# Care UK Community Partnerships Limited

# Honeysuckle House

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 16 October 2014 and was unannounced. At our last inspection in February 2014 the service was meeting all the regulations we looked at.

Honeysuckle House provides accommodation, nursing and personal care for up to 32 older people with dementia.

There was a registered manager in post, but she was away during the two days of the inspection. 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 and associated Regulations about how the service is run.

We were assisted throughout the two days of the inspection by the deputy manager and the regional director.

People were positive about the service and the staff who supported them. We saw people being treated with

# Summary of findings

warmth and kindness. Staff were aware of people's individual needs and how they were to meet these needs. Relatives and friends we spoke with were positive about the home and the staff.

Although the service had a number of systems in place to monitor and maintain people's safety, these were not always being followed. We found the medicines room on the nursing floor was unlocked and medicines were left out during the inspection. There was a risk that people who were walking around the nursing floor could have gone in the room and taken medicines. This is a breach of regulation and you can see what action we have told the provider to take at the back of the full version of the report.

We also observed times when there were insufficient staff to meet the needs of the people at the home, particularly during lunch time on the nursing unit.

People felt the staff had the knowledge and skills necessary to support them properly. They told us that staff listened to them and respected their choices and decisions.

People using the service, their relatives and friends were positive about the manager and management of the home. Everyone we spoke with knew who the manager was and said they were approachable and available.

Where people were at risk of coming to harm if they left the service unaccompanied, guidelines relating to the Deprivation of Liberty Safeguards (DoLS) were being appropriately followed in order to keep people safe.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

Some aspects of the service were not safe as medicines were not always being managed safely.

People told us they felt safe at the home and with the staff who supported them. Staff understood what abuse was and knew they had to report any concerns they had to the management.

There were not always enough staff to support people as staff absences were not always being addressed.

**Is the service effective?**

Good

The service was effective and people were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would not presume a person could not make their own decisions about their care and treatment. Where people were at risk of coming to harm if they left the service unaccompanied, guidelines relating to the Deprivation of Liberty Safeguards (DoLS) were being appropriately followed.

People told us they enjoyed the food and the chef was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals including GPs, opticians, chiropodists and dentists.

**Is the service caring?**

Good

The service was caring and people told us they liked the staff who supported them and that they were treated with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

**Is the service responsive?**

Good

The service was responsive and relatives told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns or complaints they had with the staff and the management of the home.

People were observed taking part in different activities during the inspection and they were positive about the activities available at the home.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led and people confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

The service had a number of quality monitoring systems in place to take into account and act on people's suggestions for improvements.

# Honeysuckle House

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 October 2014 and was unannounced.

The inspection team consisted of two inspectors, a practicing nurse in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service.

Before our inspection we reviewed information we had about the provider, including notifications and incidents affecting the safety and well-being of people using the service. We also contacted the local authority safeguarding team for their views about the home.

We met with everyone at the home. Some people could not let us know what they thought about the home because they were unable to communicate with us verbally. Therefore we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We spoke with seven relatives and friends of people using the service so they could give their views about the home.

We interviewed eight staff individually and spoke with the deputy manager and the regional director throughout the two days of the inspection.

We looked at 20 care plans and other documents relating to people's care including risk assessments and medicine records. We looked at other records held at the home including staffing records, relative and residents' meeting minutes as well as health and safety documents.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. People's comments included, "I feel secure," and "There is nothing to worry about." Relatives also felt people were safe at the home. One relative commented, "He's very safe."

However, we found shortfalls in the way the home stored and administered people's medicines, which was putting people at unnecessary risk.

We checked records in relation to the receipt, storage, administration and disposal of medicines at the home.

Prior to this inspection, a safeguarding alert was made by the home who self-reported medicine documentation errors following an internal audit. Discussions with the deputy manager identified that this was the result of a staff member not following the home's policy on record keeping. The home's management took appropriate steps to suspend the staff member from administering medicines and provided retraining and support to the staff member to regain competency in this area.

However, at this inspection we found discrepancies between the list of staff assessed as being competent to give medicines and those staff actually administering medicines to people. We also found repeated omissions in the recording of medicines administered; the deputy manager also found some gaps when she looked through the medicine administration records. These were attributed to a bank member of staff who was not on the list of staff assessed as competent but who was regularly administering medicines.

On the first day of the inspection, we found the medicines room was unlocked on the nursing floor and inside the medicine cupboard was open. This posed a potential risk to people who were mobile and who could have gained access to the medicines in the room.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were mixed views about staffing levels at the home. Relatives commented that staff were sometimes very busy. One relative told us, "The staff are generally great but very busy. They seem very efficient but overworked." Another relative commented that the maintenance person, "never has enough time."

Staff told us that, if there were the correct number of staff as detailed on the staff rota, then they could provide a good quality of care to people. However, staff told us that when colleagues were absent through sickness or annual leave, their shift was not always covered. They told us they felt under pressure, but tried hard to support people to their best ability. One staff member told us, "When we are short staffed we really struggle." Another staff member commented that when shifts were not covered, "We have a problem with staff rushing and relatives complaining." The regional manager told us they would look at ways to improve systems for getting staff to cover shifts at short notice.

People on the nursing floor had to wait for up to an hour for their meals because mealtimes were not being well managed. People were all brought into the dining room at the same time, however, as most people required support to eat, they had to wait for a staff member to finish helping someone else before they could be supported with their meal. When we discussed this with the deputy manager and regional director, they told us they would look at ways to improve this by possibly having staggered times for lunch.

Staff could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular training in safeguarding adults as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences. Staff were aware that they could report any concerns to outside organisations, such as the police or the local authority.

We saw information on display in the staff room from the provider organisation with details about how staff could 'whistle blow' if they had concerns about people's care. Staff were confident that the management would take action if they had any concerns. The management had consistently reported any such concerns to both the local authority safeguarding team as well as the Care Quality Commission (CQC). The local authority confirmed that the management made sure any allegations or concerns were reported and shared with them.

The home had a flow chart detailing how staff were to respond to unexplained bruising. The staff were aware of the homes policy and procedures related to unexplained bruising and that this could be a sign of abuse. The

Requires Improvement

# Is the service safe?

electronic records included body mapping and incident reporting as a way of monitoring and safeguarding people. However, this procedure was not being applied consistently. For example, the records for one person who was noted to have bruising on his forearm included an incident report, body mapping and follow up by the GP who requested blood tests to check clotting factors. We saw that two other people had bruises on their legs, which staff could not explain and there were no records of how these bruises may have occurred. We informed the deputy manager about this and she told us the possible cause of these unknown bruises would be investigated immediately.

Risk assessments and care plans were up to date, clearly written and individualised giving good accounts of people's current abilities and needs. For example, one person was found to have tangled themselves in the cord of the call bell. A risk assessment and corresponding care plan were devised to reduce the likelihood of this reoccurring.

Standardised tools were used, such as Waterlow, to assess pressure risk. Staff reviewed these regularly and updated them to reflect people's current conditions. The home had effective systems in place to alert staff to the review dates for risk assessments.

We saw there were risk assessments regarding the safety and security of the premises. These included the fire risk assessment, water temperatures of wash hand basins, to reduce the risk of scalding and Legionella checks.

There were clear evacuation plans for all people using the service in the electronic care notes. Those people who required assistance were identified by colour coded stickers on their bedroom doors. The upstairs nursing unit had suitable evacuation equipment available in designated areas.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. All recruitment files contained the necessary documentation including references, criminal records checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work until satisfactory references and criminal record checks had been received.

Good

# Is the service effective?

## Our findings

People who used the service, their relatives and friends were positive about the staff, although two relatives we spoke with suggested that the staff "need more training." People said the staff had the knowledge and skills necessary to support them properly. One relative told us that since her mother had been at the home she had been given, "a new lease of life."

Staff were positive about the support they received. They told us that the organisation provided a good level of training in the areas they needed in order to support people effectively. They informed us about recent training they had undertaken including safeguarding adults, dignity in care, care planning, health and safety, equality and diversity, moving and handling, first aid and nutrition. One staff member commented, "The training is very good. I'm very appreciative of this." Staff said the training helped them feel "confident" in carrying out their roles. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Staff confirmed that they received regular supervision and that this was, "helpful" and a good opportunity to get support from management about any work issues or concerns they might have. We saw records of when supervisions were booked and saw that the regional director audited staff supervisions when she visited the home.

A recently employed staff member told us about the induction they had undertaken, which they felt was very helpful and prepared them for working at the home. Another staff member commented that the manager and deputy manager shared best practice guidance with them. We also saw from staff meeting minutes that best practice issues were regularly discussed. These topics included respecting people and consent to care and treatment.

Care records showed that care staff had good written communication skills and could effectively describe the care given and the person's well-being on a day to day basis.

Staff had undertaken training in understanding the Mental Capacity Act 2005 (MCA) and we saw that refresher training had also been booked.

People told us that staff listened to them respected their choices and decisions. One person told us, "They ask me when I want to go to bed and I go to bed at that time."

Staff understood the principles of the MCA and told us they would not presume a person could not make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests", which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity to make some decisions fluctuated depending on how they were feeling.

The management and staff told us that no one was able or safe to leave the home unaccompanied. There were individual reasons for this such as people not remembering how to get back or not being safe crossing roads. Staff understood that this was a deprivation of people's liberty, but necessary to keep people safe. The deputy manager had applied to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation for each individual to ensure any restrictions on people's liberty was in their best interests and reviewed on a regular basis. Staff told us they tried to take people out as often as they could.

People who were very ill had forms in their file to alert staff and other healthcare professionals that, if their heart stopped, they would not want to be resuscitated or any resuscitation would not be in their best interests. "Do not attempt resuscitation" (DNAR) orders were inconsistently completed. One person had a DNAR alert in the electronic record but there was no corresponding paper document. Not all DNAR forms were dated therefore reducing their validity. We informed the deputy manager of these omissions and she addressed this issue before we left the service on the first day of the inspection.

People told us they liked the food provided and that there was enough to eat. One person told us, "The food is good." Another person commented, "I'm not hungry, not one minute." Food looked and smelt appetising and the chef was aware of any special diets people required either as a result of a clinical need or a cultural requirement. The chef told us that people chose the menu the day before, but said that as people had dementia, they most often forgot what they had originally asked for due to their short term memory problems. Because of this the chef made sure that there was enough food for each choice every day.

Good

# Is the service effective?

People's weights were checked regularly and recorded. Staff accurately monitored and recorded food and fluid intake where required. So that they could take action if people were loosing weight. Appropriate referrals were made to speech and language therapists (SALT) and dietetic services when needed to help ensure that people's nutritional needs were met. We saw that staff were using thickener and supplementary foods appropriately and in line with the advice given.

Care records showed how people's health and well-being were monitored and calls to the GP were made swiftly in response to changes. People, their relatives and friends told us they had good access to healthcare professionals including GPs, opticians, chiropodists and dentists.

One relative told us, "I was worried about mum's hearing and they put her down to see the GP." Another relative said that if there were any healthcare appointments needed, they were, "quickly arranged".

Good

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated with compassion and kindness. One person told us, “Staff are very caring here.” A relative commented, “The staff are so friendly, so sweet.”

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people’s diverse needs, for example, in supporting people to access appropriate religious services.

Everyone had a “life history” book which gave staff important information about the person’s life, their experiences and interests so that staff had a greater understanding of them as an individual. Staff demonstrated a good understanding of people’s likes and dislikes and their life history.

A relative said they felt welcome at any time they visited the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. They said their relative “is as happy as he can be” and “The staff do their best. I am happy he is here, he always looks smart and well cared for.”

We saw that, where people could not always speak for themselves, family and friends were consulted and helped identify care preferences.

Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of the person with dementia. Staff were attentive when called by people who were able to speak. However, some staff did not always respond consistently well to non-verbal communication. Sometimes when people called out staff tried to divert their attention before trying to work out what the person was trying to communicate.

Some language used in care plans did not always value people. For example, a person with severe anxiety and clinical depression was described in their care plan as “moody”. However, we did not hear staff use any negative language when they were supporting people. We observed a staff member supporting a person who was restless and required close supervision. The staff member was guided by the person and demonstrated a supportive and enabling relationship. The staff responded to conversation, body language and behaviour. They were attuned to the person’s changing mood and were able to diffuse potential difficulties through skilled communication and diversion techniques.

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care, but also in relation to sharing personal information.

Good

# Is the service responsive?

## Our findings

People using the service, their relatives and friends told us they were happy to raise any concerns they had with the staff and management of the home. One person told us, “If I have any complaints I express myself.” A relative commented, “They have taken notice of me and my complaints.” We saw that the manager and deputy manager worked with the complainant in order to resolve any issues to their satisfaction. The deputy manager told us that dealing with, and learning from people’s concerns and complaints had led to a more “open” approach and culture within the home.

People’s complaints and comments were recorded in the incident log in their care notes. The nature of the comment or concern was described and the steps taken to resolve the issue recorded. The records we viewed showed a first response was usually made the same day by a senior staff member. Information about how to make a complaint was on display throughout the home.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences and there was written evidence throughout the care plans of the families’ involvement. Relatives confirmed that they were involved in care planning.

Pre-admission assessment documents were detailed and had explored all avenues in regard to the person’s personal and healthcare needs, their social activities and their family involvement, including the person’s wishes and preferences.

Care plans were updated and reviewed regularly and each care plan and daily log was individualised although entries were often biased to care tasks and did not always accurately describe people’s communicated thoughts or feelings or their daily experiences beyond the receipt of care. Some care plans detailed quotes from people using the service, for example, “Do not shut my bedroom door. I will panic.”

The life story books we reviewed varied in style but all gave information about the person’s personal history, life events, likes and dislikes.

The home used an advocate for one person who had no known next of kin to help guard against social isolation and ensure they had someone to help represent their preferences.

The home employed an activities coordinator. They were not present on the days of the inspection, however, care staff were undertaking activities with people. A relative told us that activity provision was one of the reasons why they chose the home. They commented, “There are lots of activities going on.” We saw photos of recent events and parties displayed around the home and people were observed to be engaging with staff in a positive and lively manner. People were observed taking part in different activities. People were painting or doing word searches or spending time with each other, chatting and enjoying each other’s company.

Good

# Is the service well-led?

## Our findings

People using the service, their relatives and friends were positive about the manager and management of the home. Comments included, “It’s getting better” and “I think the new manager is really trying.” Everyone we spoke with knew who the manager was and said they were approachable and available.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. One staff member told us, “The manager gives positive feedback.” Another said, “The manager tells us how things should be done properly.”

Staff told us that the management was open and they did not worry about bringing any concerns to her. Staff were also aware of the other ways they could raise concerns including use of the “whistle-blowing” procedure or the organisation’s “No cover ups” initiative where staff could contact senior management outside the home.

Staff were aware of the organisation’s values and objectives and told us these were regularly discussed at staff meetings and handovers. We saw these values and objectives on display in the home. Staff also completed regular questionaries’ entitled “Over to you.” Staff told us they felt the organisation took their views seriously.

The service had a number of quality monitoring systems, including yearly questionnaires for people using the service, their relatives and other stakeholders. We saw the results of the 2014 relatives’ survey. Relatives overall satisfaction with the service had reduced slightly from the previous year. We saw that an action plan had been developed to address any areas of improvement identified.

In addition, regular meetings and monthly quality audits were undertaken by the regional director. Any improvements identified were again fed into the home’s overall improvement plan. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery. A relative commented, “I’m very involved. They have taken note of me and I feel I have an impact.”

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br>**The service was not protecting service users from the risks associated with the unsafe use and management of medicines. Regulation 13(1)** |