

Independent Lifestyle Options Ltd

Hemmet House

Inspection report

76 Beddington Gardens
Carshalton
Surrey
SM5 3HQ

Tel: 02086696367

Website: www.independentlifestyleoptions.co.uk

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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

This inspection took place on 24 November 2015 and was unannounced. At the last inspection of the service in May 2014 we found the service was meeting the regulations we looked at.

Hemmet House is a small care home which provides care, support and accommodation for people with learning disabilities and/or physical disabilities. There were eight people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and relatives said people were safe at Hemmet House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk. They knew how and to whom they should report their concerns, if they suspected someone was at risk of abuse so that they could be sufficiently protected. They were also trained to support people in a way which protected them from harm that could arise from discrimination at home and in the community

There were appropriate plans in place to ensure identified risks to people were minimised. Staff had a good understanding of the specific risks to each person and what they should do to minimise these without restricting people's rights to undertake activities or tasks. The provider ensured regular maintenance and service checks were carried out of the premises to ensure the environment and equipment was safe. Staff kept the home free of obstacles so that people could move freely and safely around.

There were enough suitable staff to care for and support people. Senior staff planned staffing levels to ensure there were enough staff to meet the needs of people using the service. The provider carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff felt well supported by senior staff and were provided with opportunities to share their views about how people's experiences could be improved.

People and relatives were complimentary about the care and kindness shown by staff. We observed many instances of warm and caring interactions between people and staff. Staff knew people well. Their priorities were clearly focussed on ensuring that people's care and support needs were met and they had a good understanding and awareness of how to do this.

Staff treated people with respect. They knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people to retain as much control and independence as they wanted. They did this by encouraging people to develop independent living skills which they were supported to use at home and in the community.

People were supported to keep healthy and well. Staff ensured people were able to access healthcare services when needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Support plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. They gave guidance and informed staff on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. There were no restrictions on visitors to the home. Relatives told us they were made to feel welcome by staff when they visited the home. People said they felt comfortable raising any issues or concerns directly with senior staff. There were arrangements in place to deal with people's complaints, appropriately.

The senior staff team demonstrated good leadership. They sought people's views about how the care and support they received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for.

Staff carried out regular checks of key aspects of the service to monitor and assess standards. They took appropriate action to make changes and improvements when this was needed. They also used learning from incidents and events to drive improvements within the service.

Staff had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. Staff knew how to recognise the signs that could indicate people were at risk of abuse and how to report any concerns to ensure people were appropriately protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the home and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff received regular training and support to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the MCA 2005 and DoLS. None of the people using the service lacked capacity to make decisions and could consent to their care and support.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good ●

The service was caring. People said staff were kind, caring and treated them with respect. Staff knew how to maintain people's privacy and dignity particularly when they were providing them with care and support.

People were supported by staff to retain as much control and independence as they wanted. They were encouraged to develop independent living skills which they were supported to use at home and in the community.

There were no restrictions on visitors to the home. Relatives told us they were made to feel welcome by staff when they visited the home.

Is the service responsive?

Good ●

The service was responsive. People contributed to the planning of their care and support. Their support plans reflected their individual choices and preferences for how they received care and support. These were reviewed regularly.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Good ●

The service was well led. Senior staff demonstrated good leadership. They were open, approachable and responsive. People were encouraged to share their views and suggestions for how service could be improved.

Staff's priorities and objectives were focussed on ensuring people experienced care and support that met their needs and which was provided to a high quality standard.

Staff carried out regular checks to assess and monitor standards in the home. Learning from incidents and events was used to drive improvements within the service.

Hemmet House

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 checked 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.

This inspection took place on 24 November 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection we spoke with six people using the service. We also spoke with the registered manager, the care co-ordinator and two care support workers. We looked at three people's care records, four staff files and other records relating to the management of the service.

After the visit we spoke with two relatives and asked them for their views and experiences of the service.

Is the service safe?

Our findings

People and relatives said people were safe at Hemmet House. One person told us, "I feel very safe here. The staff treat us all very well." A relative said, "I feel [family member] is definitely safe at Hemmet." People told us how staff supported them to stay safe. One person said staff were encouraging them to build confidence and reduce their anxieties about traveling alone in the community. They told us "We're gradually working towards me going into town by myself." A relative said, "All the staff are very protective towards all the residents and they are always there to support them, when they need it."

Staff knew how to protect people from the risk of abuse, neglect or harm. They had received training in how to safeguard adults at risk. Staff understood the signs of potential abuse and what steps to take to ensure people were sufficiently protected. Staff told us they would follow the provider's procedure for safeguarding adults and report their concerns to a senior member of staff or to another appropriate authority such as the local council.

Staff had also received training in equalities and diversity which they said helped them to understand how to make sure people were protected from harm that could arise from discrimination at home and in the community. One person using the service told us about the support they received from staff to help them improve their understanding and acceptance of people's specific conditions and needs. This helped to build positive relationships between people using the service to ensure they did not suffer harm because of the nature of their disability.

Records showed staff discussed with people how their circumstances and needs could put them at risk of injury and harm in the home and community. Staff agreed with people how they should be supported to stay safe. Plans were in place which instructed staff on how to minimise identified risks when providing people with care and support. Risks to people were reviewed regularly and plans were updated promptly so that staff had access to up to date information to ensure people were sufficiently protected. Staff had a good understanding of the specific risks to each person and what they should do to minimise these without restricting people's rights to undertake activities or tasks.

There were enough staff to support people. The staffing rota for the service had been planned in advance and took account of the level of care and support people required each day, in the home and community. Senior staff took account of people's scheduled activities and appointments outside of the home when planning staffing levels so that there were enough staff on duty to support them safely. We observed throughout the day staff were visibly present and supporting people promptly when needed.

Appropriate checks were undertaken by the provider to ensure staff were suitable and fit to work for the service. Records showed pre-employment checks had been carried out prior to staff starting work. Evidence had been obtained of their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People told us they received their prescribed medicines when they needed them. People had their own medicines administration record (MAR sheet) which staff signed each time people were supported to take their medicines. We found no recording errors on the MAR sheets we looked at. Where medicines had not been given the reasons for this were clearly documented. Medicines were stored safely in lockable cupboards. Our checks of stocks and balances of medicines confirmed these had been given as indicated on people's individual MAR sheets. Records showed staff had received training in safe handling and administration of medicines and their competency was checked every six months by a senior member of staff. Daily checks of medicines were also undertaken by senior staff to ensure people had received their medicines as prescribed.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the premises and equipment had been undertaken. Records showed checks and servicing was undertaken of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, the lift and gas and heating systems. Equipment in the home such as hoists, slings, the adapted bath and people's individual wheelchairs had also been regularly serviced and maintained. We observed the environment was kept free of obstacles and hazards which allowed people to move around the home safely.

Is the service effective?

Our findings

People and relatives spoke positively about the care and support they received from staff. One relative said, "All the staff are superb. They really are good carers. They're all willing, they know what they're doing and they do it well." Another relative told us, "The staff are all lovely and really understand what people need."

Staff received appropriate training and support to enable them to meet people's needs. Records showed staff attended courses regularly in topics and areas relevant to their work and role. This included any specialist training needed to support people with specific conditions, for example epilepsy. Training was regularly monitored by senior staff to identify when staff were due to attend refresher courses to keep their knowledge and skills up to date. Staff confirmed they received training to help them in their roles. Staff also received regular support from the senior staff team through individual one to one (supervision) meetings and an annual appraisal. Records showed these meetings provided staff opportunities to discuss their work performance, issues or concerns and their learning and development needs. Staff told us they were well supported by the senior staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA and DoLS and knew what their responsibilities were in relation to the act and safeguards. None of the people using the service lacked capacity to make decisions and could consent to their care and support. Records showed people were clearly involved in discussions about all aspects of the support they received and their choices and decisions about this were reflected in their support plans.

People said mealtimes were very important to them and they had a lot of choice about the meals they ate. People told us they were actively involved in planning menus and once every two weeks, their choice for the evening main meal was served. Breakfast and lunchtime meals were flexible and tailored to people's specific needs and preferences. The evening meal was, on most days, prepared by the provider who people and relatives said was an 'excellent cook'. The atmosphere during the evening meal was relaxed and informal and people talked about their day while they ate. If people did not want to eat what was on the menu they could have an alternative. One person said, "Tonight its sweet and sour chicken and I don't like that so I'm having Chicken Kiev a bit later." Most people ate independently and needed minimal assistance to eat their meals but for those that did need help staff were on hand to provide this. Records showed staff monitored people's food and drink intake daily to ensure they were eating and drinking enough. We saw there was a process in place for staff to raise any concerns about people's food and drink intake with senior

staff so that the appropriate support could be obtained and provided if necessary.

People were also supported by staff to maintain their physical, emotional and mental health. One person described how the support they received from staff had improved their overall wellbeing. They said, "I am so much happier here than where I was before." Relatives told us they were kept updated and informed about any changes to their family members' health and wellbeing. People's records contained important information about the support they needed to access healthcare services involved in their care such as the GP, Consultants or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented.

Staff monitored and noted daily their observations about people's general health and wellbeing. Information was shared by staff at each shift handover, particularly any concerns noted by staff about an individual's health or wellbeing. Where there had been a concern about a person we noted prompt action was taken by staff to ensure this were discussed with the senior staff team and the appropriate support from healthcare professionals was obtained.

Is the service caring?

Our findings

People in their feedback to us were positive and enthusiastic about the care, kindness and respect shown by staff. One person said, "I feel the staff are very caring, outgoing and reliable. If I need something they are there. I can talk to them about anything." Another person told us, "I enjoy living here. It's a homely environment and they [staff] respect you and it feels like your home." Another person said, "Everyone is caring and kind. They listen and understand your problems." A relative told us, "They are totally caring which allows [family member] to live a fulfilling life." Another relative said, "It's warm and homely there. It's like a big family."

During the inspection we observed many instances of warm and caring interactions between people and staff. Staff treated people with respect. They gave people the time they needed to speak and they listened to what people had to say. People's views and wishes were respected and we saw people were supported to undertake activities and tasks they wanted to do such as going out to the shops or helping to prepare a meal at home. In large group conversations staff made sure everyone could take part and contribute so that people were not excluded. We noted these conversations were friendly, lively and characterised by warmth and laughter. It was clear staff knew people well by the level of knowledge and understanding they displayed about people's needs, preferences and wishes.

Staff ensured people's right to privacy and dignity was upheld. One person told us, "What I like about this place is you can have privacy when you need it so I can go to my room and be by myself." We observed when supporting people with more personal aspects of their care and support, staff ensured this was done in the privacy of people's rooms so they could not be overseen or heard. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when staff were supporting people with their personal care and respecting their privacy when people wished to be left alone.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. We noted staff spoke about people in a kind and respectful way. They did not openly discuss personal information about people.

People were encouraged and supported to be as independent as they wanted to be. Records showed when planning care and support staff discussed with people the ways they wished to be supported to achieve this. We saw good examples of the support provided to people to help them live more independent lives. For example people were supported to book and attend a wide range of college courses which promoted independent living skills, such as literacy, numeracy and preparing for work.

People were encouraged to build on their independent living skills in the home. For example people were supported to clean their rooms, help out with tasks around the home and do their personal laundry. People who found a traditional kettle difficult to use due to their specific needs, could use a simpler machine in the kitchen to make hot drinks. A relative said, "[Family member] finds it much easier to use and can make cups

of tea for everyone now." Another person used an eating aid so that they could be supported to eat independently with others during meal times.

Staff were warm and welcoming and placed no restrictions on visitors. Relatives told us they were made to feel welcome in the home and always offered a cup of tea or coffee and invited to stay and eat with people at mealtimes.

Is the service responsive?

Our findings

People and relatives told us they were actively encouraged by staff to contribute to the planning and delivery of care and support. People said they felt their views about this were listened to and acted on by staff. People's records confirmed this. We saw people and their relatives had been involved in discussions about how care and support should be provided to them. Information from these discussions was used to develop a detailed support plan for each person which set out how their specific care and support needs should be met by staff. These plans were person centred, focussed on people's priorities and aspirations for their care and welfare and were reflective of their specific likes, dislikes and preferences for how support should be provided. For example people's specific preferences for their daily routines were documented in their support plan and staff were instructed on how to ensure these needs were met in a way that people wanted.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker who was a member of staff responsible for meeting with them regularly to discuss their needs and to identify any changes that were needed to the support they received. Where changes had been identified people's support plans were updated promptly to reflect this so that staff had the information needed to support people appropriately.

People were supported to pursue activities and interests that were important to them. One person said, "I do lots more activities than before and I'm doing a lot of courses. I go on trips to the pub, to the seaside and we have parties in the house. You can't move in here at Christmas as all the neighbours come too! It's a lot of fun." Another person told us, "We're lucky that we're close to a lot of amenities and facilities. I can go for lunch, go to football or go to the pub at the weekend." A relative said, "[Family member] does lots of courses and there's so much for [them] to do." Another relative told us, "They take [family member] out when they want to go out. [Family member] is always doing something."

People had their own personalised weekly timetable which set out each day the activities and tasks they wished to undertake in the home and community. These ranged from undertaking courses at college, activities in the community such as attending social clubs and participating in voluntary projects or work. The registered manager told us the service had good links with the local volunteer bureau and community centres which enabled them to identify volunteering opportunities for people to take part in. They told us one person had recently participated in a wildlife project based in the local community. People also undertook personalised activities with the support of staff. These included shopping trips, visiting attractions and meals out.

People were supported to maintain relationships with those that mattered to them. People said they visited and stayed with their families when they wanted. They told us how they were supported to socialise and spend time with their friends at home and in the community. Staff were aware of how to support people to maintain close personal relationships and were sensitive to their needs and wishes about this. Relatives told us they were always invited to attend events at the home such as summer barbeques and Christmas parties. The registered manager said the service had good relationships with people in the local community and

neighbours often attended social events at the home.

People and relatives were satisfied with the care and support provided by the service. They knew who to talk to if they were unhappy or wanted to make a complaint. One person told us, "I'm very happy here but if I wasn't I would talk to [registered manager]." Another person said, "I would say something straight away to [registered manager] if I wasn't happy about something." Relatives told us if they had any concerns or issues they would be comfortable raising these with senior staff and were confident these would be dealt with appropriately.

Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service.

Is the service well-led?

Our findings

People and relatives said the service was well managed. They spoke positively about the senior staff team. A relative said, "They are very approachable and they get back to you immediately whenever you need to get in touch." Another relative told us, "You never have to ask for anything twice. The manager has got the right balance and is very responsive."

Senior staff ensured there was an open and transparent culture within the home. One relative said, "In other places there would be parent's committees but we don't need one here. The parents meet up and get together at events and we can talk openly with the staff because it's a warm family atmosphere." Another relative told us, "Nothing is covered up. What you see is what you get." Senior staff ensured people were given a say in how the service was ran and how it could be improved. Regular house meetings were held at the home at which people were encouraged to contribute their ideas and suggestions. One person told us they felt very involved in these conversations and their views were respected by staff. Another person said they were encouraged by staff to talk about anything they wanted. They told us, "There's no 'them and us' here, it's all of us together."

The provider also sought the views of people and relatives through questionnaires. People were encouraged to give their ideas and suggestions for how the service could be improved. We looked at a sample of completed questionnaires and these were positive about the care and support people received. Staff told us they were encouraged and supported by senior staff to express their views.

The provider had a clear set of values about the quality of care and support people should experience. These were underpinned by a 'residents' rights' charter, displayed in the home, which set out what people could expect from staff and the service. This included their right to be treated with dignity and respect, to be treated fairly and in a non-discriminatory way, to retain control and independence, to live their chosen lifestyle and to be involved in making decisions and personal life choices. Staff were set objectives by senior staff to ensure these rights were upheld and which were focussed on ensuring people experienced good quality care. These were monitored and reviewed by senior staff through meetings such as one to one's, annual appraisals and staff team meetings. From our discussions with all staff, it was clear they had a good understanding of what was important to people. Their priorities and objectives were focussed on ensuring people received care and support which met their needs and which was provided to a high quality standard.

Staff carried out regular checks to assess and monitor standards within the home. Staff had designated lead responsibilities for different areas of the service. They were responsible for carrying out regular checks to ensure the expected standards had been met. These covered key aspects of the service such as the care and support people received, accuracy of people's care records, the management of medicines, cleanliness and hygiene in the home, the safety and quality of the physical environment, health and safety and staff training and support. These checks were all documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks.

Learning from incidents and events was used to drive improvements within the service. Senior staff, through checks, identified a high number of errors made by staff when administering medicines. They analysed the reasons for these errors and took appropriate action to address this. This included retraining staff to refresh their knowledge of safe handling of medicines, reviewing their competency every six months and undertaking daily checks of medicines to ensure people had received these as prescribed. The care coordinator told us the number of errors had significantly reduced as a result of the actions taken.