Independence Homes Limited

Independence Homes Limited - 44 Brambledown Road

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

This inspection took place on 11 December 2015 and was unannounced. At our previous inspection on 5 June 2014 the service was meeting the regulations we checked.

Independence Homes – 44 Brambledown Road provides accommodation, care and support to up to seven adults who have epilepsy, some of whom have a learning disability and/or an acquired brain injury. At the time of our inspection seven people were using the service.

The service had a registered manager in place. 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. In addition to the registered manager, the service had a manager who was allocated to manage the service on a day to day basis. This person was in the process of completing their application to take on the role of the registered manager.

Staff supported people to stay safe and well. Staff were aware of the risks to people's safety, and worked with people to manage those risks. This included the risks to their safety at the service and in the community. Technology was used to support with risk management, including technology which was able to identify if a person was experiencing a seizure during the night.

People's healthcare needs were met. The provider had a medical team which was available to support and advise staff about how to support people, particularly in regards to their epilepsy. People were aware of when they were required to take their medicines, but did not know what medicines they were required to take. Staff supported people to ensure they received their medicines as prescribed, and arranged for medicines reviews to take place if they observed adverse side effects of their medicines. People were supported to attend healthcare services when required, including their GP, dentist, optician and hospital appointments.

People were involved in decisions about their care. Staff were aware of their responsibilities under the Mental Capacity Act 2005 and ensured they supported people in line with the principles of the Act. Where people were unable to make important decisions about their care, staff arranged for 'best interests' meetings to be held. People were encouraged and supported to make day to day decisions.

People were given choice and staff supported people in line with their preferences. Staff were aware of people's interests and hobbies. People were supported to undertake activities in line with their interests. Some people were also accessing college courses and undertaking work experience in line with their interests and hobbies.

Staff had built caring and trusting relationships with people. People felt comfortable speaking with staff, and spoke with staff if they felt unwell or were upset. We observed people asking for support from staff and

people received the support they requested. Staff spoke to people politely, respectfully and in a friendly manner. Staff respected people's privacy and maintained their dignity. People were supported in line with their religion and cultural heritage.

Staff had the knowledge and skills to support people. Staff attended regular training that the provider considered mandatory to their roles as well as additional training relating to people's individual diagnoses and communication needs. Staff were supported through supervision and appraisal processes. The manager worked with staff to ensure they understood and adhered to their roles and responsibilities.

People, their relatives and staff were asked for their feedback about the service. They were invited and encouraged to express their opinion about the service. Where suggestions were made to improve the service or to offer additional opportunities for people these were listened to and implemented.

Systems were in place to review the quality of the service. This included reviewing complaints, incidents and accidents. The provider's management team worked with the manager of the service to review and implement any improvements required to service delivery. A regular programme was in place to review the quality of care provided to people and support provided to staff.

The registered manager was aware of and adhered to the requirements of their registration.

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. There were sufficient staff to meet people's needs. The number of staff on duty varied according to what people had planned and the support they required.

Staff were aware of the risks to people's safety and they supported people to be aware of and to manage those risks. Staff understood safeguarding procedures and supported people to remain safe and free from harm.

People received their medicines as prescribed. Staff supported people during medicines reviews and monitored people to establish the impact medicines changes had on their behaviour.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people. They attended regular training and reviewed their roles and responsibilities during supervision sessions.

Staff were knowledgeable about their responsibilities under the Mental Capacity Act 2005 and supported people in line with the Act. Staff were aware of their roles under the Deprivation of Liberty Safeguards (DoLS) and where authorisations were in place, supported people in line with the conditions of the authorisations to deprive them of their liberty.

Staff supported people with their nutritional and health needs.

Is the service caring?

Good

The service was caring. Staff had built trusting relationships with people. People liked the staff and enjoyed spending time with them. Staff were aware of people's communication methods and ensured people were involved in decisions about the day to day support they received.

Staff supported people to build and maintain relationships with their friends and family.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive. Care plans were available informing staff about people's care needs and how staff were to support them. Staff worked with people to identify goals they wanted to achieve whilst at the service and their progress towards meeting those goals was regularly reviewed.

People engaged in a range of activities at the service and in the community. People were supported to develop their skills and independence, and some people were engaging in work experience programmes.

People were asked for their views and opinions about the service. A complaints process was in place and any concerns raised were dealt with promptly.

Is the service well-led?

Good

The service was well-led. A supportive working environment was provided and staff felt able to express their views about service delivery. People's relatives were asked for their opinions. There was open and transparent communication between the management team, staff, people and their relatives.

Staff checked the quality of the service including the care delivered to people and the support provided to staff. Any improvements identified were actioned.

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission.

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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 11 December 2015 and was unannounced. An inspector undertook the inspection.

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

During the inspection we spoke with six staff and three people. We observed interactions between people and staff, and how people spent their day. We reviewed three people's care records and reviewed records relating to the staff team's training, latest supervisions and appraisals. We reviewed medicines management processes and records relating to the management of the service including findings from recent quality checks.

After the inspection we spoke with two people's relatives and three healthcare professionals.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. They were aware of the risks to their safety and staff helped them to manage those risks. A healthcare professional said staff were keeping people safe, well and happy.

There were sufficient number of staff on duty to meet people's needs and keep them safe. There were currently two vacancies in the staff team, and the provider's recruitment team was actively recruiting staff. The provider's scheduling team ensured sufficient staff were on duty based on people's needs. The provider had a pool of bank staff to use to cover the vacancies and to cover staff sickness, annual leave and training commitments. Staff told us they used the same bank staff so they were familiar with the service and people's needs.

The number of staff on each shift varied according to people's needs. The manager ensured there were sufficient staff available to support people at the service and in the community. Some people required one to one support when they were out and the manager ensured this staffing support was allocated. One staff member was available at night to support people. A night supervisor was available on call to support staff and was available when they required advice, guidance or additional support.

Staff assessed the risks to people's safety. People's risk assessments had identified a range of risks to their safety at the service and where required management plans were in place to mitigate the risks. For example staff had assessed that it was unsafe for people to access the community on their own. People were aware of this and one person told us, "Staff go with us everywhere." Some people were able to access the kitchen independently and others required support from staff. Some people at the service displayed behaviour that challenged staff. Staff had received training about how to support people when displaying this behaviour, and how to maintain their and the person's safety.

The service used technology to assist with risk management. For example, the service used technology that monitored if people were having a seizure during the night, whether they had left their bed and any increase in moisture. If the technology identified any change an alarm was raised and the staff supported the person as required.

Staff were knowledgeable about safeguarding procedures and how to report concerns that a person was being harmed or if they have suspicions this was happening. Safeguarding adults was discussed regularly during team meetings and during supervision. All safeguarding concerns were escalated to a senior member of staff and they liaised with the local authority's safeguarding team when required. Staff told us they had a good relationship with the safeguarding team and felt comfortable speaking with them if they needed advice. All staff had received safeguarding training, and they were not able to work directly with people if they did not keep up to date with their training.

The people we spoke with were aware of what time they needed to take their medicines and we observed people reminding staff about the time they needed their medicines. However, people were not aware of what medicines they needed to take or what they were for. They told us staff looked after their medicines for

them and gave them when they needed them. We saw that medicines management processes were in place and people received their medicines as prescribed. All staff that administered medicines had received relevant training. Medicines were stored securely. Medicines administration records (MAR) were kept of all medicines administered and we saw that these were completed correctly. Staff undertook regular checks on the stock of medicines kept at the service. We saw for the majority of people that medicines stocks were as expected. However, for one person we saw the stock balance was not correct for two of their medicines. We spoke with the staff member who undertook the most recent stock count, and they confirmed that they had forgotten to count the medicines included in the person's emergency pack. We discussed the error in stock balance checks with the registered manager and they told us they would discuss this with the provider's management team to establish whether they could amend the process to aid clarity and reduce the risk of staff making a mistake.

People had protocols in place to inform staff when to administer 'when required' medicines, this included protocols for emergency medicines people required when experiencing a seizure. When staff went out with people emergency medicines were taken with them so that if the person experienced a seizure in the community staff were able to administer the required medicines.

One person was having their medicines reviewed and their physician had amended their medicines. The staff were observing the impact the change had on their behaviour to identify whether this change was in the person's bests interests or whether they were experiencing further side effects.

Good

Is the service effective?

Our findings

One person's relative told us staff regularly attended training and they were confident that staff had the knowledge and skills to support their family member. A healthcare professional said from their experience the staff were skilled, particularly in regards to communicating with people. Another healthcare professional told us they delivered training to staff regularly about one person's particular diagnosis so that staff had the knowledge and skills to support the person. They also said staff were proactive in asking questions and obtaining advice if they were unsure about how to support the person.

Staff told us the induction process was "thorough" and they felt supported when they came to the service. They told us there was lots of training and they were required to complete their mandatory training before they were able to work unsupervised. Staff said they received the training they required to support people with their individual needs. For example, completing Makaton training so they knew how to communicate with one person who could not communicate verbally. The provider had a computerised system that logged staff's compliance with their mandatory training requirements. Alerts were sent to the staff member and their manager if they were due to attend refresher training so that this could be booked and completed. We saw that staff had completed their mandatory training. This included training on fire safety, food hygiene, management of aggression, safeguarding adults, health and safety, manual handling and first aid. Staff also completed additional training relevant to people's needs and individual diagnoses.

The manager ensured that staff on duty during each shift had a range of skills and experience. This ensured that new staff were supported by more experienced staff, and that people had access to staff with a range of skills and interests. For example, the manager ensured that when people with restricted mobility were scheduled to attend an activity in the community that a staff member qualified to drive the service's vehicle was on shift to support the person.

Staff received regular supervision. The supervision sessions reviewed staff performance, their progress towards identified goals and adherence to the provider's policies and procedures. We saw that staff's training needs were discussed and staff's completion of mandatory training was reviewed. Staff were supported to explore parts of the service they were interested in and develop their skills within that area. For example, one staff member enjoyed engaging people in a pampering session and this had become a regular activity at the service. Staff were also able to request additional training. For example, one staff member was being supported to complete training on dementia awareness so they could further support and educate the team about how to care for people with dementia. Staff also received annual appraisals to review their performance and discuss career progression.

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 the principles of the MCA, and their manager regularly reminded them of those principles. People were supported to make decisions about their care where they were able to do so and their decisions were respected by staff. The manager arranged for MCA assessments to be undertaken if they had concerns a person did not have the capacity to make important decisions. 'Best interests' meetings were held to make decisions on behalf of people who did not have capacity, with input from the staff, their families and health and social care professionals. The manager spoke with us about one person whose circumstances had recently changed and best interest's decisions were currently being reviewed to ensure they still reflected what was best for the person.

Staff had assessed that there were risks to people's safety in the community and they were not free to leave the home independently. Therefore the manager had arranged for people to have a DoLS assessment. We saw authorisations have been given by the local authority to deprive people of their liberty and staff adhered to the conditions of the authorisations.

Staff supported people with their nutritional needs and people were offered a choice about what they wanted to eat. People were having their breakfast when we arrived. One person we spoke with told us the food they were eating was their favourite. Another person told us, "We choose what to eat and help staff to prepare it."

Staff worked with specialists to obtain advice and guidance about how to support people with their dietary requirements. One person had particular dietary requirements. The staff ensured there were alternative options available for this person which were similar to what other people were eating so they could join in the house meals, but that also met their needs. Staff were supporting this person to eat at the service and at cafés and restaurants in the community. The person was growing in confidence around meals and eating out.

People told us if they felt unwell the staff organised for them to see a doctor. Staff supported people to have their health needs met. The provider had a medical team who reviewed people's health needs, particularly in regards to their epilepsy. A member of the medical team was available on call out of hours if staff needed any advice about how to meet people's needs.

Staff supported people to visit their GP, dentist and optician when required. One person's relative told us their family member was unwell and was refusing to go to see their GP. Staff liaised with the person's GP and arranged for a home visit so the person still got the care they required.

Hospital passports were available to support people if they required a hospital admission. A hospital passport outlines people's health, support and communication needs, and their preferences so that hospital staff are aware of how to support the person during their hospital admission. We saw that one person did not have a hospital passport. We spoke with the registered manager and manager about this and they told us this was an oversight and they would ensure it was completed.

Good

Is the service caring?

Our findings

People had built trusting relationships with staff. One person said, "There's better staff now. I'm happier now." One person told us if they were feeling sad or upset they would speak to staff. They said, "If I wanted to say something I'd go to staff." One staff member told us the aspect they most enjoyed about their role was, "having a laugh [with people]" and "making [people] happy". One person told us, "I like being with the [the other people at the service]. It feels like home." They also said, "I get on with the staff. I get on with them all." One person's relative told us, "We're happy, [the person's] happy". They said the staff were, "dedicated, caring and nice." People were aware of who all the staff were and knew them by name. This included the name of a staff member who was on induction and had only started at the service the week of our inspection. A healthcare professional told us, "The staff know [people] on a personal basis and are very good at getting the best out of them."

We observed people treating the service as their home, freely accessing communal areas whilst also having the privacy of their own bedrooms. At the time we arrived at the service some people were still in their pyjamas. People were free to get up and get dressed at a time they wished. We observed people asking others if they wanted a hot drink and asking staff to support them to prepare drinks for their friends at the service.

People told us they got to see people at the provider's other services. They told us they undertook baking classes at one of the other services. People were also supported to make friends with people outside of the service. People who wanted to went to a local nightclub for people with learning disabilities, and this gave them the opportunity to meet other people from the local community. One person told us they liked meeting other people and dancing with them at the club.

Staff supported people to stay in contact with their families and a variety of methods were used to do this. Some people visited their families regularly, some people spoke to their families over the phone and some people used technology to video chat with their families. One person told us, "I have a mobile so can talk to mum whenever I want." The service held events which families were able to take part in, including summer BBQs and Christmas parties.

Staff were aware of people's interests, hobbies and preferences. They shared this information with visiting professionals to help them tailor the support they provided to people. For example, one person was receiving support from a sports therapist. Staff had informed the professional that the person liked books and trains, and they used this information when delivering their therapy. People at the service liked animals. There were pet fish at the service and a 'pets as therapy' dog visited the service weekly. One person told us they liked having the dog come to visit so they could stroke it. The service had a vehicle so staff could support people to access the amenities they wished in the community. One person told us, "[Staff member] is the driver. We can go where we want."

People's likes and dislikes were documented in people's care records. This enabled staff to become more familiar with people's wishes and provide them with the service they liked. For example, we saw one person

liked cycling and was participating in work experience at a cycling club. They also enjoyed eating out and on the day of our inspection people were taken out for a meal.

Staff were aware of people's communication needs. People had varied methods of communication. Some people used Makaton (a type of sign language), others used one word answer or short sentences, and other people were able to engage in full conversations. One person was accessing support from a specialist and this was helping them to develop their communication skills. Staff told us the person had started to communicate more and use more verbal communication.

One person's relative told us people were offered choice and staff respected their decisions. People were involved in decisions about their care and how they spent their time. People were able to make their day to day decisions including what time they got up, what time they got dressed and when they went to bed. People were offered choice in regards to their meals and the times they ate. People were offered a range of options regarding how they spent their day and what they engaged in. Staff respected a person's decision if they did not want to do what was planned for that day.

Staff received training on equality and diversity and supported people with their individual needs. For example, one person liked to have food from their cultural background. Another person wanted to grow their hair and have it braided, and staff were learning how to do this. People were supported to express their sexuality. One person had expressed a wish to be in a loving relationship and wanted to meet a partner. Staff supported this person to attend a local club where they liked to speak with and meet other people.

One person's relative told us their family members dignity was "definitely" maintained, and that the person was "always clean" and their personal care needs met. Staff respected people's privacy and ensured when they were supported with personal care that this was undertaken in the privacy of their bedroom or the bathroom. Staff respected that some people liked to spend time in their bedroom and gave them privacy during this time.

Good

Is the service responsive?

Our findings

Staff told us they wanted to, "Make sure [people's] life is the most positive one." One person's relative said their family member was progressing and staff were supporting them with all their needs. They said, "Overall they are doing good." One person told us, "We get independence …it's called independent living." A healthcare professional said the staff team's "particular strength" was "coordinating, communicating, and documenting" the care and support provided to people. They told us staff listened and followed advice given about how to meet people's needs.

Staff assessed people's care and support needs. This included the support they required with their health care, personal care, social, recreational and financial needs. A care plan was produced documenting people's needs and what support they required from staff. In regards to people's epilepsy we saw detailed information about the type of seizures they experienced, any triggers to their seizures and how staff were to support them during and post seizure. Two people at the service experienced regular seizures. Staff documented when they had a seizure so they were able to track any 'clustering' of seizures and any changes in the frequency of their seizures. Daily records were kept of the support people required. We saw that tasks were completed and people were supported in line with their care plan. Staff told us that they reported any changes in people's behaviour or health needs so that these were incorporated into people's care plans.

People were allocated a key worker. The key worker was a member of staff allocated to support and coordinate the person's care. People met with their key worker regularly and discussed the care and support they received. These sessions were used to identify if people's care needs changed or if they had any additional support needs. The person's key worker also supported people to achieve their personal goals. We saw that one person was being supported to learn how to operate their tablet computer with the aim of being able to use it independently. One staff member told us, "They're all working towards something" and that they were helping people to do things for themselves that would "improve their lives".

People's key workers met with them to discuss what activities they wanted to do, whether they wanted to participate in work experience and what work they wanted to do. Staff wanted to empower people to make their own decisions about what they did. One staff member told us they supported people to undertake activities of their choice and, "If we can't do it. We'll adapt it."

People were engaged in a range of activities. The night before our inspection people had participated in the provider's pantomime and a second performance was due the night of our inspection. People were excited about the pantomime and enjoyed telling us about their part and what costumes they were wearing. One person told us the pantomime was "going well and I'm enjoying it".

Staff engaged people in activities related to their interests and hobbies. For example, two people at the service liked cars and vehicles. Staff organised for them to visit the fire brigade so they could learn more about the fire engines, use the hoses and speak to the fire officers. They also organised for police officers to come to the service so they could go in the police car and speak to the officers.

Staff took note of the different events available in the local area and in London so that people were aware of what was available and could choose what they took part in. For example, one person who likes cars went to the car museum in London to take pictures and get brochures which they then took with them to their art class so they could make collages and pictures of their favourite cars.

People were encouraged and supported to develop their skills. Some people at the service were attending college. This included classes on computing, English and healthy living. Some people were also participating in work experience. Two people had an interest in cycling and exercise. They helped at a cycling session at the local leisure centre. Another person liked animals and was participating in work experience at a local pet shop.

People were encouraged and supported to express their views and opinions of the service and the support they received. Meetings were held with people as a group to discuss the service. One person told us, "It's for us." People were also encouraged to express their views during key worker meetings. People told us they felt comfortable speaking with staff and staff said they had daily conversations with people to ensure they were happy with the service and the support received.

A complaints process was in place. All complaints were sent to the provider's senior management team to respond to, and they would share any learning required with the manager of the service. A relative told us they had made a complaint previously and they were satisfied with how this had been managed. They also said they felt able to raise any concerns they had with staff and they were addressed prior to them needing to make a complaint. One person's relative told us they felt comfortable speaking with staff if they had any queries or concerns, and staff "always took it on board".

Good

Is the service well-led?

Our findings

One person told us, "[The registered manager] is a superman." Another person described the registered manager as a "cool dude". They also told us they liked the day to day manager of the service. One person's relative said the manager was "bending over backwards" to help their family member. A healthcare professional told us there was open and constructive communication with the management team. Another healthcare professional said, "The managers at the service ensure that recommendations are followed consistently."

People's relatives were encouraged to feedback about the service. Some people's relatives visited the service regularly and the staff made themselves available if they wanted to speak with them. Staff also took the opportunity to speak with people's relatives at events held at the service. Newsletters were distributed to people's relatives every two months and people's key workers regularly rang relatives to keep them informed and updated about the service.

There were regular staff meetings. Staff told us the meetings gave everyone the opportunity to express their views and opinions about the service. One staff member told us, "We listen to each other." They said there was a "close knit" team and good team working. Staff knew each other well and they worked well together. Staff felt well supported by their manager and felt comfortable speaking with them and raising any concerns.

A supportive working environment was provided for staff. Staff were encouraged to ask questions and develop their skills. They told us they informed staff, "If you need to ask – ask." Staff discussed as a team why they were required to do certain things, such as completing particular paperwork, so that staff understood the value of what they were required to do and how it related to the support provided to people.

Staff were aware of the reporting procedures to follow in the event of an incident, accident or safeguarding concern. These reports documented the incident, the action taken at the time to support the person, and the ongoing action taken to minimise the risk of recurrence and support the person to remain safe and well. The provider's central team reviewed all incident reports to identify any themes and discussed this with the manager of the service so that any additional action required was taken.

The provider had an internal team who checked the quality of the service. Monthly reviews were completed looking at all aspects of service delivery, including reviewing quality of care plans, medicines management, completion of key worker sessions and ensuring principles of the Mental Capacity Act 2005 were followed including conditions of authorisations by the managing authority (the local authority) to deprive people of their liberty. The reviews also checked that staff were supported appropriately including completion of training, supervision and appraisals. When it was identified that action was required to improve the quality of care we saw that these were completed.

The registered manager was aware of their registration requirements with the Care Quality Commission and submitted the statutory notifications as required.