

# Independence Homes Limited

## Foxley Lane

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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.

### About the service

Foxley Lane is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to 8 people.

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

#### Right Support

The provider had acted to make improvements that were required after our last inspection. People now received care and support in a safer, cleaner, well equipped and well-maintained environment that met their sensory and physical needs. People received better support with their medicines to achieve the best possible health outcome. Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives.

#### Right Care

People now received kinder, more compassionate care from staff and staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The home manager made sure there were enough appropriately skilled staff to meet people's needs and keep them safe. They were actively recruiting new permanent staff for the service so that people would receive consistent care from staff who knew them well. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

#### Right Culture

The provider had improved the culture of care at the service. Staff now placed people's wishes, needs and rights at the heart of everything they did. The home manager had good oversight of the service and understanding of people's needs. Staff evaluated the quality of support provided to people, involving the person and their families and other professionals as appropriate. The service valued and acted upon people's views. People's quality of life was enhanced by the service's improved culture of improvement and learning from incidents.

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 and update

The last rating for this service was requires improvement (published 20 May 2022). The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced inspection of this service on 6 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve dignity and respect, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, caring, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foxley Lane 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, 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Foxley Lane

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Foxley Lane 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. Foxley Lane 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. A new manager had been in post since January 2023 and was in the process of submitting an application to register. We will assess this application once this is received.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed interactions between people and staff to help us understand the experience of people who could not talk with us. We obtained feedback from 4 relatives. We spoke with the home manager, deputy manager, two care support workers and the regional operations director. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, staff recruitment records and other records relating to 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; assessing risk, safety monitoring and management

At our last inspection the provider could not fully demonstrate that preventative action and measures were taken to reduce safety risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had acted immediately after our last inspection to make improvements. New furniture and equipment had been purchased to replace items that posed hygiene risks to people. Window restrictors had been fitted to windows. Staff had received guidance to support people to wash their hands before meals. Daily checks had been introduced to make sure all records relating to food safety and hygiene were completed accurately.
- At this inspection we found these improvements had been maintained. Staff managed the safety of the living environment and equipment in it well, through checks and action, to minimise risk.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm.
- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them.
- The service had good arrangements to keep the premises clean and hygienic. A relative told us, "It's so much cleaner and nicer there. I can't believe how clean it is. Especially [family member's] bedroom. It's amazing."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

### Using medicines safely

At our last inspection, systems in place were not robust enough to demonstrate the safe administration of medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted immediately after our last inspection to make improvements. New arrangements and audits were put in place to check medicines stocks and records at regular intervals to make sure these were accurate and up to date.
- At this inspection we found the provider had continued to maintain these improvements.
- Staff followed systems and processes to prescribe, administer, record and store medicines safely. We did note for one person, staff did not routinely record where a prescribed patch had been administered which might increase the risk of this being applied in the wrong area. The home manager told us a body map record would be introduced immediately after our inspection to reduce the risk of this happening.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Relatives said their family members were safe at the service. A relative told us, "I feel my [family member] is much safer since the established staff have come back." Another relative said, "I think [family member] is quite safe there now."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The home manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

### Staffing and recruitment

- The service had enough staff at the time of this inspection, including for one-to-one support, for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- The service was using agency staff to work shifts that could not be filled with permanent staff. The home manager told us the service used the same agency staff wherever possible to maintain consistency for people. To reduce ongoing reliance on agency staff the provider was actively recruiting new permanent staff to work at the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- Every person's record contained a clear summary profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.



### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Incidents were fully investigated and action was taken to reduce the risk of these reoccurring.
- Lessons learnt were shared with staff to help them improve the quality and safety of the support they provided.

# 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 requires improvement. 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 and promoting people's privacy, dignity and independence

At our last inspection the provider had not made sure that people were treated by staff with dignity and respect at all times and put people at risk of receiving care and support from staff that were not always caring or compassionate. This was a breach of regulation 10 (Dignity and respect) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The provider had acted immediately after our last inspection to make improvements. Additional resources had been brought in to support and provide guidance to staff on how to actively support and engage with people and how to model positive behaviours. People's records were updated to include better information for staff on how to positively interact with people when providing care and support.
- At this inspection we found the provider had continued to maintain these improvements. People now received kinder, more compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Relatives confirmed staff were kinder, caring and treated people well. A relative told us, "All the staff will always come and say hello and acknowledge me when I visit. There is definitely a more friendly atmosphere. They are all kind and caring I have to say. They are kind to [family member] and all the service users." Another relative said, "I feel so relieved and when I leave there I don't worry, which was what was happening 12 months ago. Before, it felt like they were not caring for people as they should be but [family member] looks so much better now. [Family member] is healthier and happier and looks well cared for." Another relative told us, "There's a good vibe in the house." Another relative said, "It's a good atmosphere there now. Now staff are friendly and talk to me and I take cakes and biscuits and I get a hug back from the staff."
- People were comfortable and at ease with staff. Staff showed warmth and respect when interacting with people and conversations were friendly and cheerful. For example we saw a staff member chatting away with a person they were supporting to get ready to go out for the day which encouraged the person to respond back using their preferred method of communication.
- Staff were observant to each other's behaviours and comfortable prompting each other to model positive behaviours at all times. For example when a staff member went to move a person in their wheelchair they did not immediately tell the person they were doing this. Another staff member noticed this straight away

and reminded their colleague to do this, which the staff member did.

- Staff were patient and used appropriate styles of interaction with people. They offered people choice and gave them time to listen, process information and respond to staff. People were not hurried and could do things in their own time and at their own pace. The atmosphere in the home was calm and relaxed.
- Staff supported people to do as much as they could and wanted to do for themselves. For example we saw one person was able to drink independently with a specially adapted cup and staff supported them to do this.
- Staff were observant when people needed support to do things and stepped in to help. For example when one person needed help to blow their nose, a staff member noticed this straightaway and supported them to do this.
- Staff understood when people needed their space and privacy and respected this.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People's records contained current information about their preferred method of communication.
- Staff understood people's individual communication styles and supported people to express their views using their preferred method of communication.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider's governance processes and oversight of the service had not always been effective. This was a breach of regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted immediately after our last inspection to make improvements. An experienced manager was brought in to provide the necessary oversight, monitoring and support that was needed and to make the improvements required. The provider had also brought in additional resources to coach and support the staff team to help them embed a positive culture at the service focused on people achieving good outcomes.
- Feedback from relatives confirmed the actions taken had led to improvements at the service. A relative told us, "We are pleased to see that Foxley Lane is moving in the right direction. Improvements are visible." Another relative said, "There have definitely been big improvements. It needed a big shake up and it was worrying for a time. But now I have peace of mind. I'm much happier."
- The provider had improved the culture of care at the service. Staff were encouraged and supported to put people's needs and wishes at the heart of everything they did. A relative told us, "The staff are supportive and they do engage with [family member] and I can walk away with peace of mind and [family member] is so much better looked after."
- The staff team were motivated and now worked better together. Their communication with each other and with relatives had improved. A relative told us, "I think (staff) do work well together now that changes have come about. The staff will phone and keep me updated and let me know if there are any concerns about [family member]." Another relative said, "When you visit, the staff are happy to talk to you...the atmosphere is much more welcoming."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The manager brought in to make improvements, left the service in January 2023. The provider appointed a new permanent home manager for the service straight away.

- The new home manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. They used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service to ensure people were safe and experienced good quality care and support.
- The home manager was available and accessible and took a genuine interest in what relatives and staff had to say. Relatives and staff told us they felt supported by the home manager and were comfortable speaking to them if they had any issues or concerns. A relative told us, "He is encouraging us to talk to him if we have a problem with anything staff are doing."
- Relatives and staff spoke positively about the impact the home manager had had on the service. A relative told us, "He's a real breath of fresh air. He's firm but fair. Really happy with him." Another relative said, "I can't fault the new manager...he is a positive change for the service and he wants to get it right."
- However, relatives and staff felt less positive about the provider and their plans for the service. The provider intended for the home manager to be responsible for the management of two services. Relatives and staff told us they were concerned this might have a negative impact on the service as the home manager would not be there on a full time basis. A relative told us, "Management resources are spread thinly with only one manager and one deputy manager for two active care setting in the local area."
- We discussed these concerns with the regional operations director. They gave us assurances that the home manager, along with the newly appointed deputy manager, would be fully supported to deliver a high quality service to people at Foxley Lane. They told us the service's progress against required standards would be closely monitored and reviewed by the provider to make sure these were being met.
- Although we found no evidence at this inspection that the provider's plans put people at risk, we will look at this again at our next inspection to check this arrangement was not having a negative impact on the safety and quality of support provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 home manager was proactive seeking feedback from people and relatives to help develop and improve the service. A relative told us, "He has got us all in and met with us and asked for our feedback and asked us for our views and what he can do to improve. We have never had this and I think this is really good." Another relative said, "A great improvement is the management and family meetings that are now taking place. In the years our [family member] has been at Foxley, this is a first."
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.
- The provider had systems in place to investigate accidents, incidents, and complaints and to make sure people would be involved and informed of the outcome.
- The home manager understood their responsibility to provide honest information and suitable support and to apply duty of candour where appropriate.

Continuous learning and improving care; working in partnership with others

- The home manager had a clear vision for how the service needed to improve and took appropriate action in response. Changes they had made at the service included improvements to staffing levels. A staff member told us, "The biggest thing he's done since starting has been to improve the staffing ratios. We still have to use agency staff but they try and use the same agency so they are familiar with the residents."
- The home manager also had plans to improve the quality of activities to ensure people were appropriately stimulated and engaged at all times. They told us this was one of their key priorities for the service which they had communicated to people and relatives. A relative told us, "He's got good ideas about activities and told us about some of the things he is planning."

- The provider was investing in the service and delivering improvements. Since our last inspection large parts of the home had been refurbished and redecorated to make this a more comfortable and pleasant place for people to live. After concerns had been raised by relatives, the provider had also committed to buying a new vehicle for the service which would improve staff's ability to support people to attend outings and activities in the community on a more consistent and frequent basis.
- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.