

Independence Homes Limited

# Independence Homes Domiciliary Care Agency

## Inspection report

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02 October 2020  
05 October 2020  
09 October 2020

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Independence Homes Domiciliary Care Agency is part of Active Care Group, a large national provider that had taken over the ownership of Independence Homes. The service provides support for adults with learning disabilities, physical disabilities or mental health needs. At the time of this inspection, the service was providing support within the regulated activity of personal care to 35 people across four 'supported living' settings. Support ranged from a few hours per day to 24-hour care. CQC does not regulate the premises used for supported living; this inspection only looked at people's personal care and support.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people. The management team had continued to develop and improve the quality of support against their own action plan since taking over the running of the service. The outcomes for people at each setting that provided a regulated activity now better reflected the principles of this guidance. As such, people were supported to have 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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Comprehensive assessments and care plans were now the basis of personalised care and ensure that staff supported people in a way that maximised their choice and control, and independence. Staff had a better understanding of people's needs and were committed to supporting them to live the lives they chose.

### Right care:

- Care was more person-centred and promoted people's dignity, privacy and human rights. People's individual needs were recognised, and diversity celebrated. Managers had introduced ways of encouraging staff and people to explore each other's cultures, beliefs and religions in an inclusive way.

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff enabled people using services lead confident, inclusive and empowered lives. The management team had worked hard to develop an open and transparent culture which promoted learning and not blame.

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 requires improvement (published 6 February 2020).

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service in November 2019 where the service was rated requires improvement for the second consecutive time. Following that inspection, the provider completed an action plan to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm the areas which previously required improvement had been addressed. This report only covers our findings in relation to the Responsive and Well-led key questions.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Independence Homes Domiciliary Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Independence Homes Domiciliary Care Agency

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. These settings provided a range of small domestic-type houses and larger blocks of flats. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the registered manager 24 hours' notice of the inspection. This was because we wanted to meet with people living in their own homes and needed the provider to make arrangements for this to happen.

Inspection activity started on 29 September 2020 and ended on 9 October 2020.

#### What we did before the inspection

We reviewed all information we had received about the service since the last inspection. Due to the service

being rated as requires improvement, we had been regularly engaging with the new registered manager since the last inspection and this information was used to inform our planning. We have sought regular feedback from the local authority and professionals who work with the service.

We completed a structured conversation with the registered manager and nominated individual in May 2020 using our Emergency Support Framework (ESF) to gain an insight into how the Covid-19 pandemic had affected the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also conducted virtual interviews with people using and working at the service via video calls on 11 and 12 June 2020 to corroborate the information shared by the management team during the ESF call.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We visited one of the supported living settings where we met seven people who lived there and observed the support they received from staff. We also had video calls with seven people living at the other three locations where the regulated activity was being delivered. We received feedback either by telephone or email from 12 relatives of people. We also conducted interviews with 15 members staff in addition to speaking with the registered manager and nominated individual.

We looked at a range of records relating to people's care and the management of the service. These included the support plans for eight people and quality checks that demonstrated management oversight across the service. We also reviewed infection prevention and control measures that had been implemented in response to the Covid-19 pandemic.

After the inspection

We continued to seek clarification from the registered manager to validate our evidence. On 9 October 2020 we had a video call with the registered manager and nominated individual to discuss our inspection findings.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was because people were not always receiving a personalised service and complaints were not consistently handled well. At this inspection this key question has now improved to 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

- People told us that they were involved in the planning of their care. One person said, "My keyworker is [staff name] and she is really lovely. We make plans together and this gets things done. For example, I like to get my nails done every two weeks." Likewise, another person informed us, "I am happy and doing well. Things are going well for me; I am in a steady relationship and setting up a business with my partner. I get on well with staff and they provide me with the support I need."
- Relative feedback indicated that whilst there was a level of variance in respect of skills and experience of individual staff, overall people were receiving a more personalised service. For example, one parent told us, "I know my son is very demanding and they do manage that. Staff are friendly and understanding of him." Similarly, another relative informed us, "[Person's name] has a fantastic relationship with staff and is very, very happy there. It's not perfect, but I don't think anywhere else could better it or that would meet her needs better."
- Staff spoken with demonstrated a good understanding of people's needs and how to support them effectively. A new staff member at one setting described, "The care plans are good, and the staff team have been really good about sharing their knowledge of people. For example, one person is really particular about how they like their breakfast to be prepared. If you get it wrong; then they will be upset for the whole day." Similarly, at another setting a member of staff told us, "[Person's name] likes to line up their tablets in a particular way before taking them and will only take their medicines with apple juice. This routine is very important to them."
- The new care planning system which had been introduced at one location at the last inspection had now been rolled out across the service. Care records at each setting had now moved away from generic profiles and checklists to personalised support plans. Support plans reflected meaningful conversations with people about how they wanted their care to be delivered, along with identifying individual goals and expectations.

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

- Naturally the Covid-19 pandemic had impacted on people's abilities to participate in their usual educational, vocational or social activities. However, people told us that staff were still supporting them to do things they enjoyed whilst adhering to national restrictions. One person said, "I miss not being able to go to the farm, but I still manage to go out most days." Similarly, another person informed us, "The activities we do at home are better now. We all really like movie nights, so we've been having lots of those."

- At the service we visited, we saw people being supported to spend their time doing the things they individually enjoyed. For example, one person was observed enjoying a one-to-one art activity, another was looking at books with staff, whilst a further person was enjoying watching their favourite musical on DVD.
- Relatives told us that they had been impressed with the way staff had supported people to keep occupied at a difficult time. One parent told us, "Staff have really been doing their best with activities. They have been supporting him to use his exercise bike and play football in the garden." Likewise, another family member told us, "Obviously the lockdown had an impact on his activities, but more recently staff have been supporting him to go out again and do the things he enjoys."
- Staff talked to us about the different things that had been introduced across the service to facilitate meaningful activities during the pandemic. A staff member at one setting said, "People at our service really missed going out to the pub, so we bought a pool table and that has been well used by people over the last few months." At another setting a staff member told us, "With people not being able to mix with others outside of the service, we've done a lot of things in-house to encourage people to develop their friendships within the service." Each setting had their own outdoor garden space and we saw photos that showed people enjoying parties and BBQ's with their household bubbles.
- People had been supported to maintain regular contact with their families and friends outside the service. One person told us, "I get to talk to my family a lot online." Similarly, another person said, "I keep in touch with my parents by phone and last week my sister and brother-in-law came to visit me in my flat."
- During lockdown, staff had supported people to maintain contact with their loved one by phone or online platforms, once national restrictions eased, each setting had set up its own way of facilitating safe visits which were tailored to the individual risks at each location.
- Technology had been used to enhance people's social lives. As such, the usual provider-led face-face sessions had been replaced with online activities. People and staff confirmed that the online drama and sports sessions had been a great way of keeping people across settings connected and interacting with each other.
- People were supported to practice their beliefs and faiths in new ways. One staff member told us, "Lockdown meant that some people couldn't attend their usual religious services, but we found other ways of to support them such as sitting to pray together or reading bible extracts to them."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were observed engaging with people effectively. Where people were unable to communicate verbally, staff used alternative communication systems such as visual cues and touch to enable people to make choices.
- Staff spoken with demonstrated a good understanding of the importance of effective communication with people and the impact this had on their support. One member of staff told us, "Approach is so important with people. For some people just using one wrong word can be the difference between them accepting support or refusing personal care for the whole day."
- Care records included communication profiles for each person which outlined people's communication preferences. Discussion with staff identified that they were familiar with these profiles as they gave examples relevant to the people they supported.
- Key policies and information were now being produced in pictorial or simplified formats. Since the last inspection, people across the service now had individual health reviews that had been produced in an easy-read format that was accessible for them to use.



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

- People told us that they felt confident to raise concerns to staff and were listened to. One person said, "We have regular tenants' meetings where we can talk about the things, we're not happy about." Another person informed us, "I will also report staff if they do something that is not right. Like there was staff member who was always on their phone, I told the manager and it got sorted."
- Some relatives remained dissatisfied about ongoing issues that they felt were not right about the service. The registered manager was honest that there were some situations where people and relatives had been promised things by the previous provider that just could not be delivered. These issues centred around the support that families expected their loved ones to receive, but were not funded for. The management team continued to engage with people, their relatives and care managers about how to resolve these issues.
- Where relatives had raised new issues, they told us these were listened to and acted upon in a way that was more transparent than before. For example, one family member said, "More recently when we've raised things, we've had an apology and seen things improve." Likewise, another relative informed us, "I raised something and the [service] manager came back to me and said, I'm sorry. I will train my staff better."
- The management team continued to work hard to promote an open culture where feedback was valued, rather than feared. They recognised that this was continuing to evolve and remained a standard agenda item for their discussions with staff.
- A detailed complaints log was now used across the service to enable proper oversight and monitoring of complaints at provider level.

### End of life care and support

- The service was not currently supporting people with end of life care. However, during the Covid-19 pandemic one person had sadly died in hospital. It was evident that the sad loss of this person had affected both people and staff alike at that setting. Staff described that a lot of support had been given to people and staff to help them cope with this bereavement. A relative of another person at this setting reflected, "The staff team really pulled together to support people and each other at a time of great loss."

# 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 the last inspection this key question was rated as requires improvement. This was because improvements that had been implemented needed to be embedded and sustained across the whole service. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The culture of the service was more open, and people were empowered to have choice and control over both their daily lives and the running of the service. People told us that the atmosphere across the service was much improved. One person described, "Woodland Court is a happy place at the moment." Likewise, another said, "I love Prospect Court – everything is brilliant."
- Whilst a few relatives were still unhappy about some longstanding issues, most family members reflected that the culture of the service was more open, positive and inclusive. A parent at one setting told us, "Staff have held things together under extraordinary circumstances. I spent the day at my son's service recently and it felt like a happy environment and that's not always been the case." A relative from another setting added, "We are very impressed with the care [Person's name] receives. Management and staff are very approachable and happy to discuss and resolve any issues."
- Staff told us that they now felt proud of the role they played in supporting people. One staff member informed us, "I feel proud of the way we have supported people and really listened to what they want from their support. For some people this has meant helping them to find new places to live and it feels right that we now really do provide support that is in their best interests."
- Staff reflected that the way management supported them enabled them to deliver better support to people. One staff member commented, "Morale across the team is better, staff feel more at ease because managers are doing what they say they'll do. It's easier for us to work in the right way when we feel supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us that they felt more involved in what was going on. For example, one person said, "Things have calmed down now. We have more staff and regular tenants' meetings where we can talk about how we can make even better." Another person stated, "We have tenants' meetings where we talk about the things we like and dislike. As a result, we've got more smoking bins put outside and more positive posters up on the walls."
- In addition to the regular tenants' meetings that were now taking place at each setting across the service, people were also meeting regularly with their keyworker on a one-to-one basis to discuss the things that were most important to them. It was clear from talking with people that they really valued these meetings and through them had the opportunity to really influence the way they received their support.

- Staff told us that they felt much more valued and empowered in their roles. The management team recognised individual staff skills and supported them to develop for the benefit of people. One staff member told us, "There is amazing support here, I feel listened to and my voice heard." Another staff member, "I love the ethos here, the focus on empowering people and involving them in all choices and decisions.
- Both people and staff told us that they were treated equally. One staff member commented, "The service is diverse across people and staff and that is celebrated." At provider level, inclusivity was promoted and each month settings were encouraged to focus on different aspect of diversity. During October, Black History month was discussed and celebrated across the service.
- The management team reflected that the quality assurance system was now fully embedded. The nominated individual told us she had confidence at provider level that services were now running safely with a good oversight and monitoring of quality. Records showed that the registered manager completed monthly "inspections" of each setting where she not just audited records but observed the quality of support too.
- Throughout the pandemic, the management team had continuously responded and adapted their ways of working. At the start, managers were meeting daily to share risk management plans and discuss ways of working. The nominated individual reflected, "Covid hasn't stopped our quality checks, we've just found new ways of doing it."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team understood their responsibilities in respect of this.
- Staff within management roles across the service were now comfortable in reflecting on their own practice and where lessons had been learned. Staff spoke candidly about mistakes that had been made and the steps taken to prevent reoccurrence.
- Managers and staff were honest about their ongoing commitment to improve communication with families. A senior staff member told us, "At the beginning of the pandemic, I realise that I didn't communicate as effectively with the parents of people who had left the service. I was fire-fighting at that time and got into the habit of just doing the actions before responding to people. I realise the impact of this on those waiting to hear a response from me."

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

- Since the last inspection an experienced manager from within the service had been approved as the registered manager for the service.
- People, relatives and staff alike were positive about the new registered manager and confident with the appointment. A comment made by one family member was echoed across the feedback, "The registered manager is very positive and easy to talk to. It feels like we have a working relationship now."
- The changes that had been introduced Active Care Group took over as the provider in 2019, along with the local management team were now embedded across the service. Each layer of the structure now demonstrated an understanding and commitment to meeting regulatory requirements.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. Notifications continued to be submitted to us in a timely way and reflected the growing culture of reflective practice.

Working in partnership with others

- The management team across each setting were now working in partnership with other professionals. The clinical team continued to establish links with other agencies and local steering groups.
- Local authority safeguarding, and commissioning teams confirmed that the provider was now proactively engaging with them and working in a more collaborative way.