Independence Homes Limited

Independence Homes Limited - 14 Cranley Gardens

Inspection report

14 Cranley Gardens
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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

We undertook an unannounced inspection of this service on 30 November 2015. At our previous inspection on 23 August 2013 the service was meeting the regulations inspected.

14 Cranley Gardens provides accommodation, care and support to up to six people with epilepsy and learning disabilities. At the time of our inspection six women were using the service.

The service had a 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.

A safe environment was provided which was suitable to people's needs. People were able to express their opinion about the environment and were involved in decorating decisions.

Staff had the knowledge and skills to keep people safe. They were aware of the reporting procedures if they had concerns a person was being harmed and ensured they shared their concerns with a member of the management team so appropriate action could be taken to support the person.

Staff were aware of the risks to people's safety, including any risks associated with their epilepsy. Staff maintained a balance between giving people their independence whilst maintaining their safety. We saw that staff worked with people to identify risks to their safety and how people could self-manage those risks.

Staff supported people to self-medicate and progress towards self-management of their medicines. Safe medicines management processes were followed and people received their medicines as prescribed.

People were supported in line with the Mental Capacity Act 2005 and were involved in all decisions about their care. If staff had concerns about a person's capacity to make a decision they arranged for a mental capacity assessment to be undertaken to identify what support would be in the person's best interests.

People were supported to be as independent as possible, this included participating in paid employment, using public transport, and undertaking household tasks. People were offered choice about how they received the support they required and staff respected people's opinions. Staff were respectful of people's privacy and maintained their dignity.

Detailed care plans were developed in discussion with people and their families to identify what support people required and how staff could help them to lead fulfilled lives. People were supported to access local amenities and participated in activities they enjoyed.

There was a stable staff team who worked well together. People knew the staff and the staff knew people's

preferences and their interests. Staff had the knowledge and skills to support people. They undertook regular training and completed relevant qualifications to ensure they were aware of good practice guidance.

People, their relatives and staff were invited and encouraged to share their views and opinions about the service. We saw that feedback received was used to improve service delivery.

The staff team and the senior management team reviewed the quality of the service, and implemented the required actions to improve service delivery. Incidents, accidents and complaints were learnt from to further improve the support provided.

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 keep people safe. Staff were aware of the reporting procedures if they thought a person was at harm or their safety was compromised.

Staff were aware of the risks to people's safety, and worked with people to help them manage those risks.

Some people had been supported to self-medicate. Staff ensured people took their medicines as prescribed and there were safe medicines management processes in place for people who were not able to self-medicate.

A safe and suitable environment was provided.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people and regularly updated this through completion of the provider's mandatory training and completion of relevant qualifications.

People were supported in line with their wishes, preferences and choices. If staff were concerned that a person did not have the capacity to make a decision, arrangements were made for this to be formally reviewed with their family, the health and social care professionals involved in their care.

Staff supported people with their nutritional needs and their health needs.

Is the service caring?

Good

The service was caring. There were positive and friendly interactions between staff and people. People were supported and encouraged by staff to develop their skills and to undertake tasks independently. Including learning how to use public transport and participating in paid employment.

Staff respected people's privacy and maintained their dignity.

Staff supported people to discuss and express their wishes in

regards to end of life care.

Is the service responsive?

Good

The service was responsive. Detailed person centred care plans were developed outlining the support people required from staff to manage their health and social care needs, and to lead fulfilled lives.

Staff were aware of people's interests and hobbies, and supported them to engage in a range of activities that they enjoyed.

People were encouraged to express their views and opinions of the service and the support they received.

Is the service well-led?

Good

The service was well-led. There was clear leadership and management of the service. Staff were aware of their roles and responsibilities. They felt supported by their manager, and there was a team approach towards service delivery and development.

People's relatives were encouraged to express their views about the service and we saw that feedback received was used to further improve the support provided to people.

Regular checks were undertaken to review the quality of the service and action was taken when required to improve service delivery.

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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 unannounced inspection took place on 30 November 2015. One inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service including notifications of significant events in the last 12 months.

During the inspection we spoke with three staff members, including the registered manager, and one person. We reviewed three people's care records and records relating to staff training and the management of the service. We reviewed medicines management processes.

After the inspection we spoke with one person's care manager, one person's relative and three additional staff, including the provider's quality assurance officer.

Good

Is the service safe?

Our findings

One person told us they felt safe at the service and that they were able to safely access the local amenities. One person's relative said the staff have ensured their family member is safe in the community and "she knows the way she knows." They said there was a good balance between being independent and being safe.

There was a stable and experienced staff team. One person's relatives said, "There's consistency in staff." There were sufficient staff to meet people's needs and keep them safe. The staffing rota was flexible to ensure the appropriate numbers of staff were on shift to meet people's needs. For example, if additional staff were required to support people in the community then additional staff were rostered to accommodate this. If people were unwell or had experienced a number of seizures then additional staff were made available to support them.

There was a small staff team, which enabled continuity of care to be provided. People were aware of who the staff were and staff were familiar with the service and people's needs. There was sufficient staffing to provide cover for staff sickness, annual leave and attendance at training courses.

Staff protected people from avoidable harm and abuse that may breach their human rights. Staff were able to describe signs and symptoms of possible abuse, and informed us of the reporting procedures if they had concerns that a person was being harmed. Staff discussed any concerns about people's safety with their manager. Staff were also aware of whistleblowing procedures if they needed to escalate their concerns. Staff were aware of the importance of sharing their concerns with the local authority safeguarding team if they had concerns a person was being abused. The registered manager told us they had good links with the local authority safeguarding team and felt able to approach them for advice and guidance.

Staff were aware of the risks to people's safety, this included the risks associated with people's epilepsy. Staff balanced the support provided with people's personal care to enable them to have their independence, provide them with privacy whilst also maintaining their safety. For example, staff would sit outside the bathroom so the person was able to bathe independently and in privacy, but staff were available to support if the person's experienced a seizure.

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 would attend to support the person as required. People were consulted in the decision to use this technology and we were informed that one person did not wish to have this technology in place and this decision was respected.

Staff supported people to recognise, assess and manage any risks to their safety. For example, some people had been assessed as being able to access the community independently. Staff had supported the person to be able to this and to recognise the potential risks to their safety. We overheard people ringing the service if they were going to be back at the service later than expected so that staff ensured they returned to the

service safely. People were encouraged to manage their own money when able to, but staff reminded them of the importance of keeping their money safe and not sharing their bank details or PIN number with others. People were also given the space to be independent whilst maintaining their safety. For example, one person was assessed as being able to be in the service alone for up to one hour.

Staff supported people to become independent with their medicines and to develop the skills to self-medicate. Staff supported people at a slow and gradual pace to ensure they were aware of what medicines they were required to take and when. People were able to securely store their medicines in their own rooms, and completed their own medicine administration records (MAR). People informed staff when they had taken their medicines so staff were able to monitor that this was in line with people's prescriptions.

We reviewed the medicines management processes at the service. Medicines were stored securely and there was clear information about who required what medicine, at what dose and when they were required to take it. MAR were completed correctly indicating people received their medicines as prescribed and we saw for the majority of medicines that there was the correct stock balance. However, we saw for one person that there was an error in the stock balance regarding their 'when required' paracetamol upon returning from social leave. When people went on social leave they were provided with enough medicines for the time they were away and some additions in case a medicine was dropped or the person extended their social leave. Sometimes people's families did not consistently complete records of the medicines they administered and therefore the staff were at times unable to monitor how much medicines the person had taken and whether the correct medicines were returned to the service. The registered manager told us they would review their processes for medicines management when people were on social leave.

Staff offered people's families education and training about the medicines people took and particularly in regards to people's 'when required' medicines, so they were able to provide people with the support they required with their medicines whilst on social leave.

The service provided a clean, bright and welcoming environment. People were involved in decisions about the decoration of the service, including the colours their bedrooms were painted. A safe environment was provided, and staff undertook regular checks to ensure any concerns about the environment were identified and actioned. Staff undertook checks to ensure fire safety equipment and emergency lighting was in working order, water was maintained to a safe temperature and general health and safety checks were completed. Regular fire evacuations and fire alarm tests were undertaken to ensure people and staff knew what to do in the event of a fire. Each person had a personal evacuation plan so staff were aware of what support people required in the event of a fire.

Good

Is the service effective?

Our findings

A comprehensive induction was undertaken to ensure new staff had the required knowledge and skills before supporting people unsupervised. This included completion of training, visiting all the provider's locations, reading the provider's policies and procedures, and spending time shadowing experienced staff at the service where they would be based. They also spent time speaking with people and reading their care records to ensure they were familiar with people's preferences and their support needs.

A range of training was provided to ensure staff had the knowledge and skills to support people. This included training on epilepsy, fire safety, first aid, food hygiene, health and safety, infection control, manual handling and medicines administration. The mandatory training was delivered through an in-depth training session at the provider's head office and annual refresher courses on line. If there were significant changes in best practice or legislation then staff were required to re-attend the in-depth training at the head office. For example, staff had completed training on the update to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that all staff were up to date with their mandatory training. Reminders were sent directly to staff to inform them if they were due refresher training. If they did not complete this training within the required time, their manager was informed and they were stopped from undertaking their duties until they completed the required training.

Staff were supported to undertake additional training relevant to their role. For example, all staff had either completed or were in the process of completing Qualification Credit Frameworks (previously National Vocational Qualifications) in Health and Social Care. Staff told us if they wanted to undertake an external training course or obtain further qualifications they submitted a request to the provider's learning and development team. They told us as long as the training was relevant to their work and would improve the quality of support provided to people they would be supported to complete their studies.
Staff were formally supported through regular supervision sessions. One staff member said in regards to the registered manager, "Anything I need support with she's there." Supervision sessions gave staff the opportunity to self-assess their performance and then discuss this with their manager. Unfortunately we were unable to view staff's completed supervision documents due to a current IT issue which was stopping access to certain documents. The provider's IT support team were working on resolving the issue. Staff told us they felt the supervision and annual appraisal process gave them the opportunity to review their performance, their training needs and to look at career progression. They also said they liked that the processes enabled formal recognition from their manager of what they had achieved and the support they provided to people.

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. The service was working within the principles of the MCA and staff were clear about their role in adhering with the Act. Mental capacity assessments were undertaken during the development and review of people's care records to establish whether people were able to understand the risks associated with certain decisions and that they were able to retain information regarding their decision. We saw that people were assessed as having the capacity to make decisions about their care and they were supported in line with their wishes and choices.

The manager had concerns that one person's mental capacity was fluctuating and the person experienced periods of confusion. They had liaised with the person's care manager and the healthcare professionals involved in their care to have a full mental capacity assessment undertaken. We saw that one person was assessed as having the capacity to manage their finances, but that their family member was currently managing their money for them. However, there were concerns that this person was not being able to access all their finances. The registered manager told us they would ensure the financial arrangements for this person were reviewed in discussion with the person and their care manager.

The staff understood the requirements of the DoLS. At the time of our inspection, the people using the service were not subject to DoLS and were able to freely access the community. We observed people coming and going from the service, and staff told us people often went out in the community to access local amenities and visit friends and family.

Staff supported people with their nutritional needs. We observed staff supporting one person with their breakfast. The staff asked the person what they wanted to eat and provided the meal in line with their preferences. The items the person requested were in stock showing the staff had prepared and ordered food in line with people's preferences.

People were supported to build on their independence with meal and drink preparation. We saw that some people were doing their own shopping, helping themselves to drinks and preparing their own meals. One person told us the staff helped them with their budgeting but they did their own food shopping and cooking. Not all of the people using the service at the time of our inspection were able to do this independently. Due to the risks associated with one person accessing the kettle staff provided the person with a flask of hot water so they could still make themselves hot drinks. We saw staff offering to fill up the flask for the person during our inspection.

Staff supported people with their medical needs. The provider's medical team was available on call 24 hours a day, seven days a week for staff to access if they required any advice or noticed any changes in people's behaviour. People were supported to access primary medical services. One person told us the staff supported them to make an appointment when they needed to see their GP. People were also supported to visit dentists, opticians and chiropodists when required. People were able to make a choice as to which service they visited. For example, some people were registered with primary medical services close to the service, whereas other people preferred to stay with their previous dentist or optician and visited them during their breaks with their families.

Good

Is the service caring?

Our findings

We observed staff speaking with people politely and in a friendly manner. Staff had conversations with people about their weekend and the activities they participated in. We observed staff and people sharing stories and having a laugh together. One person told us the staff were "fantastic" and they "make me laugh". They also said, "They are there if I need them." One person's relative told us their family member had a "very good key worker. They get on well" and "it's the ideal place for [the person]".

People were supported and encouraged to maintain relationships with their families, and to build friendships. Some people went to stay with their families at the weekends, and we heard that people had built friendships with people through their work and engagement in activities in the community. Staff supported people to maintain relationships with people special to them, including husbands and boyfriends.

Staff were respectful of people's privacy, and were respectful that people's bedrooms were their own private space. Staff did not enter people's bedrooms without their agreement. Staff gave people the space to adhere to their own personal care, and shouted prompts from outside the bathroom so that the person's needs were met and their privacy maintained.

People were involved in decisions about their care and were able to decide how they spent their day. Staff supported people in line with people's wishes and preferences. Staff were aware of people's daily routines and enabled them to undertake their daily tasks at their own pace and at a time that suited them. We observed people getting up when they wanted, and having meals at the time they wanted them.

Staff were knowledgeable about people's interests and preferences. We observed staff engaging people in conversations about their interests. Staff also told us how they used this information to engage people and reassure them. For example, one person was a big football fan and staff engaged the person in conversations about their favourite football team if they were distressed or anxious. Staff were also aware of people's favourite films, musicians and TV programmes.

People were supported to develop their independence and involvement in the community. Four of the people using the service were in paid employment. One person told us their work was "enjoyable". They were supported through links with an external agency to identify what sort of work they would like to do and they helped the person to identify employment opportunities. For example, some people were working in restaurants and another person was working in the local MPs office. Staff supported people to access their work independently by supporting them to be able to travel independently, through completion of 'travel training'. Staff worked with the person to plan their travel route and to experience the journey together before slowing removing the support and people being able to do it safely on their own. This training also helped people to develop their road awareness skills and to access the local community safely.

Some people had used the travel training to enable them to travel independently to their friends and family homes. For example, one person was now successfully traveling to Brighton independently to visit their

family.

Staff discussed with people their end of life wishes and information was included in people's care records about what support they would like if they were receiving end of life care. This also included information about advanced care decisions in place and funeral arrangements. For example, what songs they would like to be played and what they would like people to wear.

Good

Is the service responsive?

Our findings

One person told us they "like it here. I'm happy to live here" and that there was "nothing that would make it better." One person's relative told us the "support is 100%" and that "It's slow and sure, but yes [the person] is making progress. It is done at a pace that suits them."

Person centred care plans were developed by staff in discussion with people and their families. These plans outlined what support people required with their medical needs, particularly in relation to their epilepsy, social needs, employment and financial needs. People's care plans included information about people's epilepsy and the types of seizures they experienced. Information was provided about the triggers to these seizures and what support they required from staff during and after a seizure. Staff told us they recorded all seizures people experienced so that they could track if there had been an increase in the amount of seizures people experienced so that their treatment could be reviewed with the support of other healthcare professionals as required. We saw records that confirmed this.

People's care plans contained detailed information about the support people required to lead fulfilled lives, in line with their preferences, wishes and desires. Information was included to instruct staff about how to support people and this was detailed and tailored to individuals. For example, one person was sensitive to touch and therefore required additional support when receiving certain medical attention such as going to the dentist.

Each person was allocated a key worker. A key worker is a member of staff dedicated to leading on a person's care. People and their key workers met regularly to identify what goals people wanted to achieve and what support people required from staff to achieve those goals. We saw that people's progress towards achieving those goals was reviewed at each key worker meeting. Key worker meetings were also used to provide protected time for people to raise any concerns they had and any additional support they wanted. The sessions gave staff the opportunity to discuss with people how they were feeling and whether they were happy with the support they received.

People's care plans were reviewed regularly to ensure they reflected people's current needs. This included a review by the provider's medical team to ensure people were receiving the appropriate support with their medical needs, for example identifying any contraindications in regards to changes to people's medicines.

Staff handover procedures supported effective communication about people's needs and any changes in the support they required or changes to their health needs. We saw that handover documents included key information about people, for example, whether they had experienced a seizure during the shift and whether 'when required' medicines had been used.

People engaged in a range of activities. The service had previously received feedback from people's relatives that they would like more activities to be available for people. The provider had developed an initiative called 'FOCUS' which provided a wide range of activities to people. Through the 'FOCUS' initiative a calendar of activities was produced which let people know what activities were available and on which days. Through

'FOUCS' they used staff's skills and interests to provide a range of activities. For example, one staff member had an interest in art and offered art and craft sessions. The type of activities being delivered were due to requests received from individuals, so that people's individual interests and hobbies could be supported. We heard that one person was heavily involved in the provider's drama group and they were busy rehearsing for the Christmas pantomime. Another person enjoyed rock climbing and staff supported them to access a local rock climbing centre. The staff also offered activities at the service, for example, baking groups.

Daily records were kept of the support people received and the activities that people had participated in. We saw that these also identified the progress people were making towards living an independent life, including undertaking meal preparation, maintaining their own personal care and participating in household tasks.

People were encouraged to express their views through attendance at monthly meetings. We saw that at the last meeting in November 2015 people had requested for additional 'travel training' so that they were able to visit more places independently, and staff were in the process of supporting people with this. We also saw that the meeting gave people the opportunity to raise any concerns they had or conflicts within the home. For example, deciding who chose what to watch on the TV.

A complaints process was in place. People and their relatives were supported to express their views and opinions. One person's relative said, "They [staff] always listen to any concerns." If people, or their relatives, had any concerns or complaints these were listened to and dealt with appropriately. We saw that the complaints process ensured that all complaints were investigated and reviewed by the senior management team to ensure they were actioned appropriately.

Good

Is the service well-led?

Our findings

There was a stable staff team, including the registered manager. All staff were familiar with each other's working style and approach to working within a team. The registered manager told us they liked to give staff as much autonomy as possible and they liked to discuss any changes or ideas as a team. They said they would always "float" ideas with the team before implementing them. Staff also confirmed that the registered manager was open with them and they felt comfortable voicing their views and opinions. They told us there was a team approach and the staff worked well together. There was a real emphasis on team working and flexibility within the staff team to ensure they provided people with the support they required. One staff member said "We discuss and share ideas" and that the registered manager had an "open door". They said there was "excellent relationships within the team" and "good communication within the team."

There were regular team meetings. All staff members were able to contribute to the development of the agenda for the meetings which enabled them to raise any concerns they had and input into service development and delivery. A session at the team meeting was also used as a teaching session, for example, a behaviour specialist was invited to attend the meetings regularly to discuss how to support people with any behaviour that challenged staff.

People and their relatives were able to input to service development. The provider had a process where people's relatives from a sister service came to review the support provided. They were able to speak with people and talk to staff about the service. We saw that their suggestions about how to improve the service were listened to and implemented, including the development of the activities calendar. People's relatives were also asked to express their opinions through the completion of satisfaction surveys. We saw that the completed surveys showed relatives were very happy with the service their family member received. They stated that people were gaining skills, they were confident that staff kept people safe, and that people were always treated courteously and respectfully.

Staff felt able to raise any concerns they had and to admit when they had made mistakes. They told us they were supported by their manager to address the mistake and ensure appropriate action was taken to reduce the incident from recurring, for example, completing further training and undertaking further competency checks in response to medicines errors. One staff member said the staff team "try and resolve things together". All incidents were recorded and the registered manager reviewed them to ensure the person was supported appropriately and to identify what actions were required to minimise the incident from recurring. Incidents were also reviewed by the provider's senior management team to review the action taken and to undertake analysis to identify any trends or themes.

The staff and management team undertook regular checks to ensure a quality service was provided that met people's needs, and that appropriate policies and procedures were followed to ensure people's safety. This included reviewing the environment and ensuring all equipment was in working order. When items were broken they were fixed or replaced in a timely manner. The manager audited the medicines at the service to ensure appropriate stocks were maintained, that people received their medicines as prescribed and that staff followed safe medicines management. The staff also checked the money stored by staff on

behalf of people and the receipts of financial transactions to ensure all money was accounted for.

There was a regular programme of checking on the quality of the support provided to people, and to ensure staff adhered to the provider's policies and procedures. These checks were unannounced and undertaken by a member of the provider's operations team leading on quality. Spot checks were also undertaken out of hours to ensure people received the support they required during the night. We saw that any areas identified as requiring improvement were actioned and any concerns regarding individual staff performance were addressed.

The registered manager was aware of the requirements of their registration with the Care Quality Commission and adhered to those requirements, including submission of statutory notifications.