

# Care Management Group Limited

# Honeywood

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection was completed on 20 June 2018 by one inspector there were six people living at the service. The previous inspection in January 2017 found a breach in the area of staffing.

Honeywood offers a supported living service for adults with learning disabilities, physical disabilities, communication and sensory impairments and complex healthcare needs. At the time of our inspection, there were six people living in the service. The service is located in Grays, Essex and purpose built on one floor. Each person has a single room with en-suite, kitchen, dining room and lounge. There is a rear enclosed garden at the back of the bungalow with level access. There is parking available at the service as well as on street parking.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Requires improvement in Safe, Effective and Well-Led. At this inspection, we found improvements had been made in all domains.

The service was safe. The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was Well Led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager told us that current systems and processes were being updated and improved.

## 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.

Risks to people living in the service were well managed and people free from risk and harm.

People were safe at the service. The provider's systems and processes ensured that staff were recruited safely and people were supported by sufficient numbers of staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their role through supervision and appraisal and had the necessary skills and experience to support people effectively.

Consent to care and treatment was consistently sought in accordance with the legislative requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink to maintain their health and wellbeing and had access to healthcare services as required.

### Is the service caring?

Good ●

The service remains Good.

People were supported by staff that were kind and caring.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service remains Good.

People's care plans were person centred, up-to-date and always

accessible.

There were systems to respond and investigate people's concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was effective oversight and support from the provider.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement.

The service had an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

# Honeywood

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 June 2018, and was unannounced.

The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

As most people using the service were unable to verbal tells about their experiences within the service; We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, Deputy manager, one senior carer and two of the support staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager.

# Is the service safe?

## Our findings

At the last inspection in January 2017 the provider confirmed after the inspection that no one living at the service was at high risk of choking and/or eating inedible objects at the time of our visit, risk documentation was in place for one person to check that inedible objects were not within reach. There were some gaps in these records and it was only after prompting that staff clearly explained what the risks were and how they would safeguard the person if required.

At this inspection we found improvements had been made in recording, there were no gaps in the monitoring and checking sheets implemented by the provider. As a further safety measure hourly checks of the people and their surrounding were now being carried out. Records we reviewed confirmed this. The registered manager informed us, "Since joining the organisation we have worked hard to ensure that previously highlighted risk had been mitigated, this included ensuring that all staff had received training on risk associated with choking." The deputy manager added, "At every staff handover we now discuss potential risks to each individual, and then staff are allocated tasks to monitor and ensure that people are safe."

Staff had the information they needed to ensure people's safety. Each person had support plans and risk assessments that were regularly reviewed to document current knowledge of each person's, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for people accessing the community using the service minibus. It was documented how each person would be supported without impacting on people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

Staff showed us they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff could indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the registered manager. If the concerns were about the manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures.

We found staff knowledgeable about people's medicines and the effects they may have on each individual. In addition, staff continued to receive regular medication training and their competency were assessed by the registered manager. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a person centred way. When we spoke to people using the service they informed us the service spent time with people educating them about their health conditions and prescribed medication and the side effects of the medication.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient numbers of staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. A sample of staffing rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had a robust cleaning schedule in place. The manager informed us that every member of staff was allocated time during each shift to carry out cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out. Inspection of people's rooms and communal areas we found rooms to be clean and tidy. Mobility equipment used to transfer people was cleaned every day. All staff had completed food hygiene training and correct procedures were in place and being followed when staff were supporting people to prepare meals.



# Is the service effective?

## Our findings

At our last inspection we found the service did not have suitable arrangements to ensure that staff received regular formal supervision and an annual appraisal of their overall performance. Improvements were required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken.

At this inspection staff told us that they received regular one-to-one supervision from the registered manager and deputy manager. The registered manager told us they received supervision from the area manager to monitor the progress of the service. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals. Records we reviewed confirmed this.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house also by the Local Authority and other healthcare training agencies.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff then worked 'shadowing' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. When appropriate this was discussed with person and their relatives, to ensure everyone was involved and kept up to date with any changes.

People's bedrooms were decorated to each individual's personal interest. The deputy manager informed us that some of the people in the house had expressed an interest in changing the colour of their rooms and this was currently planned.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests.

# Is the service caring?

## Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. People and relatives, we spoke to informed us that the care provided in the home/service was very good and all the staff and registered manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People and relatives told us people were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection, staff knocked on one person's door and asked if it was all right to come in before entering their room. People told us they were able to get up and go to bed as they wished and have a shower or bath when they wanted. People were able to choose where they spent their time. During the inspection people that could access the house as they chose. There were areas where people were able to spend time, such as the kitchen, lounge, dining room and their own room and people were asked during the inspection where they would like their drink or meal. When people required support with personal care, they were assisted to the privacy of their own room.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role. For example, staff informed that one person was supported to visit their parents who live locally, this involved getting either a bus or taxi and staff would contact the person's family to confirm they have arrived.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and

support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

## Is the service responsive?

### Our findings

At this inspection, we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, one person was supported to go and stay with their relatives.

The registered manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. They used the information they gathered to make changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people.

The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. For example, the service supported one person to attend trampoline classes on a weekly basis. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

# Is the service well-led?

## Our findings

At our inspection in January 2017 we found quality assurance checks and audits carried out by the previous registered manager were not as robust as they should be. As we also identified issues during our inspection that the provider had previously recognised but had failed to demonstrate the actions taken.

At this inspection we found the service had implemented a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

The service had a registered manager in place at the time of our inspection. They had been in post since 26 June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was visible within the service and we were informed that in the absence of the managers they were supported by the senior care staff that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and their staff. They informed us the service had a family feeling and this was due the service being a family run business.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. In addition they informed us that they held meetings with relatives and the people using the service as this gave them an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The registered manager informed us that the service was continuously using past and present incidents as learning experiences for both staff and people using the service. For example, the highlighted concerns from previous inspection in relation to choking hazards, Since the last inspection, the registered manager has retrained all staff and appropriate measure have been put in place. The registered manager confirmed there has been no further incident and records we reviewed confirmed this.