

Independence Homes Limited

Independence Homes Limited - 37 Foxley Lane

Inspection report

37 Foxley Lane
Purley
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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 ●

Summary of findings

Overall summary

About the service

Independence Homes – 37 Foxley Lane is a residential care home providing personal care to people aged 18 and over with learning disabilities and/or autism. The home can support up to eight people and at the time of the inspection, eight people were living in the home.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service supported people with learning disabilities and/or autism in line with these principles.

The home was situated in a residential area close to the town centre. The home's building design fitted into the residential area and other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

The home was safe. There were procedures to protect people from abuse. Risks associated with people's needs were assessed and staff understood how to reduce these risks.

People were supported with their medicines, which were managed, stored and recorded safely. Staff followed infection control procedures. There was a procedure to review accidents and incidents in the service to prevent reoccurrence. Staff were recruited safely and their backgrounds checked before they started working for the service.

Staff were supported with training and development to ensure their skills and knowledge were up to date. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation for the provider to ensure consent records were reviewed because we found some were not up to date.

People were supported with maintaining their health and nutrition. The home worked in collaboration with health care professionals, such as GPs, nurses and physiotherapists to ensure people's health needs were met.

Staff were respectful and caring towards people. Staff communicated with them appropriately according to their communication needs. Staff understood the importance of promoting equality and diversity.

People's communication needs were met and they were supported with information they could understand.

However, we have made a recommendation for the registered manager to follow best practice on the Accessible Information Standard (AIS) because the registered manager and staff were not fully aware of it.

Care plans were personalised and people were encouraged to maintain their independence and attend community events or activities. People or their relatives were supported to make complaints to discuss concerns they had.

Staff felt supported by the management team. Quality assurance systems included obtaining feedback from people and relatives. They learned lessons when things had gone wrong to help make improvements to the service.

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

Rating at last inspection

The last rating for this service was good (report published 10 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Independence Homes Limited - 37 Foxley Lane

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Independence Homes -37 Foxley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

Our inspection was unannounced and took place on 3 September 2019.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, two deputy managers, a team supervisor, an operations manager, one domestic staff and two care staff. We also spoke with a relative. We were unable to speak with people who used the service due to their disabilities but we were able to observe how they were supported by staff during the day.

We reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans and four staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report. We also spoke with two relatives for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their disabilities, their mobility, skin integrity, medicines and health conditions.
- Guidance was in place for staff to reduce these risks. For example, one person was at risk of seizures due to epilepsy. Their risk assessment said, "Staff to keep seizure alarm pagers on them at all times. During seizure [person] to be kept safe and away from danger. Staff will consult and follow emergency protocol for seizures." We saw the protocol was accessible to staff should a person experience a prolonged seizure. Staff carried pagers which alerted them when people experienced seizures so they could respond immediately. This meant risks were assessed and actions were taken to reduce risks to keep people safe.
- Staff told us risk assessments provided them with enough information and guidance to minimise risks. A staff member said, "The care plans and risk assessments are very detailed to help us care for our clients safely."

Systems and processes to safeguard people from the risk of abuse

- There were procedures to protect people from abuse. Relatives told us the service was safe for their family members. One relative said, "I think it is a very safe home, yes."
- Staff had received training in safeguarding adults and told us they understood different forms of abuse, such as physical and sexual abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to local safeguarding teams. Records showed that safeguarding concerns were reported to safeguarding teams and investigated.

Staffing and recruitment

- Staffing rotas were developed to ensure there were enough staff working in the home at all times. The provider had assessed that eight staff were required during the day and we saw they were on duty during our inspection.
- Staff told us there were no issues with the numbers of staff. Agency or bank staff were used in emergencies or to cover sickness. The registered manager told us agency or bank staff were familiar with people in the home as they had previously worked in the home. There was a waking night procedure in place and night staff were required to log in to a bio-metric system every 30 minutes to ensure they were alert and at work in the home during the night. This helped to ensure people continued to receive safe care.
- There were safe recruitment procedures. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided references and proof of their identity. This ensured the provider could determine if staff were of suitable character to provide safe care and support to people.

Using medicines safely

- The provider had safe procedures for the administration and storage of medicines. Medicines were stored in a room on the top floor of the home in a secure cabinet.
- Medicines were administered to one person at a time and we asked the management team if the system was a good use of time. A senior member of staff told us this was the safest method for staff as it avoided errors. They said, "It might be very time consuming going up and down the stairs and doing one person at a time but it works, and we don't get mistakes." The management team told us medicine procedures were reviewed when required and changes would be made in future if necessary.
- Staff used Medicine Administration Records (MARs) to record when medicines were administered to people. These included any medicines taken 'as required' such as paracetamol, also known as PRNs. Medicine records were accurate and up to date. Stock checks took place and we saw the correct numbers of medicines were counted to ensure people had not been given an incorrect dose.
- Medicines were stored at the recommended temperatures to ensure they remained effective. Medicine records were checked by the senior staff member three times a day. Staff had received training in medicine administration and their competency was assessed.

Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreads of infection.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. The service was able to learn lessons when things went wrong.
- Incidents were reviewed and analysed to aid learning so that any re-occurrence could be prevented. For example, some people used a PEG (Percutaneous endoscopic gastrostomy) feeding tube, which is inserted into their stomach. Following an incident, the home's procedures were reviewed. Staff were now required to follow an emergency protocol should there be any concerns, so that risks to people were minimised.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

- All people in the home were assessed as requiring a DoLS to be in place. The registered manager ensured DoLS applications were completed and renewed when required. People in the home lacked capacity and MCA assessments were carried out to support people to make decisions in their best interests by family members or representatives.
- However, details of when people's DoLS applications were reviewed and expired had not been updated in people's care plans. Some still referred to applications made in 2017. Recent records of people's consent to care were also incomplete as they had not been signed by the person's family member or someone who could legally act on their behalf.

We recommend records of people's consent to care and DoLS applications in care plans are updated to ensure people's needs continue to be met.

- Staff understood the principles of the MCA. They told us they sought consent before providing personal care to people. A staff member said, "I always ask their permission and consent. I give people a choice."

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

- Before people moved into the home, an assessment of their needs and abilities was carried out to determine if the home was a suitable place for them to be supported. Assessments of their physical disabilities, health and nutritional needs were undertaken.
- People that were moved into the home were supported with transitioning to a new environment. People were welcomed and made to feel comfortable. One person had moved into the home since our last inspection and we saw from assessments that staff were given information about their needs and the

activities they enjoyed. Records showed staff introduced themselves to the person before working with them so that they could visualise staff and remember their faces.

Staff support: induction, training, skills and experience

- Relatives felt staff delivered a good level of care to their family members, were trained and knew how to support them. A relative said, "The staff are very capable and do a good job."
- There was an induction process for new staff to receive training, which included the Care Certificate. These are 15 good practice standards that health and social care workers aspire to in their work. Staff received training in topics such as safeguarding adults, the Mental Capacity Act (2005), learning disability and epilepsy awareness. Staff received refresher training to keep their knowledge updated.
- Staff told us they were happy with their training and the support they received. A staff member said, "The training is really good here."
- Staff received supervision from deputy managers to discuss their work and identify any further training they needed. Yearly appraisals were undertaken to aid them with their development, monitor their performance and go through any concerns. Another member of staff told us, "We have excellent support from the managers."

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

- People were supported to eat and drink a balanced diet to maintain their health. Most people required assistance from staff when they had their meals. People's weights were recorded and if there were concerns they were referred to GPs or dieticians.
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements they had. Some people required a pureed diet due to difficulties they had swallowing. A staff member said, "We cook fresh food daily for people and have a menu." People were supported to consume fresh fruit and vegetables, which were also blended into smoothies to assist them with added health benefits.
- People with PEG feeds were supported by trained staff. Records showed people's PEG tubes were maintained to ensure people consumed the correct amount of food and fluid.

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

- People's specific health needs were monitored. Their care plans included contact details of health professionals such as GPs, district nurses, physiotherapists, speech and language therapists and occupational therapists. Staff told us they could contact them if they had concerns about a person's health.
- People assessed as having moderate or profound learning disabilities are entitled to a free yearly health check. We saw that people in the home were provided these to help monitor their health.
- Records showed that the service worked well with other agencies to provide effective and timely care to people to ensure they were in the best of health. Staff met with health professionals to review and discuss people's healthcare needs.

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

- The home was suitable for people with learning disabilities and/or autism. The home was bright and well lit. The home was decorated with hanging bees and bee facts as part of the home's 'Save the Bee' awareness campaign. This provided the home with colour and visual stimulation for people.
- There was a sensory garden, which was cultivated to encourage people to take part in maintaining the garden and attract bees and other wildlife. A sensory touch wall had pictures and objects for people to view and touch easily.
- There were photographs, notice boards and posters on the walls to make the home feel warm and comfortable for people. Photos of staff were on display to help people identify them, however the photos

had not been updated because some staff were no longer working in the home. The registered manager told us they would be updated.

- Most people in the home were wheelchair users and there was adequate wheelchair access throughout the home, including ramps. There were aids and adaptations to suit people's needs, such as sensors and epileptic seizure alarms to alert staff, as well as assisted baths and hoisting equipment.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- Relatives told us staff were respectful, kind, caring and compassionate towards their family members. One relative told us, "The staff are very caring. [Family member] is very happy in the home."
- Staff understood that all people had equal rights to good care. One member of staff told us, "You have to treat everyone with respect and not treat people differently based on their gender or sexuality."
- Equal opportunities and diversity were promoted in the home. The registered manager told us they had knowledge of the area and discussed it with staff. Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. People's characteristics were recorded in care plans.

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

- People were supported by relatives to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered.
- They and their relatives were consulted and agreed the contents of care plans. One relative said, "Yes we were involved in [family member's] care plan review."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A staff member said, "I have got to know people really well and understand their different needs and personalities."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy and dignity of people. One member of staff told us, "I knock on people's doors and make sure the door is closed when we are washing or dressing a resident." A relative said, "The staff are very respectful of [family member's] privacy."
- Staff supported people to maintain their independence as much as possible. People's level of independence was detailed in their care plans, such as their ability to feed themselves.
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as outstanding. At this inspection, this key question has deteriorated to good because we identified an area for improvement. People's needs were met through good organisation and delivery.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information from the service in a suitable format that they could understand, for example easy read leaflets, pictures and posters. People had communication passports which highlighted their health and communication needs and the things that were important to them. This enabled people to have their communication needs met in a person centred way to help them go about their daily lives.
- People's communication needs were documented in their care plan, which provided information to staff on how to communicate with people effectively. However, the registered manager was not fully aware of the AIS.

People's communication needs were met. However, we recommend the registered manager seeks additional advice and information on following the AIS in relation to meeting people's communication needs.

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

- Relatives told us staff were responsive to the needs of their family members. One relative said, "Yes the staff are easy to talk to and listen to us and respond to requests we have."
- People's care plans recorded their needs and preferences for their care. Care plans were reviewed regularly or as and when people's needs changed.
- Care plans were person-centred and contained details about their interests, personalities and histories. One person's care plan stated, "[Person] loves music and concerts and swimming. [person] is sociable who likes to be out and about." This helped staff get to know people and cater for activities they enjoyed.

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 were supported to maintain relationships with friends and family members. Relatives told us they were able to visit the home whenever they could.
- There were a range of activities for people including sensory activities for visual stimulation, day trips to the seaside, swimming, music concert nights, bowling, cinema and restaurant meals. This helped people avoid

social isolation and be part of the community.

- People were also able to access wheelchair based activities such as sports and gym sessions. There was a van to transport people to and from days out, although the registered manager told us they were looking to recruit a new driver.
- Staff completed daily notes about each person to share important information during shift handovers that required attention or following up. This ensured people's needs continued to be met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service. There was an easy read version for people on display in the home. People were supported by relatives or staff if they wished to make a complaint.
- Relatives told us they knew how to make a complaint and that if they had concerns, they were confident the registered manager would listen to them and attempt to resolve their complaint.
- There were no complaints received by the service at the time of our inspection.

End of life care and support

- The service did not support anyone receiving end of life care at the time of inspection. However, systems were in place for people's end of life wishes to be recorded and acted upon.
- The registered manager told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The registered manager was supported by two deputy managers. This was because they were also registered to manage another home run by the provider in the local area. The registered manager told us they spent most of the working week at Foxley Lane.
- The management team supported and supervised staff regularly to ensure they provided safe care to people. They carried audits records to check staff had completed their tasks appropriately.
- Staff told us they were clear about their roles and responsibilities to ensure people received good quality care and support.
- Quality assurance spot checks were undertaken by an operations manager, who visited the home to ensure it remained safe and people were receiving a good service. These included checks on records and the premises. Where improvements were needed, these were identified and the registered manager ensured they followed up on any actions, such as booking staff training if it was overdue.

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

- A key worker system was in place that reviewed people's support needs monthly. A key worker is usually a member of staff that knows the person well and has oversight of the person's support. Staff arranged key work meetings with people to go through their individual goals and aspirations. This helped people obtain positive outcomes for their care. For example, they were supported to maintain their physical health and access community events and activities.
- Care was person-centred and the environment suited people's needs. Staff in the home helped to make it a relaxing and welcoming environment for people, relatives and visitors.
- Relatives we spoke with were happy with the home. One relative said, "I know all the staff, they are a good team. [Family member] is well looked after and they keep us updated. We visit as much as we can."
- Compliments were received about the home from relatives and visitors. One relative had written, "They genuinely care about [family member]. Nothing is ever too much bother. Everyone is friendly and reassuring. Staff are just brilliant people."

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; Continuous learning and improving care

- The registered manager notified the CQC of serious incidents in the service as is their legal responsibility to

do so.

- The provider understood their responsibility to be open and honest with people and relatives. For example, incidents involving people in the home were reviewed and corrective actions were put in place to ensure a similar incident did not reoccur in future. This meant there was continuous learning and improvement in the home.

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

- People were supported to take part in meetings to discuss meal choices and activities they wished to take part in.
- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. Relatives were invited to take part in a 'family quality checker' where one relative observed staff interaction with people and the premises. They provided feedback and recommendations to the registered manager and we saw that feedback was positive.
- Staff felt engaged with the management team and felt encouraged to deliver good care to people. A staff member said, "I love it here and our residents. The home is well managed and the managers are very approachable. We are like a family."
- Staff attended meetings to discuss issues and share important information. Senior staff told us they had a positive working relationship with the registered manager.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.
- We noted the service was praised for its support of people with learning disabilities. Health and social care professionals commented, "There is positive work with clients and very obvious high standards of care and attention to detail and thorough risk assessments."