

Allcare Community Support Limited

HoneySuckle Lodge

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

HoneySuckle Lodge is a residential care home providing personal care to six people at the time of the inspection. The service can support up to four people living permanently at the care home and up to two people on a short-term respite basis. Nine people in total used the respite service. The four people who lived in the service permanently were accommodated in their own self-contained flats. This included a kitchen, living room, bathroom and bedroom. Each flat also had its own garden space. People who lived in the service permanently and those who visited for respite care could also access a communal kitchen, dining room, and living space as well as larger communal gardens. The service also offered a sensory room, a cinema room, and an arts and craft room.

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

Right Support

People lived in a clean and pleasant environment that had been adapted to meet their individual needs. Relatives praised the tenacity and commitment of staff in ensuring people were supported to have good outcomes and a good quality of life. People were supported by skilled and competent staff who had been recruited safely. The support provided to people to help them communicate their wishes and feelings was exceptional. This helped people be in control of their support. People were supported to manage their health needs and achieved good outcomes in this area. Staff worked well with other health and social care professionals. Risks to people were well managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People and their needs were central to the service. Staff were extremely passionate and committed to understanding people's wishes and helping them achieve this. People were supported by staff who had high expectations for their quality of life. They fostered and developed people's independence and daily living skills. Relatives told us they had seen people grow and develop as a result. People and relatives were supported by empathetic and caring staff who at times went over and above to ensure people and their relatives felt supported and cared about. People were well supported to manage episodes of distress and staff had worked hard to help reduce these occasions.

Right culture

There was a strong person-centred and inclusive culture. Staff worked well with each other and people using the service. The management team were open, honest, and keen to learn and develop the service to its full potential. Staff felt well supported by the management team, who had introduced several initiatives to help staff feel valued. Governance frameworks were in place but further strengthening and development was needed in order to fully underpin the good quality of care being provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service following its registration. We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Enforcement and Recommendations

We have made a recommendation about the governance of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

HoneySuckle Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

HoneySuckle Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. HoneySuckle Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of our inspection was unannounced. The second inspection date was announced to enable us to return to the service at a time when people were available and happy to speak with us.

What we did before inspection

We reviewed information we had received about the service since it had been registered. We sought feedback from the local authority who use the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Most of the people who used the service were unable to talk with us. People used different ways of communicating including using signalong, pictures, photos, symbols, objects and their body language. We communicated with two people who used the service and spoke with eight relatives about their experience of the care provided.

We spoke with nine members of staff including the administrator, the member of staff responsible for HR, one team leader, three support workers, the registered manager, the general manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health and social care professional who worked with the service.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the care provided to people. We spoke with one professional and received email feedback from a further two professionals who all worked regularly with the service. We also spoke with an additional relative.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had been identified and responded to. .
- Information for people, relatives, and staff on how to report safeguarding concerns was available and on display in the home.
- Staff had received training in this area and were aware of the processes required to report a safeguarding concern.

Assessing risk, safety monitoring and management

- Environmental risks had been assessed and mitigating actions taken in response.
- People's individual risks were managed well. A healthcare professional told us staff were very competent at supporting people with complex and distressed behaviours. They provided us with an example which demonstrated staff had significantly reduced the amount of occasions one person was distressed.
- Relatives also confirmed risks to people were managed very well. One relative said since their family member had been at the home, "[Family member] has exceeded everyone's expectations behaviourally." Whilst another relative told us, "When [family member] is at respite I know I don't have to worry about it."
- The management team and staff had a positive approach to risk taking which enhanced people's quality of life. This was supported by robust risk assessing.

Staffing and recruitment

- The provider had identified previous recruitment practices needed strengthening and had improved their practices. We reviewed the recruitment processes of staff recruited in 2022 and found no issues with safe recruitment practices.
- There were enough staff to meet people's needs. People using the service had individual 1-to-1 or 2-to-1 staff support. Staff told us this was always provided.
- Relatives told us there was a consistent core group of staff who knew their family members well.

Using medicines safely

- People received their medicines safely and as prescribed. Medicine records were completed accurately with no omissions.
- People had individual medicine support plans. Where medicines had been prescribed on an "as required" basis guidance was in place for staff to know how and when to administer them.
- Staff had received training in medicine administration and their competency to do so had been assessed.
- During the inspection the management team signed up to the STOMP (stopping over-medication of people with a learning disability, autism or both) pledge as they were committed to reducing the use of over

medication with psychotropic drugs. One relative told us, "[Family member's] mental health is so much better they are starting to reduce their meds now."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- 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.
- 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.

Visiting in care homes

- Relatives were able to visit the service when they wanted. People were also supported to meet their relatives and friends outside of the service. One relative told us staff were very welcoming and friendly whenever they arrived to see their family member.

Learning lessons when things go wrong

- The management team had oversight of incidents in the service including looking at patterns and themes from these.
- Staff confirmed de-briefing took place after significant incidents and that staff worked together to review and learn from incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments and subsequent best interest decisions had not been documented. Whilst we did not identify any negative impact from this on people using the service it was not always clear how decisions had been made in the best interests of the people involved.
- We discussed this with the management team who following the inspection confirmed they were in the process of reviewing people's support and putting written documentation in place.
- Despite this we found staff had a good understanding of the MCA and its key principles. Staff worked on a presumption of capacity and took great steps to enable people using the service to make decisions. In part this was due to the very effective work had been undertaken to support people to communicate their wishes and feelings. This had meant people were given as much opportunity as possible to make decisions regarding their care.
- Where people were not able to make decisions we found examples where staff had been able to articulate the person's wishes and feelings. This was because staff knew people well and understood that their behaviours were communicative. This meant people's wishes and feelings were able to be taken into account when making a best interests decision.
- The management team and a person's relative provided us with an example showing how staff had worked carefully to engage all relevant people and professionals when decisions needed to be made on behalf of a person using the service. This was in line with the MCA code of practice.
- The management team and staff were aware of what might constitute restrictive practice. They

demonstrated a commitment to reducing such practices. Staff had identified situations where people required DoLS applications and these had been applied for.

- The management team were clear on their responsibilities under DoLS and had consulted with the local authority team responsible for DoLS authorisations to understand the local requirements for people using the respite service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Staff worked with people, relatives, and other professionals supporting them to help ensure transition to using the service was successful. One relative provided us with an example which showed careful and responsive planning.
- As part of the transition planning staff assessed the environment and made adaptations to ensure it was safe and met the needs of the person coming to use the service. The management team and a relative provided us with specific examples of changes to people's flats as a result.
- The wider environment was also considered, there was plenty of space and different activity rooms which met people's needs and interests.
- The management team also considered the specific needs and personalities of people using the service, as well as where people had existing relationships from knowing each other. This had contributed to a very social, friendly environment where people enjoyed spending time with each other.
- Nationally recognised assessment and support tools were used, such as positive behaviour support plans.

Staff support: induction, training, skills and experience

- Relatives and professionals who worked with the service praised the knowledge and experience of the staff. Relatives told us this had contributed to positive outcomes for the people using the service. One relative said, "[Family member] would not be where they are now without the help ACS [Allcare Community Support Limited] has given them."
- Staff told us they had good support and training. Some staff reflected on the changes to training due to the pandemic and told us they would value a return to more face to face training. The management team confirmed this was being arranged.
- Staff were encouraged to complete national vocational qualification (NVQs) and received a bonus payment when they did so.
- New staff received an induction, and this included making sure they understood and got to know the people they would be supporting. One staff member told us how staff have been very supportive when they first started work in the service. A relative told us, "[Staff are] good at integrating new staff in, and showing them what to do, and supporting them."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat healthily. Relatives and a health care professional told us for some people this was a significant achievement and had resulted in an overall improvement in people's health.
- People were supported to manage their health conditions and staff supported them to access health care services. Two relatives gave us examples of staff taking pro-active approaches in this area.
- Health and social care professionals told us staff provided good information and support, including following their advice, which facilitated the support they provided.
- Staff supported people with eating and drinking. This included planning, shopping, and cooking the meals they ate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with exceptional kindness and care. Relatives provided us with very positive feedback on the compassion and consideration given to their family members by staff. One said, "[Staff] adore [family member] which is peace of mind for us."
- Numerous examples were identified where staff went the "extra mile" to ensure people's quality of life was as good as it could be. At the heart of the activities people were supported to do was a strong commitment to people being able to experience the same things as anyone else. This meant people had been able to experience places and activities that had not been accessible to them before. For example, one person had been supported to stay overnight in London with friends to watch a theatre show on one of their favourite subjects. Their family told us this an exceptional achievement for the person and a marked change to their quality of life prior to using the service.
- Staff organised a prom to celebrate people's strengths and achievements. Each person had been presented with an award celebrating an achievement or something special about them as an individual. Staff had thought of little details to make sure people felt important and good about themselves. They ensured people's favourite food was being served, taken people to get special prom outfits, and have their hair styled. In some instances, they had gone over and above, planning and working with people well in advance to ensure they were prepared for and could feel their absolute best and engage fully in their prom.
- There was a strong person-centred culture with a focus on inclusivity. This inclusivity was extended to people's family members who also benefited from exceptional kindness. For most of the people using the service their family members were their main carers. A key function of the service was to provide respite care. Staff recognised the importance of this respite. They understood in order to ensure people using the service had a good quality of life, their family members also needed support. Numerous relatives told us how they appreciated this and how staff had gone over and above at times of need and crisis. This had included for two families offering sudden unplanned emergency care and support. One said of the support given, "[The support] kind of took all the anxiety away I was so touched by it".
- Emphasis was placed on the compatibility and suitability of staff to support people who used the service, taking into account the individual needs of the person and the qualities the person had. One staff member told us how they had been allocated to one person as their keyworker and spent a lot of time supporting them. They said this was because it was recognised that they had similar personalities and the staff member would naturally be able to give the person what they needed. This helped the person to feel calm and safe. The registered manager told us how they explored prospective staff member's interests and personality, which was built in to the recruitment process, so they could consider if and how to allocate them to support the people using the service. This information was then used when planning the rota and during activity

planning.

Supporting people to express their views and be involved in making decisions about their care

- The service was outstanding in its ability to provide innovative and creative support to improve people's communication. Several relatives told us since using the service their family member's communication had improved significantly and this had helped reduce the amount of distressed behaviour people experienced. For one person this had meant they were able to greet staff when they started their shift. Staff told us this was very important to the person and they waited each morning for staff so they could do so.
- Most of the people using the service had limited verbal communication. We received numerous examples where staff supported people to develop their communication, including verbal communication so they could better express their preferences and choices. For one person this meant they were now able to verbally ask for a drink and say what they wanted to drink. People were also supported to learn new communication systems which helped them express their feelings and wishes. A relative told us, "Amazing the communication book for [family member]. This is a lifeline for my [child], they will go and get it they will put them [symbols] on the Velcro and say the word. [Family member] has always had difficulties with speech. I do think [family member's] speech has improved."
- For another person staff had created a social story to help the person understand the importance of eating healthily. This included making a healthy eating wall, with visual signs and pictures, in the kitchen and dining room of the service so the person could use this to tell staff what they did and didn't like to eat. Staff also introduced a different communication system to help the person plan their meals in advance. With this support the person lost a significant amount of weight and their health improved. A health professional who worked with the person told us this had been, "Amazing."
- There was a strong emphasis on teaching people signs to help support them to communicate. Staff understood the importance of this and went over and above in supporting people's learning in this area. The registered manager was trained in using signalong and in training staff. The service had a signalong choir which staff and people using the service took part in. Each week a theme was chosen which staff supported people using the service to learn about. This included learning a sign linked to the theme.
- Staff were skilled at how they communicated with relatives. They identified situations which had the potential for conflict and acted very responsively, with compassion, to ensure there was no conflict.

Respecting and promoting people's privacy, dignity and independence

- Promoting dignity and independence was central to the service. The provider had an anthem song, 'Reach for the stars', and staff had strong and positive expectations of what people could achieve with the right support. They were extremely committed to ensuring people using the service had the same opportunities as anyone else.
- We identified numerous examples where people's quality of life and independence had improved due to the input from staff. Several relatives provided us with examples of daily living tasks their family member was doing for themselves since living in the service which they had not done previously.
- There was a strong emphasis on the removal of environmental barriers to enhance independence. We identified examples where in response to people's individual identified needs the provider had modified the environment, such as installing additional equipment, re-fitting bathrooms, or changing the layout of people's living spaces. In some cases, this meant people were able to carry out personal care tasks without the support of staff that they had previously relied on.
- The majority of people using the service were young adults and many lived at home or were living at home with parents. A healthcare professional told us staff were particularly skilled at supporting young adults with the transition to adult services. This was reflected through discussion with people's relatives. Several relatives provided us of examples where the transitions were planned totally on the needs of the person. The transitions had been very responsive and flexible with everyone involved fully consulted. A healthcare

professional told us in their experience they had not worked with another service that was so flexible when supporting a person's transition.

- Staff were extremely skilled at supporting people with distress. They knew people well and because of this were able to anticipate and recognise when people were or would become distressed before this happened. A health professional told us for one person they worked with staff had reduced the person's distressed behaviours by 50 percent which they said was a "significant" reduction and had meant the person was able to be discharged from their care. The same health professional for another person they worked with told us the service had also reduced the distress this person experienced, and this meant the healthcare support provided was much more effective.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives were happy with their involvement in their family member's care and told us there were informal opportunities for discussion. During conversations on this involvement some relatives reflected more formal structured involvement could be developed. The provider was very responsive to this feedback and immediately started reflecting and planning on what they could do differently.
- People using the respite service had communication books so their family could be kept up to date and involved with the support that had been provided. We received mixed feedback on how well these worked with some relatives stating enough information was not always provided to help them discuss with their family member and build on the support provided. The management team were not aware of any issues being raised with these and told us they would review the communication books.
- People received individual and person-centred care. There were detailed care plans in place which were personal to people's needs and preferences. These helped support staff in meeting people's needs.
- People had control of their day, staff supported people to plan their meals, go shopping, and plan the activities they wanted to do.
- Relatives told us they felt the support provided was highly personalised and met people's needs. One relative told us, "They do a package to meet the individual's needs I think that is the biggest difference."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood a range of tools available to help support people with their communication.
- Staff gave us examples of how these had been used, for example introducing social stories to help people understand and be involved in an activity that was being planned or using Picture Exchange Communication System (PECS) to help people make day to day choices with daily living activities.
- Throughout the service there was easy read and pictorial information for people on a range of subjects. This included information for people on which staff were supporting them that day, the menu, planned activities, as well as information on safeguarding and healthy eating.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake a range of activities that met their needs and preferences. Relatives expressed their amazement and pride in how their family members had been supported to engage in activities they would not have thought possible. One relative when describing an activity staff had supported their family member to do told us, "Credit to them it's a huge thing."
- People were supported to develop and maintain friendships. The management team understood the need to ensure people using the service knew each other and formed positive relationships. People using the service had long standing relationships, some had known each other since school. This was particularly important as the service supported people on a long-term and short-term basis. A staff member said, "It works well. Different mix, different friendships form and they create different opportunities for people. You don't get that loneliness."

Improving care quality in response to complaints or concerns

- The service had received several compliments and no complaints in the last year. Information on how to complain was available and on display including easy to read versions.
- Relatives told us when they had raised informal "niggles" the management team had been responsive and proactive in addressing these.

End of life care and support

- The service was not providing end of life care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Some further work was needed to strengthen governance systems as some areas needed further attention such as mental capacity and water safety which had not been identified prior to our inspection. Where actions had been identified there was no action plan for actions to be fed into and monitored. The management team reflected on this feedback and provided us with assurances they would make changes in this area.
- Whilst provider level audits of the service had not been carried out, we noted this was mitigated by the fact the nominated individual worked very closely with the registered manager, visited the service on a regular basis, and maintained contact with relatives and people using the service. This allowed them to have good oversight of the service and its performance.

Whilst we found there were areas for improvement these did not significantly impact on people using the service. However, we recommend the provider review their governance and quality assurance processes to ensure they are robust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong person-centred, inclusive and empowering culture. Staff had clear expectations that people using the service should have the same opportunities as others.
- This culture and attitude meant people had been supported to achieve good outcomes that several relatives told us they hadn't thought possible.
- Relatives and staff told us the management team were approachable, supportive, and listened to them. A staff member told us, "[Management] are also team players, there is always an explanation about why we are doing something."
- Feedback from staff and relatives was encouraged via staff meetings and quality assurance questionnaires. People were also encouraged to be involved in the recruitment process of new staff.
- The management team had put in place actions to help demonstrate to staff they were valued. They had introduced a range of initiatives. This included introducing a well-being fund for staff where they received a regular payment for well-being activities as well as reward badges in recognition of occasions where staff achievements should be celebrated.

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 provider had an open and honest approach including when things went wrong. Relatives told us they were kept informed and had no concerns. One relative told us, "If there was anything that wasn't right or went wrong, they would inform us. I don't think they would brush anything under the carpet."

Continuous learning and improving care; Working in partnership with others

- The management team were engaged and enthusiastic about the service they provided and improving it to be the best it could. Relatives and staff commented on this approach. One relative told us, "I do feel they are not going to sit stagnant, if there are new things for the members [people using the service] they will achieve that."

- Following the inspection the management team contacted us to say they had started to develop a service improvement plan aimed at developing and ensuring the service delivered was the highest quality it could be.

- The management team had engaged with several resources to help develop their learning and improve the service. For example, the provider had joined the leaders council to help them network and learn from their own and other sectors.

- The provider also worked closely with the local authority and participated in sharing their experience and best practice.