

Independence Homes Limited

Mayfield Road

Inspection report

17 Mayfield Road
Sutton
Surrey
SM2 5DU

Website: www.independencehomes.co.uk

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Ratings

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

We undertook an unannounced inspection of this service on 28 January 2016. This was the first inspection at this service.

Mayfield Road provides accommodation, care and support for up to 12 people with epilepsy, some of whom also have learning disabilities and/or physical disabilities. Since Mayfield Road opened in August 2015 the home had been gradually moving people in to live there. At the time of our inspection seven people were using the service.

There was a registered manager in post who was one of the provider's operations managers. The service manager who was in charge of the day to day management of the service was in the process of applying to become the registered manager. 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.

Safe medicines management processes were not consistently followed. Whilst people had received their medicines as prescribed we identified that there were some stock and recording errors. This was a breach of a legal requirement and you can see what action we have asked the provider to take at the back of the main body of the report.

People received care and support that was personalised and their individual support needs were met. Staff were aware of what level of support people required and supported them in line with their preferences. Staff were aware of the risks to people's safety and worked with them to manage and minimise these risks.

The provider's medical team reviewed people's health needs, particularly in regards to their epilepsy and seizure activity. Staff liaised with other healthcare professionals to ensure people's health needs were met. Staff were aware of people's dietary requirements and provided support in line with advice and guidance provided by healthcare specialists.

Staff were aware of people's communication methods and involved them in decisions about their care. People were offered choice and support in line with their decisions and preferences.

Staff encouraged and supported people to identify what activities they enjoyed, and supported them to access activities at the service and in the community. The staff were in the process of further developing the activities on offer and working with people to develop individually tailored activity plans.

A new staff team were in place. Staff were aware of their roles and responsibilities, and were being supported to identify their strengths and embed these at the service. Staff received an in-depth training programme to ensure they had the knowledge and skills to support people. Staff were supported by their

manager and received regular supervision.

Staff were knowledgeable about the procedures to follow in the event of an incident and if they felt a person was at risk of harm. The management team reviewed all incidents and liaised with the local authority safeguarding team if they needed any additional advice to protect people from harm.

Systems and processes were in place to review the quality of the service. This included formal monthly checks, management spot checks and reviews by relatives of people who used the provider's other services. Any areas identified as requiring improvement were addressed and the necessary action was taken to improve service delivery.

The service manager was dedicated to improve the quality of the service and the support provided to people. They were liaising with the local authority to participate in good practice initiatives and were developing systems to obtain further feedback from people about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Safe medicines management had not been consistently followed and we observed some stock check errors and gaps on medicines administration records.

There were sufficient staff on duty to provide people with the one to one support they required. Staff were aware of the risks to people's safety and supported them to manage those risks. Preventative measures and equipment was available to minimise the risks to people's safety.

Staff were knowledgeable about safeguarding adults procedures and the service manager liaised with the local authority safeguarding team if they required any advice.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received training to ensure they had the skills and knowledge to meet people's needs. Staff were aware of their responsibilities under the Mental Capacity Act 2005 and how to support people in line with the principles of the Act.

People's health needs were met. The provider's internal medical team reviewed people's medical needs particularly in regards to their epilepsy. The staff liaised with other healthcare professionals as necessary to ensure people's health needs were met.

Staff were aware of people's dietary requirements, and provided meals in line with their nutritional needs.

Good ●

Is the service caring?

The service was caring. Trusting relationships had been built between people and staff. Staff were aware of people's communication needs, and communicated with them in a way that meant they could be involved in decisions about their care. People were provided with support in line with their preferences and the choices they made.

Good ●

Staff supported people to maintain relationships with their families, and people had built friendships with the other people living at the service.

Staff were respectful of people's right to privacy and supported them to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive. People received a service that was tailored to their needs. Staff were aware of the level of support people required and supported them in line with their preferences. Staff were aware of what support people required in regards to their epilepsy and kept clear records of seizure activity.

People were supported and encouraged to develop their skills and confidence. Staff were working with people to identify what activities they wanted to participate in and what goals they wanted to achieve.

A process was in place to manage and respond to complaints. Relatives felt comfortable speaking with the staff if they had any concerns or worries.

Is the service well-led?

Good ●

The service was well-led. There was open and transparent communication amongst the staff team and with people's relatives. Staff were aware of their roles and responsibilities and new staff were being supported to embed their skills at the service. Staff felt well supported by their manager and their colleagues.

Checks were undertaken on the quality of the service. Any areas requiring improvement were identified and necessary action was taken to address the concerns.

The service manager was exploring initiatives to further improve the quality of the service and was developing systems to obtain further feedback from people.

Mayfield Road

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 was planned to check 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 28 January 2016 and was unannounced. This inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service including the statutory notifications received. These are notifications of key events that occurred at the service.

During the inspection we spoke with four staff, including the registered manager and the service manager, one person and another person's relatives. We undertook general observations throughout the day. We reviewed three newly employed staff's recruitment records, three staff's training, supervision and appraisal records and three people's care records. We reviewed medicines management processes and documents relating to the management of the service.

After the inspection we spoke with three relatives and two healthcare professionals who support people at the service.

Is the service safe?

Our findings

One person told us the staff made sure they had their medicines and gave them pain relief when they needed it and people's relatives told us their family members were kept safe at the service.

However, we found that safe medicines management was not consistently followed. We saw that people received their medicines as prescribed and the majority of medicines administered were recorded on a medicines administration record (MAR). However, we observed that one person's MAR was not completed correctly and it was not consistently recorded when their medicines were administered. We also observed discrepancies in stock checks and therefore not all medicines at the service were accounted for. This meant there was a risk that staff were unaware of how many medicines were stored at the service, and potential for medicines to be misplaced or lost. We saw that protocols were in place for 'when needed' medicines to manage people's epilepsy. However, protocols were not in place in regards to 'when needed' pain relief medicines and best practice was not followed in regards to the management of homely remedies. Homely remedies are medicines that people can obtain without a prescription. The management did not have a list from their GP about which homely remedies were safe for people to take place and in what circumstances they should be provided. This meant there was a risk that people did not receive their pain relief when required and safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations 2014).

There were sufficient staff on duty to meet people's needs. One person told us there were always staff around to help. One person's relative said they felt there were enough staff and that staff were "solely concerned with [the person]" when they were allocated to support them. We observed staff providing people with one to one support. The provider's scheduling team ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. If staff were unable to attend their shift due to last minute sickness, cover was arranged by the scheduling team and we observed this on the day of our inspection.

The provider was still in the process of recruiting to the staff team and filling vacancies as the team grew to accommodate more people at the service. The provider's scheduling team arranged for bank staff to cover shifts whilst they completed the recruitment process. One person's relative felt the number of bank staff used meant there was not consistency in the care provided and their family member often had different staff supporting them who they were not always familiar with. They felt this would improve the longer their family member stayed at the service and once recruitment was completed.

Safe recruitment processes were in place. Applicants completed applications and attended interviews to check they had relevant skills, experience and knowledge to undertake their role. A second interview was also held to review potential candidate's attitudes and values, to ensure these were in line with the provider's. The provider's recruitment team undertook checks to ensure potential candidates were fit and suitable for their role, including requesting previous employment and/or character references, checking people's identity and eligibility to work in the UK, and undertaking Disclosure and Barring Service checks (DBS). One staff member whose records we viewed were still waiting for their DBS check to be completed. In

the meantime the provider had undertaken an 'DBS first' check which ensured the staff member had not been barred from working in a similar setting. Until the DBS check was completed the staff member was not supporting people unsupervised.

Staff were knowledgeable about the risks to people's safety, and supported people to manage and minimise those risks. This included risks associated with moving and handling, people's mobility, developing pressure ulcers and the risk of choking. Mobility aids, hoists and slings were available to support people with their needs and reduce the risks of them falling. Staff also encouraged people to minimise the risk of them tripping or falling. For example, by encouraging them to wear their glasses. Preventative measures were in place to reduce the risk of pressure ulcers developing including pressure relieving equipment and supporting the person to reposition regularly. People were also supported with the risks associated with epilepsy. For example, ensuring staff were available when people were having a bath or a shower in case they had a seizure.

Staff were aware of their responsibility to report all incidents that occurred at the service, this included in relation to seizure activity. We saw that 'risk and behaviour' reports were completed as required and these were reviewed by the service manager and registered manager to ensure appropriate action was taken in response to the incident and to ensure people's safety. Any incidents relating to seizure activity were discussed with the provider's medical team to ensure any changes in their health needs were identified and they received the support they required.

Staff were knowledgeable about their responsibilities to safeguard people from harm. Any concerns regarding a person's safety were discussed with the service manager and the registered manager. If required staff liaised with the local authority's safeguarding team to ensure people were protected from abuse.

The provider had appropriate arrangements in place to manage people's money so they were protected from the risk of financial abuse. Staff kept people's finances secure for them, if they were unable to do this for themselves. Records were kept of all financial transactions and the service manager checked these regularly. We observed the service manager checking two people's finances and the amount stored at the service was as expected.

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. The provider had an internal training programme which staff completed to ensure they had the core skills to undertake their role. This included training on epilepsy, medicines administration, supporting people with a behaviour that challenged staff, infection control, fire safety, first aid, safeguarding adults and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. One staff member said, "This is a great company to work for...the training is excellent." Staff were required to stay up to date with their training requirements otherwise they were unable to work. A healthcare professional told us if staff identified a need for further development of their skills there was "a willingness and openness to expanding their knowledge." The healthcare professionals worked with staff to update their knowledge and skills in line with people's needs.

This was a newly formed staff team and they were supporting each other to ensure they were able to provide people with the support they required. The service manager told us they were most proud of how well the staff team had formed and the support staff provided each other. New staff took part in a two week induction and received additional support for the first six months whilst they undertook their probationary period. New staff shadowed more experienced staff and a buddying system was in place to provide them with ongoing support. All staff received regular supervision. The supervision sessions reviewed staff's performance against the competencies assigned to their role. Staff were supported to develop and learn new skills. The staff member, in discussion with their supervisor, identified objectives they wanted to achieve and they were supported to progress towards these. Staff also received an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of their responsibilities under the MCA and adhered to the principles of the Act. Staff were aware of what decisions people were able to make and assessments were undertaken if they had concerns that a person did not have the capacity to make certain decisions. When people did not have the capacity to make a decision, best interests decisions were made by the relevant health and social professionals, in discussion with people's relatives.

The service manager had made applications for authorisation to deprive people of their liberty. One person had an authorisation in place and the service manager was waiting for other people at the service to be

assessed by the local authority. In the meantime staff supported people in line with their risk management plans. One person had been assessed under DoLS and this had not been authorised. The service manager was working with the person to undertake MCA assessments to establish what aspects of their support they had the capacity to understand and make decisions about. As part of these assessments staff had discussed with the person the risks to their safety in the community, and they were able to make an informed decision to have support from staff when accessing the community to ensure their safety.

One person said the staff helped them with their health needs. They said if they felt unwell, they "just ask the staff and they sort it." One person's relative told us, "If he needs a doctor – they're there immediately." They also said the staff were, "Very knowledgeable about epilepsy and medicines." The provider's internal medical team met regularly with the service manager to review people's medical needs, particularly in regards to their epilepsy and seizure management. The service also liaised with other healthcare professionals as required. This included, physiotherapists, occupational therapists and speech and language therapists. For people who were receiving treatment from a physiotherapist, we saw that their daily support plans included staff providing them with support to undertake their exercises.

One person's relative told us, "If [the person] needs something they find a way for it to be accommodated." They gave us an example of how the person's favourite meals were accommodated as well as meeting the person's dietary requirements and providing a soft diet. They said the person was "very happy" with the food provided. Staff were aware of people's dietary requirements. This included any allergies they had and those who required a specific diet, for example if they were at risk of choking and required a soft diet.

The service had a light, airy and spacious environment. It was accessible for people with limited mobility and for people who used mobility aids, including zimmer frames and wheelchairs. There were a range of communal areas for people to use and we saw people freely accessing them during the day. The service had facilities to stimulate people's senses. This included a sensory room and one of the bathrooms had been adapted to have coloured lights and have music played whilst the person had a bath. We were invited to see a couple of people's bedrooms. They had been personalised and contained their own belongings. However, at the time of our inspection the communal areas were still quite sparse. We spoke with the service manager about this and they told us they were working with people at the service to identify what pictures they wanted on the wall. One person was in process of making some art work to be displayed and the service manager was developing photographs from Christmas and birthday celebrations to display at the service.

Is the service caring?

Our findings

There was a calm and relaxed atmosphere at the service. People were supported by staff and were engaging in friendly conversations. One person's relative told us that the staff "walk on water" and "they care". They told us that whilst the person required a hospital stay the staff came to support them on the ward and provided them with company and conversation. Another person's relative said, "Staff are fantastic." One person using the service said the staff are "fine...I get on with everyone." They also said, "Anything you need, just ask and [the staff] get it for you."

Staff promoted people's dignity and maintained their privacy. People were supported with their personal care in the privacy of their room or in one of the bathrooms at the service. Staff respected people's choice to go to their room if they wanted some privacy. Staff knocked on the person's door and asked for their permission before entering their room.

One person's relative said the staff understood how the person communicated. Staff were knowledgeable about how people communicated and how to ensure people understood what was being said. This information was also recorded in people's care and support plans. Staff communicated with people using short sentences and gave people time to process what was being said. We saw that communication tools and translation sheets were included in people's records to support with communication.

People were involved in decisions about the support and care they received. One person told us they were able to choose what they ate, what room they had at the service and how they spent their time. People had their own daily routines and staff supported people in line with their preferences. For example, one person liked their meals to be presented in a specific manner and there was a picture in the kitchen to remind staff about this. Staff were conscious to not offer people too much information about choices and to focus on some specific choices, as it had been identified that for some people this made it harder for them to process the information.

Staff supported people to become more independent. Staff supported people with activities of daily living and supported them to undertake tasks independently when they were able to. This included supporting people to develop their independence at the service and in the community. We observed staff encouraging people and praising them when they completed a task independently.

Staff were working with people to obtain their views and ensure they were involved in decisions about their care, and also about service delivery. For example, the staff had planned a 'tasting day' where staff would provide people with the opportunity to taste a range of different foods. The findings from this activity would be used to develop the service menu.

One person told us they had built friendships with the people who lived at the service. They told us staff also supported them to stay in contact with their family. People visited their family regularly and staff supported them to have overnight visits, ensuring they had their medicines and support needs looked after whilst not at the service. Staff also encouraged people to use technology to video chat with their relatives to keep in

touch with them.

Is the service responsive?

Our findings

One person's relative told us they had "peace of mind" now their family member was at the service and they said, "it's a lovely place." Another person's relative when asked whether they were satisfied with level of care and support their family member received, responded "most definitely". A third relative said, in regards to the service "It's good, very good." They also said, "There's nothing to worry about. [The staff] try their best." A healthcare professional said they had been "impressed by the standards of care provided."

Staff were knowledgeable about people's needs. Before people moved to the service, the service manager assessed each person's needs. People were able to check the service through day visits and overnight stays before making the decision to move there and they were able to move gradually and at a pace suitable for them. . This enabled people to get to know the service, the staff and the other people using the service. Staff also used the process to get to know the person, their interests, they daily routines and their support needs.

Staff developed support plans based on the information they received during the assessment process and through discussions with people and their relatives. These plans clearly identified the level of support people required and how people wanted the support to be provided. Detailed information was provided in people's care plans about their epilepsy and the type of seizures they experienced. Information was included about the triggers to people's seizures, the frequency and duration of their seizures, and how staff were to support the person during and after experiencing a seizure. Staff recorded all seizures people experienced so the medical team could identify any changes or patterns in seizure activity.

People who displayed behaviour that challenged staff had behaviour support plans in place. This informed staff of triggers to the behaviour and how to support the person to manage the behaviour. Staff supported people if they became frustrated or anxious and also used initiatives to reduce the anxiety people experienced. For example, one person liked to be aware of what activities they had planned and when their healthcare appointments were. The staff were working with the person to use a pictorial calendar to plan for the upcoming month. Staff were aware of the triggers to people's anxiety and plans were in place to minimise those situations from occurring.

Staff were supporting people to build their confidence and engage in activities. The staff were in the process of developing more formal and regular activity programmes with people. Staff were exploring with people what activities they wanted to participate in. They had already identified that some people enjoyed cycling, other's liked going to the gym and some enjoying swimming. Staff were supporting people to access amenities and groups in the local community to participate in activities they enjoyed. One person was also being supported to undertake a volunteering position at the provider's central activity resource called 'FOCUS'. Staff had started to develop the activities delivered at the service. Staff held a regular baking session which people participated in, and one person also attended the baking group at one of the provider's other services as they really enjoyed this activity.

The service used the key worker process to provide people with individual support. A key worker is a member of staff who leads on and coordinates the support provided to people. People met with their key

worker regularly to discuss the support they received and to identify goals they wanted to achieve. We saw that people's key workers were working with people to develop their skills in order to achieve their goals.

A process was in place which enabled people and their relatives to make complaints about the service. Any complaints received were reviewed and responded to by the service manager, and if required escalated to the registered manager. Relatives we spoke with said they had no complaints and they felt able to talk with the registered manager if they needed to.

Is the service well-led?

Our findings

One person's relative told us, the service manager is "always at the end of the phone." They said communication with the manager was "very good" and they "keep me informed. They always ring if anything happens." A healthcare professional told us they felt the service manager was, "passionate about their work and they are driven to provide the best possible service."

There was clear leadership and management at the service. This included the service manager, a deputy manager and team supervisors. Each staff member was aware of their roles and responsibilities. The deputy manager and some of the team supervisors were new to the service. Whilst they had previously worked for another of the provider's services and were familiar with the provider's policies and procedures, they were in the process of developing and embedding their role at the service. They had been allocated key tasks to lead on to develop the service and we observed that their progress on these tasks were discussed during supervision sessions.

Staff told us they liked working with their service manager, and felt the manager provided good leadership. One staff member said, "[The service manager] is always checking in" and ensured that they were managing their workload. They also said the service manager was "approachable" and they felt comfortable speaking with them. Staff told us they enjoyed working with their colleagues and there was good teamwork. One staff member told us the new staff team had been "fantastic" and that it's the "strongest team I've worked with." They said they were "learning as a team" and learning each staff member's strengths.

The service was developing the opportunities to get feedback from people and their relatives. A satisfaction survey was due to be sent to people's relatives during February 2016. The service was also in the process of setting up meetings with people, with the theme of "What makes us different?"

The service used the provider's 'family checker' process to obtain feedback about the service. This involved a relative of a person using a sister service visiting the service to provide feedback on their observations, the environment, the interactions between staff and people, the meals and any feedback received through conversations with people. We saw from the check in September 2015 that the relative rated them as either 'good' or 'excellent' for each aspect of service delivery they reviewed.

Checks were undertaken on the quality of care provided. Formal monthly quality assurance checks were undertaken based on the Care Quality Commission's inspection methodology and the Health and Social Care Act 2014 regulations. The operations manager undertook 'walk round' spot checks. These were unannounced and included checking the quality of service delivery during the day and at night. If improvements were identified these were discussed with the service manager and an action plan was produced. We saw that areas requiring improvement identified through these processes had been addressed, including the completion of records evidencing the support provided to people on a daily basis.

The managers from each of the provider's services met regularly to discuss service provision, share ideas and discuss how they could implement good practice guidance.

The service manager was interested in participating in local initiatives to improve service quality and outcomes for people. They were liaising with the local authority about taking part in the 'Vanguard' initiative. This initiative supported people to experience smoother transitions and coordinated care when accessing both health and social care services. The initiative was being piloted in care homes for older people, and would be expanded to involve other residential services.

The service manager and the registered manager worked together to ensure they met the requirements of the service's registration with the Care Quality Commission. The service had learnt from their sister service in regards to the submission of statutory notifications and these were in the process of being completed, particularly in regards to Deprivation of Liberty Safeguards authorisations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not consistently provided in a safe way because proper and safe management of medicines was not in place. Regulation 12 (1) (2) (g).