

# 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

Hemmet House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hemmet House accommodates eight people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

This inspection took place on 10 January 2018. At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

People were safe at Hemmet House. Staff protected people from the risk of abuse and knew how to use the provider's safeguarding policy and procedure for reporting any concerns they had about people to the appropriate person and authority. Risks to people's health, safety and wellbeing were assessed and reviewed and staff followed current guidance on how these should be minimised to keep people safe from injury or harm.

The provider continued to maintain a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. Some windows in the premises did not have appropriate restrictors in place to protect people from a fall from height and hot water from two outlets appeared to exceed a safe temperature to reduce the risk to people from scalding. Immediately after our inspection the provider fitted new window restrictors around the premises, undertook checks of all hot water outlets and adjusted these so hot water was maintained at a safe temperature. Daily checks had also been introduced to ensure this safe level was appropriately maintained.

The premises was kept clean and clear of slip and trip hazards so people could move freely and safely around. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely and people received them as prescribed.

There were enough staff to keep people safe. The provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people. Staff had regular and relevant training to keep their knowledge and skills up to date with best practice. Staff were supported by the provider to meet the values and vision of the service which were focussed on people experiencing good quality care and support. Staff knew people well and understood people's needs, preferences and choices. They were aware of people's preferred communication methods and how people wished to express themselves.

People remained actively involved in planning and making decisions about their care so that they received support that was responsive and tailored to their specific needs. Staff used information and guidance, based on best practice and current standards to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. People's care and support needs were discussed and reviewed with them regularly to ensure the support provided continued to meet these. People were encouraged to keep healthy and well, to eat and drink enough to meet their needs and helped to access healthcare services when needed.

People were encouraged to do as much as they could to retain their independence and control over their lives. The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. People were supported to participate in activities and events to meet their social and physical needs and to build and maintain friendships and relationships with others. Staff were warm and welcoming towards people's relatives and friends. They were kind and caring and treated people with dignity and respect. Staff ensured people's privacy was maintained when being supported with their care needs.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives had high levels of satisfaction with the quality of care and support provided. People, their relatives and staff were asked for their views about how the quality of care and support could be improved. They said senior staff demonstrated good leadership and were approachable and supportive. Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 10 January 2018 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to six people using the service. We also spoke to the registered manager and four care support workers. We looked at two people's care records and two staff records. We also looked at records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to two relatives of people using the service to gather their views about the support their family members received.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us, "Yes, feel safe here." A relative said, "[Family member] never goes out alone and they're (staff) always aware and alert when they're out with [family member]." Another relative told us, "I feel it's quite safe and the risks to [family member] have been considered."

The provider continued to support staff to safeguard people from abuse. All staff had been provided training in how to safeguard adults at risk. Staff were able to tell us about the different types of abuse that could occur and how to recognise signs that could indicate a person may be being abused. Staff told us the action they would take to ensure people were protected if they became concerned about them. This included following the provider's safeguarding policy and procedure for reporting concerns to the registered manager or to another appropriate authority such as the local council.

Risks posed to people's safety continued to be assessed, reviewed and monitored. People were involved by staff in discussions about the risks posed to them so that they had a say about how these should be minimised to protect them from injury or harm. Plans to manage identified risks to people were current and guided staff on how to mitigate and reduce identified risks to keep them safe. For example, as some people had specific needs in relation to their mobility, there were individualised plans for each person to support them to move safely around the premises and in the community to reduce the risk to them from falls.

There were systems in place for senior staff to review and investigate any incidents or safety concerns about people, if these should arise, so that appropriate action would be taken to protect people when required. We observed the premises was clear of slip and trip hazards and people moved freely around communal areas such as the hallway, lounge, dining room and kitchen, with no restrictions. Staff understood the specific risks posed to people and how they should be supported to stay safe.

The provider had maintained a regular programme of maintenance and servicing of the premises and of the equipment used at the service to check these did not pose a risk of injury or harm to people. We saw evidence of recent checks made of the lift, water hygiene, fire equipment, alarms, emergency lighting, portable electrical appliances and the gas heating system. Some windows in the premises did not have appropriate restrictors in place to protect people from a fall from height. In three people's bedrooms we found restrictors were not fitted correctly and/or window openings exceeded the Health and Safety Executive's (HSE) recommended safe level of 100 millimetres. We also found when we tested hot water outlets in two people's rooms, the temperature appeared to exceed the maximum temperature of 44 degrees Celsius, as recommended by the HSE, which may have posed a risk of scalding to people.

We discussed what we found with the registered manager. Immediately after our inspection the provider sent us evidence that new window restrictors had been fitted around the premises and in line with recommended guidance from the HSE. The provider also sent us evidence that temperature checks had been undertaken of all hot water outlets and adjusted so that these did not exceed the HSE's recommended safe level. The registered manager confirmed to us in writing that daily checks had been introduced

following our inspection to ensure this safe level was appropriately maintained.

There were enough staff at the time of this inspection to support people safely. A relative told us, "It is always adequately staffed." Staff rotas showed senior staff took account of the level of care and support people required each day when at home and in the community to plan the numbers of staff needed to support them safely. All staff were trained in fire safety and first aid to help them to respond appropriately to emergencies if these should arise. We observed staff were present and provided appropriate support and assistance to people when this was required.

The provider maintained recruitment procedures to check the suitability and fitness of any new staff employed to support people. We looked at the recruitment records for two staff employed at the service since our last inspection. The provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks.

People received their medicines as prescribed. People's records contained up to date information about their medical history and the medicines prescribed to them. We looked at people's individual medicines administration record (MAR) and the current stock and balance of their medicines and found these had been given as prescribed. Medicines were stored safely and securely. Staff received appropriate training to support people with their medicines. Senior staff undertook monthly checks of medicines to assure themselves these were managed safely and appropriately and that staff remained competent to administer these.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Staff had received training on infection control. They wore personal protective equipment (PPE) and understood how to use cleaning materials and equipment appropriately to reduce the risk of spreading and contaminating people with infectious diseases. We observed the environment was clean and tidy and communal toilets and bathrooms were well maintained and equipped with soap and hand towels to promote good practice in hand hygiene. Staff had also received training in basic food hygiene and were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

# Is the service effective?

## Our findings

Prior to people using the service, the provider had carried out comprehensive assessments of people's needs in line with best practice and current standards to ensure a holistic and person centred approach to planning and delivering the support people required. People's records contained detailed information about how their personal care needs, their dietary needs, their physical and psychological health and their social needs should be met by staff to help people achieve good outcomes and enhance the quality of their lives. Staff were clear about these intended outcomes and how they could help people achieve these through the support they provided.

Relatives told us staff had the skills required to meet the needs of their family members. Staff continued to be well supported by the provider. They received regular and relevant training to help them to meet people's needs and keep their knowledge and skills up to date with current best practice. Staff had supervision meetings and an annual performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. A staff member told us they had received a lot of training and the registered manager had discussed with them how they would apply what they had learnt to their role. This helped to ensure that the training staff received remained relevant and enabled them to meet the needs of people using the service appropriately.

People were supported by staff to eat and drink sufficient amounts to meet their needs. People had weekly meetings, facilitated by staff, at which they planned the meals they ate. One person said, "We have a choice and we choose our own meals." Staff were aware of people's dietary requirements and specific preferences for the meals they ate and ensured that these were reflected in the weekly menu. Staff supported people to prepare and cook meals and encouraged people to choose healthier options to maintain a healthy and well balanced diet. Staff monitored how much people ate or drank and any concerns about this were referred to senior staff. We saw a good example of this for one person where staff had observed a change in their eating habits and alerted the registered manager about their concerns. The registered manager ensured the person was promptly referred to an external healthcare professional to seek advice and support about how the person could be supported with this change.

People were supported by staff to keep healthy and well. People's records set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP, dentist or healthcare specialists involved in their care and treatment. Staff maintained records of their observations about people's health and wellbeing and acted promptly to refer any concerns they had about this to the relevant healthcare professional. People were supported by staff to attend their healthcare and medical appointments and outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people required. Relatives told us staff kept them up to date with any changes in their family member's health and wellbeing and fed back the outcome of healthcare appointments.

The design and layout of the premises provided people with flexibility in terms of how they wished to spend



their time when at home. One person told us they enjoyed spending time socialising with people when at home but welcomed the freedom of being able to spend time alone in their room when they wanted privacy. In addition to their own bedroom, which people had been able to personalise as they wished, people had use of a large living room, dining room and kitchen and a large garden. Corridors were wide and open and people could move freely around the premises and gardens as they wished.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was continuing to work within the principles of the MCA. Staff had received appropriate training in the MCA and were aware of their duties and responsibilities in relation to the Act. People's records showed assessments had been undertaken by senior staff to check their ability to make and consent to decisions about specific aspects of their care and support. None of the people using the service lacked capacity to make decisions and could consent to their care and support. People were involved in discussions about all aspects of the support they received and their choices and decisions about this were reflected in their support plans. There was guidance for staff on how people communicated their choices and decisions so that staff were clear when people were or were not giving their consent to support.

## Is the service caring?

### Our findings

People and relatives said Hemmet House was a fun, friendly and welcoming home. One person said, "We've all known each other a long time. Yes we can have our arguments but we're like any family and we're all happy." Another person told us, "I love it here." A relative said, "The atmosphere is open and positive and there is good energy." Another relative told us, "We are always made to feel welcome when we visit."

People and relatives spoke positively about the care and kindness shown by staff. One person said, "They (staff) have been really helping me a lot over the last couple of months and they've been really good to me." A relative told us, "They [staff] care very much...nothing is too much for them." Another relative said senior staff had dealt with a difficult situation involving their family member in a caring and sensitive way. They told us, "I feel the staff are kind and caring and I would say everything I've observed indicates that."

We observed many positive interactions between people and staff. Staff chatted freely with people, asked how they were and encouraged them to talk about themselves and their day. Staff made sure everyone was encouraged to join in on conversations so that they were not excluded. People were happy and relaxed with staff and did not hesitate to ask for their support when they wanted this. People were not rushed and given the time they needed to make choices or to move around the premises. Staff knew how to support people if they become anxious or distressed so that this was done in a caring and considerate way.

People were supported by staff that knew them well and understood their needs. This was evidenced by the knowledge and understanding staff displayed about people's preferences and choices for how they received care and support. People's records contained detailed information about their life histories, likes and dislikes and their preferences and choices for how they wished to be supported. There was good information for staff on how people wished to communicate and express themselves which helped staff understand what people wanted in terms of their care and support.

Staff maintained people's right to privacy and to be treated with dignity. People's care records prompted staff to ensure support was provided in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. We observed staff did not go in to people's rooms without first seeking their permission to enter. Personal care was provided in the privacy of people's rooms or in the bathroom so people could not be overseen. When people wanted privacy, staff respected this so that people could spend time alone if they wished. Staff remained close by if people later required their assistance.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, staff supported people to clean and tidy their rooms or to participate in the preparation of meals and drinks. Staff only took over when people could not manage tasks safely and without their support. People also attended college courses to help them learn and develop skills to support them with daily living tasks. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. One person told us they could now undertake some tasks without staff's support which had helped build their

confidence and motivation to learn and do more for themselves.

## Is the service responsive?

### Our findings

People continued to be actively involved in planning and making decisions about their care and support. This ensured people received care and support that was responsive and tailored to their specific needs. One person said, "The reason I'm happy here is being able to do the things you want to do." A relative told us, "[Family member] is very much at the centre of making decisions."

People's records showed their decisions and choices were used to inform how support was provided to them. There was detailed, up to date information about the support they needed from staff with their personal care needs, their dietary needs, their physical and psychological health and their social needs. Each person had a designated 'key worker' who was responsible for ensuring their care and support needs were being met. People had regular one to one meetings, with their key workers at which they discussed their progress in meeting their care goals and objectives, reviewed the success of activities and outings they had attended and explored new activities they may wish to try. Staff kept detailed records of these meetings to monitor how people were progressing in terms of their care and support needs. People's care and support needs were also formally reviewed with them annually. When changes to people's needs were identified through these reviews, their records were updated promptly so that staff had the latest information about how to support people appropriately.

People's records contained detailed information about how they communicated and expressed themselves and their choices through speech, signs, gestures and behaviours. This helped staff to respond more effectively to people's choices and preferences as well as tailor and provide information to people in a format that met their specific communication needs. This knowledge about people's communication needs and preferences was shared with others when required, such as commissioning local authorities when they undertook formal annual reviews of people's care and support. This helped to ensure that people received information in a coordinated and consistent way from all those involved in their care, to help them make decisions and choices when required.

People continued to be supported to undertake a wide range of activities, outings and events to meet their social and physical needs. People participated in a wide range of personalised activities which included undertaking voluntary work in the community, attendance on college courses, participation in social clubs and groups and attending sports and fitness classes. There were also regular group outings, get-togethers and holidays. People were supported to undertake activities and events with friends they had known throughout their lives and staff understood this helped people feel included and part of a wider community. Participation in activities had also provided opportunities for people to develop and maintain new friendships and relationships with others. One person told us how attending college courses had had a positive effect on them and they felt equipped and more confident in dealing with day to day situations as a result.

People and relatives were confident that the provider would deal with any issues or concerns they had in an appropriate way. A relative said, "Any small concerns I've had got sorted very quickly." The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these

should arise. The complaints procedure was made available in an accessible format for people to raise their concerns. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

## Is the service well-led?

### Our findings

People and their relatives had high levels of satisfaction with the quality of care and support provided at Hemmet House. One person said, "This is the best place." Another person told us, "I've come a long way here." A relative said, "I think it's fantastic...it started off at a high standard and they have maintained that." Another relative told us, "[Family member] is very happy there...[family member] calls it [their] home."

People, their relatives and staff spoke positively about the management and leadership of the service. A relative said about senior staff, "I think they see Hemmet House as an extension of their own families. They put people at the heart of everything they do." Senior staff were involved in the day to day delivery of the service, supporting people to attend activities and regularly participating in events and social occasions. The registered manager told us they joined people for an evening meal each week just to chat and catch up on their news. As a result senior staff knew people well and had developed positive relationships with them and their families. A staff member told us, "The management is great...I can't fault the place and the support I've had has given me a lot of confidence in my role." Another staff member said, "I feel there is really good management support...I'm happy in my job."

All staff were aware of the values and vision of the service which were focussed on people experiencing good quality care and support. They had individual work objectives which reflected these values and vision and senior staff monitored and reviewed how staff were achieving these objectives through their working practices. Records of supervision meetings showed staff were asked to demonstrate with examples how the support they provided improved the quality of people's lives. This meant the provider was ensuring all staff were actively contributing to the achievement of the service's values and vision.

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had maintained an open and inclusive environment where people, relatives and staff were regularly encouraged to share their views about how the service was delivered and could be continuously improved. People discussed with their key worker the quality and standard of support they received and what aspects of this could be improved. People and their relatives were also asked for their views and suggestions for improvements through quality surveys. The provider was responsive to feedback from people and relatives and developed action plans when required to make the necessary changes to improve the service. Following the last quality survey the provider had made environmental improvements based on people and relatives' feedback which included putting in new carpet in the premises. Staff were provided opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. The registered manager told us they had an 'open door' policy and people, relatives

and staff could speak with them at any time.

The provider continued to monitor, assess and improve the safety and quality of the service. Records showed senior staff undertook regular checks of key aspects of the service and took action to make improvements when required. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies. For example, staff worked collaboratively with local authorities funding people's care so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.