

Pathways Care Group Limited

Honeysuckle Farm

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Honeysuckle Farm provides personal care and support for up to 15 adults with a learning disability and/or physical disability. The accommodation is provided over two floors, access to the first floor is via stairwell or passenger lift. Communal facilities which include a lounge, conservatory and dining room were located on the ground floor. Most bedrooms on the ground floor have direct access to the gardens to the rear of the service. At the time of the inspection the service had 15 people in residence, with an age range of 54 – 85 years.

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

We found Honeysuckle Farm to be warm and welcoming, we saw and heard many caring and supportive conversations between people and staff. People were very relaxed in their home, taking part in several individual and group activities. People participated in a group exercise session, which created much laughter. Another person spent much of their time outside gardening, whilst others were seen knitting and completing puzzles. People spoke with affection about the resident cat and dog, and many people enjoyed the dog sitting on their knee.

People also took part in everyday activities, which included preparing vegetables, setting tables for mealtimes, washing and drying the pots after a meal. People told us they had a keyworker who was responsible for supporting them to maintain contact with family members, supporting with personal shopping and exploring activities and interests.

People told us they felt safe, and that they knew who to speak with if they had any worries or concerns. Staff were aware of their responsibilities in reporting concerns to safeguard people.

People's records provided clear information for staff about their role in promoting health, safety and welfare. Potential risks were assessed. Staff training in health and safety topics promoted people's safety, which included medication training. Medication was managed safely.

The service had set up a visiting room in an adjacent building to enable family members to visit safely during the COVID pandemic. People told us they had had family members visit and had maintained contact with family members. All visitors to the service were required to wear personal protective equipment (PPE). Staff wore PPE and understood the importance of infection prevention and control. Both people and staff were routinely tested for COVID, consistent with government guidance.

Quality monitoring of the service was a key part of the providers commitment to developing the service and included the carrying out of internal mock style inspections. Meetings were regularly held documenting improvements and ideas for the future.

People's views, and that of family members were sought through meetings and surveys. Improvements had

been identified, which included the development of space to the rear of the service to provide a patio area, this would create easier access area for people with mobility difficulties.

Rating at last inspection

The last rating for this service was good (published 30 October 2017).

Why we inspected

We received concerns in relation to the safe care of people. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Honeysuckle Farm on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Honeysuckle Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The inspection was carried out by an inspector 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 care service

Service and service type

Honeysuckle Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service a short notice period of the inspection. We telephoned and spoke with the registered manager and informed them of our inspection five minutes prior to entering the service. This was to help the service and us manage the risks associated with COVID-19.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from the local authority who commission the service for some people who use the service. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a senior carer. We looked at the records of two people who used the service, and a sample of three people's medication records, and the minutes of resident meetings. We looked at two staff recruitment and training records.

After the inspection

We spoke with a senior carer and a carer by telephone on 17 February 2021.

We continued to seek clarification from the provider to validate evidence found. We looked at records to support safety management systems, and minutes of individual meetings involving regional, managerial and the Honeysuckle Farm staff team. We reviewed information relating to contingency planning.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.
- Safeguarding was discussed routinely in meetings held for those in residence and for staff. This provided an opportunity for any concerns to be explored, and to provide information as to who people could contact if they wished to talk about anything which was affecting them or others.
- People we spoke with were confident in expressing any concerns or worries and knew who to speak with. A person told us, "If I was worried, I would talk to [registered manager] and the [deputy manager]." A second person said, "I am not worried or frightened here, and my key worker is [staff name]."

Assessing risk, safety monitoring and management

- People's safety was promoted through the monitoring and maintenance of the environment, which included fire, gas and electrical systems by external contractors.
- The assessment and monitoring of risk promoted people's safety. Comprehensive risk assessments were undertaken and regularly reviewed, which included the involvement of health care professionals. For example, where people were at risk of choking clear guidance was provided as to the consistency of food and drink, the positioning of the person, and the role of staff in supporting and observing the person.
- People's independence was promoted, with consideration to risk. For example, people accommodated on the ground floor, had direct access to the rear garden, and had key entry codes to operate the doors.
- Personal emergency evacuation plans were in place to ensure people were fully supported in the event the service had to be evacuated. A recent evacuation triggered by the fire alarm being activated had shown the safe and timely evacuation of people.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction, where they worked alongside experience staff. Ongoing support was provided through a systematic approach to supervision and appraisal, to ensure staff had the appropriate support, knowledge and competence to promote people's safety and well-being.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- The reviewing of people's prescribed medicines had had a positive impact on people's quality of life and day to day experiences. For example, a person had been prescribed medicine, which meant they were now enjoying their meals and eating different food.
- Staff who administered medicine undertook medicines training, and had their competency regularly checked. We observed staff giving some people their medicine, staff were kind, and unhurried in their approach.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A visiting room had been created, with screening in an adjacent building. People were aware of COVID, a person told us, "We are grounded because of COVID and I have had one jab. I keep in touch with my [relative] by phone, and I did see my [relative] in the garden."
- We were assured that the provider was promoting shielding and social distancing rules, considering the environment, and the limited options available to make significant changes.
- We were assured that the provider was admitting people safely to the service. The service did not have any vacancies. Anyone readmitted to the service, following for example a stay in hospital would be tested for COVID prior to returning.
- We were assured that the provider was using PPE effectively and safely. We sent the registered manager a link, to a video detailing the procedure for the donning and doffing (putting on and taking off) of PPE as an aid to ongoing training and reference tool for staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Regular decoration of architrave and skirting boards was needed to ensure surfaces could be wiped down and cleaned.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- A system of analysis for safeguarding, incidents and accidents was in place to enable the provider to identify trends or themes and to facilitate the reviewing and updating of risk assessments.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the heart of the service. Staff ensured people received support in making choices and decisions about their day to day lives and taking an active part in the service. For example, we saw people setting dining tables, washing up and drying pots after the lunchtime meal.
- Honeysuckle Farm had a large rear garden which was used to grow a range of vegetables and fruit. A person at the service spent much of their time propagating, growing and harvesting produce, which was used in meals at the home, and used to produce jams and chutneys. The person told us, "I like it here because I can walk around; I do the gardening and help mow the lawns."
- The atmosphere of the service was relaxed. We saw people openly engaging in conversation with staff, laughing and joking, and receiving personal care and support at a time that suited them. A favourite of people was the dog and cat who helped create a homely and relaxed atmosphere. At the request of people, ducks and other animals were to be reintroduced into the garden.

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 management team understood their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- Staff spoke of the constructive and supportive feedback they received from the management team, within individual supervision and team meetings. Minutes of meetings recorded staff's role in ensuring people received high quality care, and discussions around the introduction of changes as part of the ongoing development of the service.
- A system of routine auditing was in place which covered topics related to the health, safety and welfare of people and the service. Audits were electronically stored and monitored by the provider for compliance.
- Meetings were held at all levels within the organisation to review the quality of the service, this influenced ongoing development and improvement. For example, plans were in place to improve the accessibility of the garden by introducing a patio area.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met

in the event of an emergency. A Covid-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.

- The registered manager understood their legal obligations. CQC had been informed about most events they were required to by law. However, one incident had not been reported to CQC, other agencies including the local authority had been informed. The registered manager submitted the information to CQC following our site visit.
- The provider had displayed the last inspection rating within the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found an open and inclusive environment for everyone to contribute to the day to day running of the service. Opportunities included an annual survey, for people, family members and staff along with regular meetings.
- Personal events were celebrated, which included people's birthdays. We heard a person speaking with the registered manager about their recent celebration. They spoke of their birthday cake, and their choice of having a pizza delivered. A second person told us, "I had a 'chip shop' for my birthday."
- An analysis of the most recent survey completed by family members, along with thank you cards, and letters evidenced high level satisfaction with the management of the service, and acknowledged and thanked staff in their commitment to provide good quality care and support.
- Staff spoke of how their views were sought, and that their ideas were listened to and acted upon. A staff member spoke of improvements to the quality of information recorded following staff feedback.
- Accessible information was available to people. For example, surveys seeking people's views, information leaflets, and minutes of meetings were produced in an 'easy read' format, supported by pictures and diagrams.

Continuous learning and improving care; Working in partnership with others

- Staff training was a key factor in improving care. Staff undertook training to support people's support and care needs. For example, training in learning disability, autism, mental health, health conditions and person-centred care.
- The service had received a 'Frank Knight Healthcare Hero Award'. This was awarded for staff's quick response, in moving into the home for two weeks in response to a potential COVID outbreak, to provide ongoing support and limit any potential spread of infection.
- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people.
- People's needs were kept under review, and discussed with the person and within staff meetings and supervision.