

# Independence Homes Limited

# Brambledown Road

## Inspection report

44 Brambledown Road  
Wallington  
Surrey  
SM6 0TF

Tel: 02086471325  
Website: [www.activecaregroup.co.uk](http://www.activecaregroup.co.uk)

Date of inspection visit:  
15 March 2023

Date of publication:  
30 March 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Brambledown Road is a residential care home providing accommodation and personal care to support up to 7 adults with a learning disability and/or autism. At the time of our inspection 7 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to manage and mitigate any risks to their safety. Staff only used physical restraint as a last resort and any chemical restraint was clearly documented and reviewed by senior members of staff. People received their medicines safely.

**Right Care:** The service had enough appropriately skilled staff to meet people's needs and keep them safe. However, there were concerns from staff and relatives that recent changes to staffing levels were impacting on the level and quality of engagement with people at the service and opportunities to access activities in the community.

**Right Culture:** In the months preceding our inspection the service had been without a permanent manager. During this time there had been a lack of oversight and leadership at the service to ensure consistent good practice. However, there was a new manager who was in the process of identifying and addressing areas that required improvement. This included improvements required to ensure a safe, clean and hygienic environment was provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 July 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Brambledown 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.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Brambledown Road is a 'care home'. 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. Brambledown Road is a care home without nursing care. 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 not a registered manager in post. A new manager had just started working at the service and they intended to apply to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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

We met the 7 people living at the service. We spoke with 4 relatives and 5 staff, including 2 care workers, the new manager, a manager who had previously provided oversight of the service and the operations director. We reviewed 2 people's care records and records relating to staffing, the management of the home and medicines.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff checked the safety of the living environment and equipment in it. However, these checks had not identified some improvements were required. We saw that 2 people's bedrooms on the first floor did not have their windows adequately restricted. The manager provided us with evidence that this had been addressed post site visit and all windows were now securely restricted to protect people from falling from height. We also found that fire risk assessments needed updating to take account of people's specific needs on the first floor to ensure people remained safe in the event of a fire. An independent health and safety review was due to take place in March 2023 where this would be further discussed.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A relative told us, "I'm confident my [relative] is well and looked after." Care records were clear that any use of restraint was used as a last resort and only when required to keep people safe. Care workers confirmed they had not used any physical restraint since our last inspection. There was occasional use of chemical restraint but only when required to support people's specific individual needs.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff's approach to risk management was personalised to the people living there. They took account of how much people understood about how to manage risks to their safety and how to keep themselves safe both at the service and in the community.
- People's care records detailed clear risk assessments and management plans about how to minimise risks to people's safety. This included positive behaviour support plans.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager was in the process of reviewing people's DoLS status and following up where they were waiting for review from the local authority.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people, to ensure people's safety and welfare.
- However, we heard from care staff and relatives that there had been a recent change to staffing levels. Whilst staffing levels remained safe, there were concerns from staff and relatives about the impact of those changes on the level of engagement with people and how they will be supported to go out in the community. The manager told us there had been ongoing discussions with staff about staffing levels and these could be flexed according to the needs of people using the service and what activities/appointments people had on a given day.
- There had not been any recent recruitment of new staff so we did not look at recruitment practices at this inspection. The staff who were new to the service had been internal promotions within the wider provider group. Recruitment processes at our last inspection were robust.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Clear information was provided to staff about when to administer 'when needed' medicines.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. However, in the upstairs bathroom there was a lack of hand washing facilities with no soap or paper towels. The manager provided us with evidence post site visit that this had been addressed and all bathrooms now had adequate hand washing facilities to minimise the spread of infection. Relatives told us they had concerns that at times when they visited their family members room, they were not kept clean. When we spoke with the operations director about this, they told us the manager was in the process of reallocating domestic tasks amongst the staff team to ensure all areas of the service were kept clean and hygienic. At the time of our inspection the service was clean.
- 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 making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- There were no restrictions in place regarding visiting and people's friends and family were welcome at the service. A relative said, "The staff always say you can come whenever you like."

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- When things went wrong, staff apologised and gave people honest information and suitable support.



# 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. At this inspection the rating has changed 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. Whilst the new manager had plans in place to make improvements at the service, during the months preceding our inspection there had not been adequate oversight and leadership at the service to ensure consistent and sustained good practice.

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

- The provider had governance processes in place to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. However, during the time the service had been without a manager not all of these processes had been completed. The new manager had been providing some support to the service since February 2023 and had completed some audits of key service areas. They were in the process of reviewing areas of service delivery to make improvements, including the completion of domestic duties, review of fire risk assessments and allocation of staffing as outlined in our key question safe.
- The manager was clear about what improvements they wanted to make at the service. They were going to focus on involving and enabling staff, people and relatives to ensure they felt listened to and included in service improvement. They had a good understanding of people's individual needs but was going to develop this knowledge to ensure there was meaningful engagement taking account of people's needs in line with their protected characteristics. A relative told us, "I am very happy that [the manager] is taking over the management of the service. She is very efficient at getting things done. I'm optimistic that things will turn around and she's already making changes."
- There were processes in place to review people's care over time. Whilst regular key worker sessions took place to review the support people received, we found that people's care and support plans had not been reviewed as regularly as planned due to the time spent without a manager. The new manager had plans in place to review all care and support plans to ensure they remained up to date and in line with people's current support needs.
- The provider held governance meetings monthly with the managers of their service. Part of these meetings were to review key service information, outcomes of audits and any incidents or safeguarding concerns that had arisen. Any areas identified as requiring improvement were integrated into the site improvement plan. However, we saw some items remained on the site improvement plan for some time. For example, in April 2022 it was identified that the service would benefit from a deep clean. This was reviewed in February 2023 and had still not been completed.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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

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

- Staff encouraged people to be involved in the development of the service. There were regular key worker meetings for staff to work with people and ensure they were involved in the development and delivery of care. Staff were aware of people's communication needs and adapted the type of engagement they had with people to ensure it was suitable for their individual needs.
- The manager and operations director met with people and/or their relatives if they had specific concerns or feedback about the service so these could be addressed and learnt from.
- The staff held regular meetings with people to plan communal activities, meals and gather feedback about the service.

Working in partnership with others

- The management team were working with the local authority to build relationships to ensure people received a service that met their needs.
- The provider owned a number of services in the local area. The managers and staff worked closely together to support each other.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support and applied duty of candour where appropriate.