Ms Jennifer Jonas

Honeysuckle Cottage

Inspection report

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Date of inspection visit:
08 June 2016
09 June 2016

Date of publication:
22 July 2016

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 8 and 9 June 2016 and was unannounced.

Honeysuckle Cottage provides residential care for up to 4 people who are living with a learning disability. At the time of this inspection there were 4 people living within the home. The accommodation includes three bedrooms with private bathrooms and one self-contained annex situated within the main building. A kitchen, dining room, lounge, laundry room and garden are also available.

At the time of our inspection, there had been no registered manager in post since September 2015. 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.

However, an acting manager had been recruited and had started in post one week prior to this inspection taking place. The service had also recruited a general manager to oversee all of their services and had been in post since September 2015.

The service did not have procedures in place to ensure medicines were managed safely and we could not be sure that people received their medicines as prescribed. Good practice was not being followed in all areas. Although the individual risks to the people who used the service were well managed, the risk assessments associated with the premises and environment were in need of updating. This put people at potential risk.

The service had a quality monitoring system in place that was not effective in all areas. The system had failed to identify issues relating to the safe management of medicines. The need for environmental risk assessments had been identified and actions put in place to address this however, at the time of the inspection, these were still outstanding.

Processes were in place to ensure that only those suitable to work in health and social care were employed. Staff received an induction and on-going training which included the Care Certificate. Staff felt supported and received regular supervision.

The service encouraged a respectful, friendly and welcoming culture that was mutually supportive. Staff demonstrated professionalism, patience and compassion when interacting with those they supported. Staff, and the people living in the home, were aware of professional boundaries. People had privacy and staff demonstrated that they promoted dignity, choice and independence.

The staff we spoke with understood the types of abuse people could experience and knew how to report any concerns they may have. The service had processes in place to manage any safeguarding issues and contact details for the local safeguarding team were on display.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service demonstrated that they worked within the principles of the MCA. Staff had received training in this and could give us basic information on how they were applied. No DoLS were in place and the people who used the service had support and encouragement to make their own decisions.

People and, where appropriate, their relatives, had been involved in planning the support they required. Support plans were in place that were detailed and individual to each person. They were not always accurate however staff demonstrated that they knew the support needs, likes, dislikes and preferences of those they supported. People told us their needs were met and the relatives we spoke with agreed.

Although the service had identified, and was addressing, that more support was required around assisting people to access activities, people told us they were happy with the engagement they had in the community. We did note, however, that the service had not acted upon a repeated request from one person to attend a particular activity.

People's nutritional needs were met and the service monitored people's food and drink intake to ensure their wellbeing. Additional monitoring had been implemented as required for each person. People had access to healthcare professionals as required and staff supported people to attend appointments. Robust recording was in place regarding this that identified the treatment each person had received, any actions required and any follow up treatment needed.

Although the staff and management team had recently been unstable, it had not impacted on the level of service that people received or the morale of staff. Relatives told us that the service had managed all the changes well and that people had been kept informed. Staff told us morale was good and that the team was supportive of each other with an open and honest approach.

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

The service was not consistently safe.

Although people received their medicines as prescribed, the service had not followed good practice in managing medicines.

The risks to individuals had been identified and managed but the service had failed to update the risk assessments associated with the premises and environment. This put people at potential risk.

The service had processes in place to ensure that only suitable staff were employed. There were enough staff to meet people's needs in a person-centred manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained and supported in their roles.

The service understood the principles of the MCA and worked within them.

People received enough to eat and drink and their individual nutritional needs were met. They received support to access healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff had developed open, honest and trusting relationships with them.

Support plans were developed with the people who used the service and, where appropriate, their relatives.

People had privacy and staff understood the importance of maintaining and promoting people's dignity, choice and independence.

Is the service responsive?

Good

The service was responsive.

Support plans were individual to each person and their needs were met in a person-centred way.

People enjoyed the activities they participated in. However, the service had identified that more could be provided and were working towards this.

The service had procedures in place to address complaints. The people who used the service, and their relatives, had confidence that the service would listen to any concerns they may have.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although an auditing system was in place, this had failed to identify concerns relating to medicines management.

The service had managed recent staff and management changes in a way that did not impact upon the service received by those who lived at Honeysuckle Cottage.

The service had an open, supportive and friendly culture that encouraged improvement and development.

Honeysuckle Cottage

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 8 and 9 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We contacted the local safeguarding team, quality assurance team and a number of healthcare professionals who had had recent contact with the service.

During our inspection we observed the care and support provided to the people who used the service. We carried this out in the communal areas of the home. We spoke with two people who used the service and, following our inspection, three relatives of people who used the service. We also spoke with the general manager for the provider, acting manager for Honeysuckle Cottage and three support workers.

We viewed the care records for three people and the medicines records for four people who used the service. We tracked the care and support that one person received. We also looked at records in relation to the management of the home. These included three staff recruitment files, survey results, staff training records and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

We viewed the medicine administration record (MAR) charts and associated documentation for the four people living in the home. This was to see if the service was managing and storing medicines safely and that they were being administered as prescribed.

The MAR charts we viewed for all four people were not accurate. When we compared medication records against quantities of medicines available for administration we found some numerical discrepancies. The MAR charts did not always contain up to date information on the quantity of medicines stored within the home, when they had been received by the home or by whom.

One MAR chart had a hand-written entry that had not been signed by any staff members to say it had been checked against the prescriber's instructions. Some MAR charts did not show that medicines had been given as intended by prescribers, as there were gaps in the records. We could not, therefore, determine from the records that medicines had been administered as the prescriber had intended. This placed people's health and wellbeing at risk.

When we discussed this with the acting manager, they told us that all medicines should be counted and signed for on the MAR chart at the time of receipt into the home.

There were no records to show that medicines had been stored at the correct temperature for three out of the four medicines management records we viewed. This does not follow good practice. When we discussed this with the acting manager, they told us these had not been completed.

Although the service had a risk assessment in place for the risk of fire, all other risks associated with the premises and environment were in need of updating. The service had identified this and was working towards getting them in place. In addition, the service did not have a personal evacuation plan in the event of a fire for one person who had been admitted into the home in March 2016. This potentially put the people who used the service, staff and visitors at risk of harm.

These concerns constituted a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medicines were stored securely in all areas of the home and that only those authorised to do so had access to them. Identification sheets were in place for each person although these varied in the information they contained. However, on the second day of our inspection, the service had updated them to ensure they were all accurate and contained full information. In addition, the service had purchased thermometers and had begun to record the environmental temperatures of where medicines were stored.

The people we spoke with who used the service told us they felt safe living in the home. One relative we spoke with explained how well the service managed their family member's mental health, particularly during periods of low mood. They said, "When [family member] is in a dark place, they provide a safe place

for them."

The service had processes in place to help protect people from the risk of abuse. One of the relatives we spoke with said, "They [staff] are very good at the safeguarding side." The staff we spoke with could identify types of abuse and potential signs that may indicate someone was being abused. Staff knew how to report any concerns they may have and felt able to approach any of the management team confident that concerns would be addressed. In addition, staff knew which external organisations they could speak with should they wish to. The service had the local safeguarding policy and procedures in place as well as displaying their contact details. They knew how to report and log any concerns they may have.

The risks to people who lived at the service had been identified, robustly recorded and regularly reviewed. These were individual to the person and gave staff information on what the risk was and how to mitigate it. They focused on what staff and the person could do to prevent any risks escalating. For example, one risk assessment gave staff guidance on the situations where the risk may be higher and what they could do to manage it. Accidents and incidents had been recorded in an accident book although the service had experienced few. In addition, all accidents and incidents had been recorded in people's support plans.

In order to help protect people from harm, the service had processes in place to ensure that only suitable staff were employed. The staff we spoke with told us that, prior to starting in post, the service had completed a police check and requested references from two previous employers. The three staff recruitment files we checked, confirmed this. In addition, the service had ensured a complete employment history had been gained along with identification.

There were enough staff to meet people's individual needs. The people we spoke with who used the service told us there was always a staff member available to support them when they needed it. Staff told us that staffing levels were good and that they rarely worked short. They said people received the assistance they required when they needed it. During our inspection, we saw that people received prompt and appropriate support that was often on a one to one basis.

Good

Is the service effective?

Our findings

The people we spoke with who used the service told us that staff supported them in a way they wanted. One person said staff were, "Very good and very hard-working." Their relatives agreed that staff had the appropriate skills to support their family members. One relative told us, "Staff always find a way of meeting a need." They went on to explain that staff were particularly good at understanding boundaries. They said, "Staff attune themselves to [family member's] needs." Another relative said, "All staff are capable."

People were supported by staff that had received the training to meet their needs. Staff told us they had received an induction when they first started in post and that this allowed them to familiarise themselves with the service and the people who used it. Staff told us that they had had the opportunity to job shadow more experienced staff members and ask questions. One staff member told us that, before working on their own, they had met with the general manager to discuss and assess their ability and confidence. We saw from the staff records we viewed that people had received an induction and that their ability to do their role had been assessed and signed off by a manager.

The staff we spoke with told us they had received enough training to fulfil their role. They told us this was done either online or face to face. All staff felt they received enough training and that the quality was good although one staff member said they would prefer more face to face training. When we viewed the staff training records we saw that staff had been trained in a number of areas which included training on meeting the needs of the people they supported. For example, training in autistic spectrum disorder, managing behaviour that may challenge others and physical intervention training. Staff were encouraged to obtain qualifications and the service was assisting staff to complete the Care Certificate. The Care Certificate is a set of standards that staff in health and social care should work to.

The service provided support, guidance and supervision to their staff. The staff we spoke with all said they felt supported in their roles. One said, "I get really good support from [acting manager] – [acting manager] is interested and wants us to improve." Another staff member told us the management team was, "Very supportive." Whilst a third said, "I get brilliant support from [general manager]." All the staff we spoke with told us they received regular supervision and we saw from the staff records we viewed that these were recorded.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 on authorisations to deprive a person

of their liberty were being met.

Staff had received training in the MCA and DoLS and could give a brief description of how they applied to the people they supported. Staff told us that the people living in the home had capacity to make decisions in most areas of their lives and they explained how they supported people to do so where necessary. For one person, we saw that the service had met with that person, the people closest to them and other professionals in order to assist them in making a decision. We saw that it was agreed that the decision could be delayed in order to resource additional communication aids. This was to ensure that all practicable steps had been taken to assist the person to make the decision for themselves. This demonstrated that the service followed the principles of the MCA.

When we discussed the MCA and DoLS with the acting manager they told us that all the people living at the service had capacity to make decisions. They told us no applications for DoLS were required or had been made.

People's nutritional needs were met. The people who used the service told us they enjoyed the food the service provided. One person said, "The food is first class." They told us they had a choice in what they had to eat and an input into the menus. We saw from the minutes of a meeting held amongst the people who used the service that the menu had been discussed and agreed. For one person, we saw that the service had identified a nutritional need and put in place actions to address this. They had sought professional advice as appropriate and the person's support plan gave staff information on how to support this need. When we discussed this with one staff member, they were able to tell us what this person's nutritional needs were and how they met them.

To ensure people remained well, records of what people had to eat and drink were recorded daily. We saw that these were fully completed. For one person, the service was monitoring their weight at their request to ensure wellbeing. During our inspection we saw that lunch was relaxed and unstructured to suit the needs of the people who used the service. When we spoke to staff about mealtimes, they told us this was flexible dependent on people's needs.

People had access to a number of health professionals and received staff assistance to attend appointments if required. One person who used the service told us how staff had helped them to access medical treatment on a regular basis. From the support records we viewed, we saw that people received the treatment they required to maintain wellbeing. Staff robustly recorded all interventions which included outcomes and any follow up actions required.

Good

Is the service caring?

Our findings

The people who used the service told us that the staff helped them and were kind. Relatives told us that the staff knew their family members well and how much they appreciated that. One relative told us that staff were, "Absolutely superb." They went on to say that the providers were, "Unique – they are real carers". When we discussed the service with the staff they demonstrated their knowledge of the people they supported.

The people who used the service were treated in a way that was respectful, friendly and supportive. One person who used the service said, "All the staff and people living here make me feel welcome. I'm part of the family." One relative described the staff's approach as, "Frankly wonderful" and went on to explain how well the staff adapted their approach to suit individuals. They said of the home, "It feels like a family."

During our inspection we saw that staff interacted in a relaxed and respectful manner towards those they supported. We saw that, when required, they were clear with people over professional boundaries. Staff spent time with people chatting amicably and demonstrated patience and compassion with those they supported. We saw that when people who used the service asked questions, staff took time to address these fully and ensured people understood what was being said. On one occasion, staff had to discuss a sensitive subject with a person who used the service. This was done discretely and honestly whilst offering reassurance and a solution.

The staff we spoke with could tell us the needs, likes, dislikes and preferences of those they supported. They demonstrated an understanding of people's personalities and the triggers that could affect their mental and physical wellbeing. One relative of a person who used the service told us about the positive impact the service had had on their family member's wellbeing. They told us that staff knew their family member well and had built up positive relationships with them. They said their family member was, "Now willing to trust" and that that had not happened before. When we spoke with staff, they could tell us about the people they supported. This included their personal histories, family circumstances, the emotional and physical support they needed and what activities they enjoyed.

We saw that people's dignity and privacy was maintained. The people who used the service had their own personalised bedrooms and bathrooms and, for one person, their own self-contained annex. We saw that, when staff knocked on people's doors, they waited for permission before going in. Personal care was delivered in private and staff were able to tell us how they maintained people's dignity. One staff member gave us an example of encouraging people to do as much personal care for themselves as they could whilst offering support if required. When we asked one person who used the service what the best part was about living at Honeysuckle Cottage they said, "My own space and staff kindness". They said, "I'm much happier since coming here."

Staff encouraged people's independence and promoted choice. One staff member we spoke with gave us examples of how they encouraged people to make choices. They were also able to tell us what they would do if they felt the person's decision was inappropriate. For example, if a person chose to wear a warm

jumper on a hot day, they would explain the possible consequences and offer alternatives. During our inspection we saw that people spent the day as they wished and that staff supported them in what they chose to do.

People had been involved in the planning of the support they received and, where appropriate, their relatives. All the relatives we spoke with said that the service fully involved them in planning the support their family members received. One said they felt, "Very involved" and that the service, "Listens to [family member] and the important others in their life." We saw that support plans had been developed with the people who used the service and that these were agreed and signed by them.

The service had no restrictions and family and friends could visit whenever they, and the people who lived there, wished.

Good

Is the service responsive?

Our findings

People's individual needs were met by the service. Those that lived at Honeysuckle Cottage told us they received the help and support they required when they needed it and that they were happy. All the relatives we spoke with agreed that the service met their family member's needs. One told us, "They absolutely meet [family member's] needs." Whilst another said, "Staff know [family member] well and I'm confident they care for [family member] well."

One relative described how well the service had managed their family member's move into the home. They said, "The service beautifully managed the transition into Honeysuckle Cottage. They managed my expectations too." One person who used the service told us that they had had the chance to view the home before moving in and that this had helped them settle in.

We viewed the support plans for three people to see if their needs had been identified, assessed and reviewed in a person-centred manner. All three care plans were detailed and individual to each person. They gave staff information on the type of support each person required, how this was to be delivered and focused on encouraging independence. For example, for one person who used the service, the support plan gave details about the person's anxiety, how it manifested itself, in what situations triggered it and measures to take to prevent the person becoming anxious. Even though not all support plans contained accurate and up to date information, when we spoke with the people who used the service, their relatives and staff it was clear that people's needs were known and met. One relative told us that the support planning the service provided was, "A constant and progressive approach that kept being retuned to meet needs."

Each person had a comprehensive list of likes and dislikes in place that assisted staff in getting to know people. This list covered topics such as food, drink, animals, people, how they liked to dress, activities and how they preferred their environment.

The service had reviewed people's support plans on a regular basis and produced detailed monthly progress summaries. These covered specific areas of each person's life such as physical health, emotional wellbeing, activities and interests and any support required to promote independence. They contained information on any significant events that had taken place and that may have an effect on the individual.

When we spoke with staff they knowledgably described the care and support each person preferred and demonstrated they knew people well. They told us that the support they provided was often on a one to one basis which gave them time to get to know people, their preferences and personalities.

People told us they had support to engage in activities and to do the things they enjoyed. However, we noted that one person who used the service had repeatedly requested support with an activity they wanted to do but that this had not taken place. When we discussed this with the acting manager, they were aware of this request. They told us that it had been difficult to arrange additional activities due to a lack of staff that could drive. However, they told us that they had recognised this and had recently employed two additional staff for this purpose. We saw that both were due to start in the next few weeks.

The people who used the service, and their relatives, told us they were happy with the level of activities they engaged in. People told us, and we saw from their support plans, that they attended activities outside of the home and that staff supported them to do this. Some staff we spoke with told us they felt there could be more activities taking place. However, they acknowledged that this was often due to people not wanting to participate rather than the service not offering the opportunity. When we discussed this with the acting manager, they too felt more links could be made with the local community and that a more varied plan of activities would be beneficial to the people who used the service. During our visit, we saw that people attended activities outside of the home accompanied by staff if required.

The people we spoke with who used the service told us they trusted staff and felt comfortable discussing any worries they may have with them. One told us, "If I had any worries, I would speak to staff. They always help me." During our visit, we saw one staff member reassuring a person who was concerned that they had not received a telephone call.

The relatives we spoke with told us they had confidence that any concerns they may have would be dealt with by the service. One relative said, "If you mention something of concern, they are on to it straight away." They went on to say, "They hear rather than just listen and there's a fundamental difference." The service had received no formal complaints but had a policy in place to manage this should they arise. We also saw that accessible information on raising a concern or complaint was on display within the home.

Requires Improvement

Is the service well-led?

Our findings

The provider had a system in place to monitor the quality of the service being delivered. Although quality monitoring audits had not been regularly completed as required by the provider, both the acting manager and general manager were aware of the improvements required. They had a good understanding of the actions that were needed to address issues and had plans in place to achieve this. For example, the service had identified the need for more activities and that support plans required updating. They were currently working through the action plans.

The service had two medicines audits in place but neither had been effective in identifying the concerns highlighted in this report. One had not been completed for some months whilst the other had failed to identify the issues. In addition, the service had recognised that risk assessments were required in relation to the premises and working environment but had failed to action these in the time they specified. The action plan in place showed these were to be completed by February 2016 but were still outstanding at the time of the inspection.

People spoke positively about the management of the service. One relative told us the service had, "Excellent management" and that, "I wish they could be carbon copied and replicated across all services." Another relative told us, "I'm pleased with everything."

The service had been without a registered manager for nine months. In these nine months, the service had recruited two managers both of whom did not stay in post. At the time of our inspection, the service had appointed a senior member of staff into the role of acting manager. This had become effective one week prior to our inspection. The acting manager was being supported by a general manager who had been appointed in September 2015. Their role was to oversee all eight of the provider's services. Both the acting manager and general manager was present during our inspection.

Staff acknowledged the recent instability of the staffing at the service but were supportive of the management team. They told us there had been a number of staffing changes but that these had not had an impact on the service provided or staff morale. When we discussed the recent changes with the relatives of those who used the service, they agreed. One told us, "The changes have not really affected [family member]. The handovers from one manager to another went well with little impact. They held [family member's] hand through it all." Another relative said that they had been kept informed of changes and that the new acting manager had introduced themselves when they came into post.

Staff told us they were strong as a team due to the support they received and the encouragement they gave each other. One said, "Communication and support is good amongst the team." Another staff member told us, "Colleagues are brilliant. We gel and morale is good." The service encouraged an open and inclusive culture. The staff we spoke with told us they found this encouraging and refreshing. One staff member said, "The culture is very open. All staff gets on nicely; we're open and friendly."

The provider sought people's views on the service delivered. We saw that questionnaires had been

completed by both the people who used the service and their relatives; all were positive. Those questionnaires for the people who used the service were in an accessible format. Staff told us meetings were held where they could voice their opinions. One staff member told us they could contribute their ideas and were listened to. They were able to give us examples of where suggestions they had made were acknowledged and welcomed by the management team.

We know from the information held about this organisation that the service had reported incidents to the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had failed to protect people against risks by doing all that is practicable to mitigate any such risks. Regulation 12(1) and (2)(b)