

Independence Homes Limited

Hall Road

Inspection report

7 Hall Road
Wallington
Surrey
SM6 0RT

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Hall Road is a care home for up to 7 adults with epilepsy, a learning disability and/ or autism. At the time of the inspection there were 7 people receiving care, accommodation and personal care.

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

Right support: Model of care and setting maximises people's choice, control and Independence;

People were not always supported to have maximum choice and control of their lives and the service may not always have supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were risk assessments in place covering the care and support provided, personalised to people's individual risks. However, environmental risks were not always appropriately managed in line with best practice. The service had not been well maintained and the décor was described as 'shabby' by a relative.

Safe medicines management processes were not consistently followed. Infection control measures were in place. A range of health and social care professionals were involved in people's care and the team worked closely with them to meet people's needs.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse through training.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff received a range of training to understand people's needs and their role. Staff received support through supervision. People received food and drink they enjoyed and choices were available.

There were enough staff to support people safely and staff knew people well. Each person received individual support through the day.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives;

There was not a registered manager in post as required by the provider's registration with the CQC. Systems and processes in place to review the quality and safety of the service had not sufficiently identified and addressed the concerns we found during the inspection. We had concerns that actions identified by staff were not completed in a timely manner.

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

Rating at last inspection

At the last comprehensive inspection the service was rated good (report published 24 April 2018). We inspected in January 2021 and 2022 to look only at infection control procedures.

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection comprehensive. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hall Road on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent, premises and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hall Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Hall Road is a 'care home' without nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A manager was in post who had not yet applied to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People were non-verbal so we made observations of their interactions with staff to find out about their experiences of care. We spoke with the manager and deputy manager and three support workers. We reviewed a range of records relating to the care and support provided. This included support plans, 2 staff files in relation to recruitment, and various records relating to the quality and safety of the service. After our visit we received feedback from 2 relatives of people using 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 our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to the premises were not always managed safely. There were a range of checks carried out by staff and external professionals. These included checks of the fire system, lift and hoists, water and electrics. However, window restrictors were not always suitable and in line with national guidance, despite regular checks by staff.
- There were personalised assessments in place for risks relating to people's care such as epilepsy, moving and handling and receiving personal care with guidance for staff to follow. However, these were not always reviewed annually in line with national guidance. We observed each person received individual care through the day from one staff member who stayed close to them at all times when this was required for safety. However, a relative told us they were concerned staff did not always stay close to their relative as required at all times.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's support plans contained guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.

Using medicines safely

- Medicines were not always managed safely. Although a portable cooler was in place in the medicines cupboard, there was no system in place to check when it had stopped and needed emptying. When we checked, it had stopped working and the temperature the medicines were stored at were one degree Celsius above the recommended temperature. This meant medicines, particularly dispersible tablets, were at higher risk of damage.
- In our checks of medicines stocks against records we found one person's medicine for epilepsy was not as expected and staff were unable to account for this. There was a risk that people did not receive their medicine as prescribed or there were unsafe systems for managing stocks of medicines at the service.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Controlled drugs were safely stored and administered as prescribed and the deputy manager told us they would upgrade the recording book as it had lost its hard backed cover meaning the pages were less protected from damage.

- Other systems relating to medicines were safe. Protocols were in place guiding staff on when people should receive 'as and when' medicines. Medicines administration records were completed as expected. Staff received training in medicines management with competency assessments to check they were suitable to administer to people.

Staffing and recruitment

- We were unable to fully inspect staff recruitment as the manager did not provide us with the requested records by the agreed date. We saw records to show employment references were obtained and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The number and skills of staff matched the needs of people using the service. Staff numbers had increased since the last inspection and staff and the manager told us there were enough staff. Our observations were in line with this.
- People's support records contained clear information on how best to support them. Staff were all well known to the people using the service and each person received individual care from one staff member each day.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them very well and understood how to protect them from abuse and neglect.
- A relative of a person using the service said they felt their family member was safe and well cared for.
- The provider and staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff recorded incidents and accidents electronically and the manager and senior manager reviewed these to check people received the right support and to look for any patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting the person living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People may not always have received care in line with the principles of the MCA. The provider carried out MCA assessments in relation to specific decisions when they suspected people lacked capacity. However, there were no meetings with relevant people such as healthcare professionals and relatives to decide what should be done in people's best interests when they lacked capacity.
- The registered manager had applied for deprivation of liberty safeguards for people living at the service, although we asked for but did not receive confirmation they had re-applied for two people. We asked for, but did not receive, evidence conditions in place for one person were being followed.

These issues were a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training in the MCA and staff understood their responsibilities in relation to this.

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

- The service had not been kept in a good state of repair. The manager told us the sensory room was not fit for use and so could not be used. One laundry room was not able to be used as it required refurbishment for safety. A wetroom had been recently installed but drainage was poor and required remedial work. The home had not had redecoration work, such as painting, for several years and a relative described it as, "We consider the décor to be substandard and there is a lack of investment. The home is shabby on the inside and shabby on the outside with paintwork peeling, plaster chipped and flooring taped. [My family member's] carpet needs replacing and the curtain is torn. The provider keep saying they will redecorate but

they don't."

These issues were a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not always consistently supported. Although a plan was in place for staff to receive supervision going forwards, we were unable to confirm staff had received supervision in line with company policy in the past year as the manager did not send us the records we requested by the agreed date. Team meetings had not been held regularly or frequently in the past year to support staff either.
- Staff received regular training in various subjects including epilepsy, learning disabilities and autism, positive behaviour support and medicines management which helped staff understand their roles and responsibilities.
- New staff completed an induction which included training in key topics and shadowing to understand people and their job roles. Staff new to care completed the care certificate, a nationally recognised qualification for staff new to care.

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

- People's needs were assessed by the provider. All people had lived at the service at many needs and staff reviewed their care needs regularly to check they received the care they needed.
- People had a staff member assigned to work closely with them as their 'keyworker'. The keyworker reported on how well their care met their needs each month and kept the manager informed.

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

- People received the healthcare support from a range of professionals including epilepsy specialists, speech and language therapists, occupational therapists, physiotherapists, a reflexologist, a sports therapist, a nutritionist, a homeopath, an art and a music therapist.
- People were supported by staff who understood their healthcare needs and supported them to attend appointments to maintain their health.

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

- Staff prepared a menu plan, based on people's dietary needs and preferences. Staff were supported and supervised to eat to reduce their risk of choking.
- An alternative choice of meal was available if people showed they did not like what was served. People were offered a choice of drink throughout the day.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had been in post around 18 months and had worked for the organisation in various roles for around 15 years. The manager told us they had submitted an application to register with us but there was no evidence of this on our systems. The manager was unable to explain this. This meant we could not be sure the manager was suitable to register with the CQC and manage the service. There was no evidence the provider had contacted us to query the application as part of their oversight of the service.
- There were systems in place to audit the service people received and plan ongoing improvements. This included checks by senior managers and the provider's quality team. However, these audits had not identified and promptly resolved all the issues we found relating to the MCA, medicines management and the upkeep of the premises. The manager did not provide us with the records we requested to allow us to inspect staff recruitment and to confirm staff supervision was in line with the policy by the agreed date.

These issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager shared their time between Hall Road and another local care home, as did the new deputy manager. They were supported by a team of seniors and senior managers as well as a quality team and other teams at the head office such as HR.
- The manager understood their role and had identified most of the issues we found with plans in place to improve. A relative and staff spoke highly of the registered manager and told us the service was well-managed and had improved with this manager in post. They said, "Attitude and morale is so much better since he took over and the staff team is much more stable." A relative spoke highly of staff and told us, "We haven't got high enough praise for staff. They've been magnificent! We're confident in their care of her and they do meet her needs."

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

- People lived in a home where staff received training in equality and diversity and people received care personalised to their needs. People were supported to do activities based on their needs and interests and we observed staff engaged with people through the day. However, a relative told us they would prefer staff improved the way they engage with their family member and the individual activities provided in-house.

- A relative told us the manager communicated well with them, but a second relative told us communication could be improved such as informing the family of medical appointments and their outcomes and other issues. A relative told us the provider did not communicate at all with them and emails were not responded to. The relative told us they would prefer updates and good communication, including at key times such as when they were taking over the home and during covid-19.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider worked with other professionals to make sure people's needs were met. This included reviewing people's care needs and incorporating guidance from healthcare professionals in people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure care and treatment of people was only provided with their consent and in accordance with the 2005 Act where they lacked consent. Regulation 11.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure people received care in a safe environment, nor did they ensure the safe management of medicines. Regulation 12.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured a suitable, well maintained environment had been provided. Regulation 15.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured systems or processes were established and operating effectively to ensure they were enabled to: assess, monitor and improve the quality and safety of the services. Regulation 17</p>

