the provider demonstrated a good overview of the service and how it meets and exceeds the required standards.

The provider had implemented a Duty of Candour policy. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents. The provider must also keep written records and offer reasonable support to the patient or service user in relation to the incident. The management team demonstrated understanding of the policy and reflected an open and transparent demeanour throughout our inspection.