

# Independence Homes Limited

## Cranley Gardens

### Inspection report

14 Cranley Gardens  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cranley Gardens is a residential care home providing personal care to up to 6 people. The service provides support to people who have a learning disability and/or autism. The service also specialises in supporting people with epilepsy. At the time of our inspection there were 6 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

People were not supported in a safe, well-maintained environment. Elements of the service were worn and not inviting. Environmental risk assessments were not comprehensive enough, including in relation to fire safety and security.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, we saw that some incidents and safeguarding concerns were not reported appropriately and consistently through the provider's internal processes in order to identify trends and themes in a timely manner.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

### Right Culture:

There had been a change in the management at the service and whilst leadership was improving, there had been a period of instability. The management team had identified a number of areas requiring improvement at the service, however, systems to review the quality of the service were not comprehensive enough to identify all the concerns we found during our inspection. Relatives did not always feel able to speak openly to staff and ensure any concerns raised were listened and responded to.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. The interim manager had undertaken a closed culture audit in response to recent concerns raised at the service, to ensure staff knew how to raise concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 27 April 2018).

### Why we inspected

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

### Enforcement and Recommendations

We have identified breaches in relation to safety and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cranley Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was undertaken by 1 inspector.

#### Service and service type

Cranley Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cranley Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met the 6 people using the service and received feedback from 4 of their relatives. We spoke with 4 staff, including a senior care worker, deputy manager, interim manager and the operations director. We reviewed 2 people's care records, medicines management arrangements, the safety and suitability of the environment and records relating to staff and the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not appropriately managed the safety of the living environment.
- We identified that windows were not appropriately restricted to ensure risks of people falling from height were mitigated. Staff had not appropriately assessed the risks to people from an unsecure garden, including those who needed support to stay safe from risks in the community.
- Adequate fire safety assessments had not been undertaken, and there was not a plan in place as to how staff would support people in the event of a fire. This was a particular concern at night when there was only one staff member on duty and a number of people living at the service needed support in the event of a fire. Regular checks were not being undertaken on fire safety equipment to ensure it was in good working order.

The provider had not ensured people received care in a safe environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and had knowledge about the risks to people's safety and how to support them on a day to day basis to manage those risks. This included detailed information about how to support people in relation to their epilepsy and seizures.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.

Systems and processes to safeguard people from the risk of abuse

- On the whole, people were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. However, we had concerns that one incident had not been appropriately recorded on the provider's internal reporting system. Staff told us initially the concerns had been raised but not actioned. The senior management team told us they had now been made aware of these concerns and appropriate processes were being followed to investigate them.
- Additional training and staff meetings were being held to ensure staff knew what actions to take if they had concerns.
- The interim manager had undertaken a closed culture audit to check that a healthy culture was within the staff team and that staff felt safe to raise any concerns or worries.
- Staff were respectful of people's protected characteristics and people received support free from

discrimination.

#### Learning lessons when things go wrong

- On the whole, the service managed incidents affecting people's safety well. Staff recognised and reported the majority of incidents well. However, we had concerns that the review of incidents was not comprehensive enough to identify potential trends in a timely manner. Appropriate action was now being taken to address the concerns identified and investigate any potential staff performance concerns which were impacting on people's safety. The interim manager told us, "We are learning from previous concerns and trying to rectify that."

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we saw that some wear and tear to the environment meant that appropriate cleanliness standards could not be maintained, particularly in carpeted areas of the home. The management team told us the provider's maintenance team had visited recently and there were plans in place to update the environment.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no visiting restrictions in place and people's family and friends were welcome to visit.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The interim manager told us they were able to use the provider's bank staff to put additional staff on shift if there was a need. For example, if a person had been experiencing additional seizures or seizures that differed to their norm, then additional staff would be on shift to support that person. However, relatives told us, "We worry constantly about staffing levels in the home" and that staffing levels had been recently reduced.
- People benefitted from receiving support from a consistent staff team. The care staff had been working at the service for a number of years. A relative said, "Staff are kind and friendly. [Their family member] seems to be loved."
- There had been no new care staff recruited since our last inspection and therefore we did not look at recruitment records during this inspection.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.



- Staff ensured safe medicines management processes were in place when people were on home leave and out in the community. Emergency medicine grab packs were available to take when supporting people out of the house to ensure they would receive effective rescue medicines in the event of a seizure.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Cranley Gardens was a large family home. Each person had their own room. They were able to personalise their rooms.
- The service would benefit from some updating and redecoration to in order to provide a more homely environment. The woodwork was stained and chipped. Carpets were also stained and well worn. Relatives also had concerns regarding the environment. They told us, "Every issue is a battle and nothing in the home, which seriously needs refurbishing, is deemed as important." Another relative said, "The house itself is in need of refurbishment, inside and out."
- The management team told us a refurbishment plan was in the process of being developed in order to update the environment.

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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- However, we saw that people and staff had not got together recently to review their plans and ensure clear pathways to future goals and aspirations, including skills teaching in people's support plans.
- The management team told us they were aware that care records needed updating and had plans in place to do this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff made referrals to the local authority when they felt they needed to deprive a person of their liberty in order to keep them safe. We saw one person had not had their DoLS arrangements reviewed since moving in to Cranley Gardens. This had been chased once by the previous manager of the service but this was over a year ago. We spoke with the interim manager about this and they said they would further follow this up to ensure appropriate processes were followed to ensure the safety of this person.

### Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice. However, we saw some staff were not up to date with the required refresher training and the provider's training team was following this up.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- One person had very specific dietary requirements due to their physical health needs. Staff worked with the dietician to obtain specialist advice and guidance about how to support this person. Only staff trained by the dietician were able to prepare meals for this person.
- People were involved in choosing their food, shopping, and planning their meals. We observed staff asking people what they would like to eat and there were a variety of meals provided in line with people's choices.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff enabled and encouraged people to prepare their own meals where able. We observed one person making their own lunch with guidance from staff.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed
- People were supported to attend annual health checks, screening and primary care services. Staff supported people to attend regular appointments with their neurology team in relation to their epilepsy. A relative told us, "[Their family member's] health care needs are known and catered for."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. People appeared comfortable and confident at the service. A relative said, "[Their family member] is well looked after. They see the staff and other residents as friends."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff members showed warmth and respect when interacting with people. A relative told us, "[Staff member] is really caring and extremely sensitive to our [family member's] needs. They are really 'tuned in' to [their family member] who beams when they see them." Another relative said, "Most of the staff seem to be caring and efficient."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff respected people's individual preferences and supported them in line with their choices. For example, one person liked to get up later in the day and this was respected. They had their meals at different times to account for the later get up time.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff worked with people to develop their independence.
- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

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

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

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

- Staff provided people with personalised, proactive and co-ordinated support.
- Staff provided effective skills teaching because it was tailored to individual people. People were developing their independent living skills and staff encouraged people to do as much as they can for themselves.
- People were supported to understand their rights and explore meaningful relationships. One person was in a relationship with a person from one of the provider's other homes. Staff supported the person to have contact with their partner and gave them information about healthy relationships.
- People were supported with their sexual orientation, religion and ethnicity without feeling discriminated against.

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. People led active lives that incorporated them into the local community. Staff supported people to take part in their weekly activities. A staff member told us, "We're always out and about. We're always doing something." A relative said, "They know the activities [their relative] enjoys and have stretched them on times to try others."
- Staff enabled people to broaden their horizons and develop new interests. People were supported to take part in employment opportunities and to complete various college courses.
- Staff supported people to visit and stay with their families at weekends regularly. Staff organised for relatives to have everything they needed to support and ensure people's safety and continuity of care whilst they were away.

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

- There was a complaints process in place to record and respond to any concerns raised.
- However, relatives told us they found that some concerns raised were not shared with the wider team and a response was not provided. A relative said, "It is not possible to know to whom concerns can be referred. On occasion, I have tried to ring the company headquarters during working hours and the call has gone through to voicemail. If one doesn't have a name, it is not possible to relay one's concerns."

#### End of life care and support

- At the time of our inspection people did not require end of life support. Staff told us they would discuss end of life care plans with people and those important to them, if and when the time came.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a recent change in manager at the service. The previous manager left the service two weeks prior to our inspection and an interim manager was in place. Staff told us there had been a number of changes within the provider's management team that they found it difficult to know who was who.
- Senior staff had not complied with their regulatory and legislative requirements. The management team had not notified CQC about key events that occurred at the service as required by their registration.
- A quality assurance framework was in place with a regular programme of audits. The completion and findings from these audits were monitored by the provider's quality and governance teams. Whilst a number of the concerns found during our inspection had already been identified, the audits had not been effective in identifying and addressing all of the issues. This included concerns relating to the management and recording of incidents.
- Complete and up to date records were not always maintained. This included in relation to people's individual support plans as well as service wide risk assessments. We saw that some people's support plans had not been updated to reflect their current needs. We also saw that service wide risk assessments were either incomplete, out of date or did not address all environmental risks. For example, there was not an overall fire risk assessment in place which adequately addressed all risks. The environmental risk assessment was out of date, did not include concerns regarding the security of the garden and actions identified on the risk assessment including window restrictors had not been carried out.

Effective systems and processes were not in place to review the quality and safety of the service. The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

- Staff had not felt respected, supported and valued by senior staff who previously worked at the service. However, since the deputy manager was appointed and the interim manager came into post staff told us they felt listened to and respected. The interim manager was aware that there had been some unrest in the staff team and were trying to rectify that. They said, "Staff morale has been a bit up and down."
- Since the new management team came into the service, staff told us they now felt able to raise concerns and that appropriate action would be taken to learn from and respond to those concerns. A staff member told us, regarding the interim manager, "She is a lot more proactive." The new management team had

spoken to all staff and reassured them that concerns would be listened to but also spoke to the team about the whistleblowing procedures in place so they knew how to raise concerns with the provider's senior management team.

- Care staff met with people and relatives to gather their thoughts and feelings and used them to develop individualised support provided to people. A relative said, "[Staff member] who is a senior member of staff will always listen to our concerns and make appropriate suggestions."
- However, relatives also felt there was a lack of communication and engagement from the management team and the provider's senior staff. A relative told us, "Communication is dire! This is one big issue that the home needs to address! " Another relative said, "There is a loss of personal contact, and interest in the families of their clients seems minimal." A third relative said, "Communication has often been poor to virtually non-existent."

#### Continuous learning and improving care

- There was a service improvement plan in place which reviewed all the actions that had been identified through the provider's governance system. This plan was used to review and improve the service. We saw some of the concerns we identified during this inspection were already known and being planned for. This included reviewing staff's compliance with training requirements, identification of redecoration and refurbishment needs, and review and updating of people's care records.

#### Working in partnership with others

- There were a number of the provider's services in the local area. The staff worked with these other services to learn from and develop the service. The management team across the provider group met regularly to discuss their services and share ideas.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.



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 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  Risks to people's safety had not been appropriately assessed and mitigated. The provider had not ensured the premises were kept safe for their intended purpose. Regulation 12.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to assess, monitor and take timely action to improve the quality of service provision. The provider had not ensured that complete and up to date records were maintained. Regulation 17.