

## Independent Lifestyle Options Ltd

# Hemmet House

### Inspection report

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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

Hemmet House is a residential care home providing personal care to up to eight people in one adapted building. The service provides support to people with physical disabilities. At the time of our inspection there were eight people using the service.

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

People were safe at the service. Staff knew how to safeguard people from abuse and keep them safe from identified risks to their safety and wellbeing. The service was clean and hygienic and staff followed current infection control and hygiene practices to reduce the risk of infection. The provider carried out health and safety checks of the premises and equipment to make sure these were safe. Medicines were managed safely. People were supported to take their medicines as prescribed.

There were enough staff to support people and meet their needs. Recruitment and criminal records checks were carried out on staff to make sure they were suitable to support people. Staff were provided training to help them meet people's needs. Staff were well supported and encouraged to learn and improve in their role and to put people's needs and wishes at the heart of everything they did.

People were involved in planning and making decisions about the care and support they required. People's records set out their preferences for how their care and support needs should be provided. Staff understood how people's needs should be met and provided the care and support which had been planned for people. The provider checked with people at regular intervals that their care and support continued to meet their needs and sought their views about how the service could be improved.

People were supported to stay healthy and well. Staff encouraged people to eat and drink enough to meet their needs. Staff supported people to manage their healthcare conditions and made sure people could access support from healthcare professionals when needed.

People were happy with the care and support they received from staff. Staff were kind and treated people well. They respected people's right to privacy and to be treated with dignity. People were encouraged to be as independent as they could be with daily living tasks. 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.

People undertook a wide range of activities that reflected their interests and preferences. Relatives and friends were free to visit people without any unnecessary restrictions. The service had been designed and decorated to meet people's needs and people had a choice of comfortable spaces to spend time in. The provider had plans to redecorate and refurbish the service as and when required.

The service was managed well by an experienced registered manager. They understood how people's needs

should be met and had oversight of the service. There were audits and checks at regular intervals, to monitor, review and improve the quality and safety of the service. There were systems in place to investigate accidents, incidents and complaints.

The service worked with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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 9 February 2018).

#### Why we inspected

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

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.

#### 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 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.

# Hemmet House

## 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 team consisted of one inspector.

#### Service and service type

Hemmet House 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. Hemmet House 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 a registered manager in post.

#### 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 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 spoke with six people using the service and two relatives who shared their views and experiences about the service. We observed interactions between people and staff to understand people's experiences. We spoke with the registered manager, a senior care support worker and two care support workers. We reviewed a range of records. This included two people's care records, medicines administration records (MARs), two staff recruitment files, staff training and supervision information and other records relating to the management of 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person told us, "I think it's a safe place to live." Another person said, "I feel very safe here." A relative told us, "The staff are very supportive and make sure [family member] is safe and well cared for." Another relative said, "We do think [family member] is safe there."
- Staff received training to help them safeguard people from abuse and knew how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe at the service and in the community. The provider had assessed risks to people's safety and wellbeing and had plans in place for staff to manage these risks, to help keep people safe. A relative told us, "They put people's safety first." Another relative said, "They are clear about risks assessments."
- Staff understood risks to people and gave us examples of the action they took to support people to stay safe. They were vigilant when people were moving around the premises or undertaking activities and made sure people were safe.
- The provider undertook regular health and safety checks of the premises and dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations if these should arise at the service.

Staffing and recruitment

- There were enough staff to support people. Staffing levels were planned based on the level of support people needed each day at the service and in the community.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. People's records had information for staff about people should be supported to take their medicines in a timely and appropriate way.
- Our checks of stocks and records showed people consistently received the medicines prescribed to them. Medicines had been stored safely and appropriately.
- Senior staff audited medicines stock and records at regular intervals and checked staff were managing

and administering medicines safely.

- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

#### 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 people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- 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.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Staff knew when and how to report and record accidents and incidents to senior staff.
- The registered manager investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring. Learning was shared with staff, to help them improve the quality and safety of the support provided.



# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider made sure people's care and support needs could be delivered by the service, in line with standards, guidance and the law.
- The provider undertook a comprehensive assessment of people's needs prior to them using the service. The provider obtained the information they required through these assessments, to plan and deliver the care and support people needed.
- People's care and support plans were personalised and reflected their needs and choices about how and when their care and support should be provided.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet people's needs. Staff refreshed their training at regular intervals to help them stay up to date and apply best practice.
- New staff could only support people unsupervised after completing a period of induction. During this time the provider assessed their skills and knowledge to make sure they were competent to work with people.
- Staff received support in the form of regular supervision and an annual appraisal to support them in their role and to identify any further training or learning needs they had.
- The provider encouraged staff to progress in their role and promoted staff in to more senior roles in recognition of their efforts and achievements.

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

- People were supported by staff to eat and drink enough to meet their needs.
- People met weekly to plan the following week's menu at the service. Staff made sure people's choices about meals were reflected in the menu. A relative told, "Everyone chooses their meals. There always seems to be lot of food there."
- Staff understood people's specific dietary needs and preferences and took this into account when planning and preparing meals.
- Staff checked people were eating and drinking enough to meet their needs. When they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

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

- People were supported to stay healthy and keep well. People's records contained information about the

support they required to manage their healthcare conditions.

- Staff understood people's conditions and followed their care and support plans to help people achieve positive outcomes and reduce the risk of people's conditions deteriorating.
- People were supported to access healthcare services and attend their scheduled healthcare appointments.
- Staff were observant to changes in people's health and wellbeing and sought the advice and support of healthcare professionals when needed.

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

- The design, decoration and layout of the service was meeting people's needs. People's bedrooms had been individualised and reflected their hobbies and interests. One person told us, "I chose how my room was set up."
- There were comfortable spaces where people could spend time when not in their room including the communal lounge, the kitchen diner and the large well maintained garden.
- The provider had plans to redecorate and refurbish the service as and when required. The registered manager told us future plans included a kitchen refurbishment and a refresh of the flooring in communal areas.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions the provider would involve family members and others involved in people's care such as healthcare professionals to ensure decisions would be made in people's best interests.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People were looked after well by staff and were happy at Hemmet House. One person told us, "I like the other people and staff are so friendly and it feels homely." Another person said, "I am happy here. I live with people who are all different...the staff are great." Another person told us, "I like living here. I feel safe and happy here...feels like I'm part of a big family." A relative said, "We are delighted [family member] is so happy here." Another relative told us, "The staff are all kind and treat people well... I feel very happy with the care [family member] gets."
- People were relaxed and comfortable with staff, who knew them well. Conversations between people and staff were friendly and cheerful. There was genuine warmth and appreciation when people and staff were chatting with each other.
- Staff were kind and patient when supporting people. People were not rushed or interrupted unnecessarily. They could take as long as they wanted to eat their meals, undertake tasks and when talking to others.
- Staff reassured people if they became anxious or upset. One person told us, "They are there if you have problems. You can talk to anyone. They are nice people." Another person said, "They help me with my emotions. I can talk to them about anything."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided. One person told us, "I feel confident saying what I want. I think it's really important." A relative said, "[People] are involved and making decisions about their own care with support from staff."
- People's feedback was obtained at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff were respectful when talking to people. They listened to what people had to say and then responded in an appropriate way.
- Staff made sure people were clean and dressed appropriately for the time of the year.

- People's right to privacy was respected. Staff made sure people could spend time alone in their rooms and did not enter people's rooms without seeking their permission first.
- Personal care was carried out in the privacy of people's rooms or in bathrooms. Staff sought consent from people before carrying out any care.
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves safely.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People had choice and control about how they wanted to receive care and support from staff. One person said, "I feel respected and they let me make my own decisions. I feel confident saying what I want." Another person told us, "I get to choose what I do." A relative said, "[People] are always given choice. They have what they want."
- People's records informed staff how people's care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's needs and gave us examples of how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people which helped the provider make sure people received the care and support planned and agreed.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation

- People were supported to take part in varied activities and pursue interests that were important to them. People regularly attended college courses and community based activities which they told us they enjoyed. One person told us, "I like going out to dance and having a nice time...It's fun!"
- People could state their preferences and choices about the activities they did and staff made sure people could do these. This included planning and booking holidays, going on group outings and individual outings to the shops or going for meals. One person told us, "We go out a lot."
- A new minibus had been purchased by the provider which gave the service more flexibility to support people to undertake a wider range of activities and outings.
- People received support to maintain relationships with the people that mattered to them and friends and

family were free to visit with no unnecessary restrictions. One person told us, due to the COVID-19 pandemic, they had not been able to see their partner for a long period of time. They said, "I have been seeing [partner] again and it's been good. [Partner] came round for dinner last week for the first time in a year."

- People had developed close friendships and relationships with people using the provider's other service and there were regular opportunities for people to meet up, have a meal or go out together. One person told us, "We have a good social life." A relative said, "They celebrate everyone's birthdays and go out."

#### Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

- The registered manager confirmed the service had not received any formal complaints in the last twelve months.

#### End of life care and support

- None of the people using the service at the time of this inspection required end of life care and support.

- The registered manager understood how to seek advice and support from the relevant healthcare professionals should this be required. This would help to ensure people received the necessary care and support they would need at the end of their life.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a culture at the service that valued people's individuality, protected their rights and enabled them to develop and flourish. A relative told us, "[Registered manager] makes sure everyone is treated equally there." Another relative said, "They respect people as individuals." A staff member told us about the registered manager, "They are very person centered and focussed on people."
- The registered manager and senior staff team worked directly with people and led by example. People knew the registered manager and senior staff well and were happy to be supported by them. The registered manager and senior staff were kind and respectful and took a genuine interest in what people had to say.
- Staff told us they worked well together and felt respected and supported by the registered manager and senior staff at the service. One staff member said, "Team working is good and we all get along and it makes it easier. I love working with everyone."
- People's feedback and views about how the service could be improved were sought. For example, people's views were sought to plan activities and outings. Staff used people's feedback to plan and deliver activities that people wanted.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; 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 registered manager and staff team understood their roles and responsibility for providing people with high quality care and support. One person told us, "The staff have been looking after me well. They are a good team."
- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service. A relative told us, "He puts [family member] first and what he needs. [Registered manager] is good." Another relative said, "We have always been very well involved and we have been kept well informed by [registered manager]."
- People's feedback during the inspection confirmed staff were focused on meeting people's needs and delivered good quality support consistently. One person told us, "The staff are good. They look after me." Another person said, "I enjoy living here...I am happy here." A relative told us, "We feel so fortunate [family

member] is in such a lovely place...I feel very satisfied with the care [family member] receives there."

Another relative said, "The care is good. I can't fault the care."

- The provider maintained a system of audits and checks to monitor and review the safety and quality of the service. These helped to ensure people were safe and experienced good quality care and support.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements. They also knew when to provide honest information and suitable support and apply duty of candour where appropriate.

Working in partnership with others

- The service worked with a range of healthcare professionals involved in people's care and support. They acted on their recommendations to design and deliver care and support that met people's needs. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.