

# Achieve Together Limited

# Honeywood

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Honeywood is a supported living service providing personal care for up to six people with a learning disability and autistic people. At the time of the inspection there were six people using the service.

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

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

### Right Support

- Although people were supported to engage in activities within the service, people's access to the community was restricted by staff availability.
- The provider had created standards to recognise people's choice, control and independence. However, where people were deemed to lack capacity to make decisions about their care and support, management and staff had failed to recognise and assess whether people may be deprived of their liberty, despite completion of e-learning.
- People were supported to maintain their health by accessing health professionals. People's medicines were being managed safely.
- The service is a bungalow, adapted for wheelchair users close to Grays town centre, which enables people to access the local community and its facilities.
- People had exclusive possession of their own rooms with adjoining wet room, in shared accommodation with communal areas. The service liaised with the housing provider to maintain the environment.

### Right Care

- The service had an over reliance on agency staff. Staffing levels and skill mix of staff did not enable people to take positive risks or promote what they could do, to ensure they had a fulfilling and meaningful everyday life.
- People were supported by staff to pursue some activities and their interests but were not always being supported to achieve their aspirations and goals or try new activities to enhance and enrich their lives.
- People could communicate with permanent staff and regular agency staff because they supported people consistently and understood their individual communication needs. However, relatives were not assured that agency staff were able to communicate and provide necessary home and community support to the same standard.
- People were not always sufficiently protected from the risk of harm. Although management and staff had

completed safeguarding training they had not always recognised and mitigated risk.

- The provider and registered manager were consulting with local authorities and working on strategies for the recruitment and retention of staff.
- People were treated with kindness and staff respected their privacy and dignity.

#### Right culture

- Change had not been reliably implemented by the provider. The service had been impacted upon due to high turnover of staff and higher management changes. This meant effective support had not been provided for the registered manager and remaining staff at Honeywood.
- The provider was committed to learning lessons and driving improvements. They acknowledged the registered manager required more support to build and lead a strong, consistent workforce effectively. In turn enabling more time for the registered manager to gain increased oversight of systems and processes to ensure safe and best practice support to people.
- People and those important to them were involved in planning their care. However, information in people's support plans and care records was inconsistent.
- The provider and registered manager acknowledged a lack of systems to assure themselves people were receiving the support they were entitled to at home and in the community. Management were also working towards developing a consistent work force and positive culture; to enrich people's lives within the community as well as at home.
- Management was working with people, relatives, commissioners of care, safeguarding and other professionals in an open and transparent way to drive improvements. Relatives consistently reported how effective the registered manager's communication was.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 4 August 2018.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

This was a planned inspection of a newly registered service. The inspection was prompted in part by concerns received about insufficient staffing levels, high use of agency staff and a lack of effective leadership. A decision was made for us to inspect to assure ourselves people were receiving safe, good quality care.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Honeywood

## 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.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 4 April and ended on 11 April 2022. We visited the office location on 4 April 2022.

#### What we did before inspection

We reviewed information we had received about the service since they registered in December 2020. We

sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We met with the six people who lived at Honeywood. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We had contact with five relatives for feedback about the care their family members received.

We spoke with the registered manager, the regional manager, senior service manager and four members of care staff including permanent and agency members of staff.

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

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service did not have enough appropriately skilled staff to meet people's needs. Whilst we recognise the registered manager strived to source regular agency staff to supplement their own staff, relatives and permanent staff were concerned about staff shortages and the over reliance of agency staff. One relative commented, "If [person] is being supported by [permanent staff names] I feel settled, but if its agency staff supporting [person] I just don't feel settled." Others told us, "There are definitely staffing issues, [person] used to attend 3-day programs that made a real difference but it hasn't started up again because there aren't the staff to take [person]." And, "Some agency staff can't interact with [person] so they don't take [person] out."
- The lack of consistent staff and low staffing levels resulted in people not being able to access the community when they wished, because they needed someone who knew them well or could drive. One relative told us, "I know some staff just refuse to go out with [person] because they don't know [person] well enough to cope."
- Staff reported to us, local authorities and within supervisions that morale was low and the service was understaffed impacting on staff well-being. One staff member told us "It has been really difficult at work with staff sickness, staff leaving and because a lot of people we support are non-verbal you have to direct new agency staff a lot." Another said, "If there were more permanent staff there would be less stress on the other members of staff. There's lots of tasks to do and not enough time."
- We were not assured from our observations and discussions with the registered manager, senior service manager and regional manager that minimum staffing levels were safe. We saw that three people all requiring 1:1 support in the community went for a 'sensory drive' accompanied by two staff members; one permanent staff member from a sister service - as they were the only available driver - and an agency staff member. The provider told us that they acknowledged our highlighted concerns and optimal, safe and critical staffing levels were being reviewed to further consider people's dependency needs.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. The high turnover of staff and high use of temporary agency staff had an impact on the services ability to meet people's needs and enable them to have choice and control in their daily lives. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider told us the challenges they had faced recruiting and retaining staff throughout the pandemic. The registered manager said, "We have had a lot of staff turnover and I've put a lot of work into recruiting new staff, but we won't settle for the wrong people. We are looking to recruit caring staff that know how to support people in their own environment."



Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The management team did not always assess, monitor and manage safety well which meant people did not always live safely. Prior to our inspection we were alerted, by local authorities, to a safeguarding concern. The registered manager and provider had been prompted to take initial steps to address concerns relating to deprivation of liberty, however the risk of people leaving the service alone was not adequately assessed or mitigated which demonstrated a lack of understanding.
- Action was initiated during the inspection to address the risk and consider with people and their representatives least restrictive measures.
- People's relatives were positive about being able to raise concerns about people's safety.
- Staff were trained in safeguarding and were able to identify and report concerns when required. Staff demonstrated they were able to raise concerns to the registered manager and advocated for the people they supported.

Using medicines safely

- There were effective systems in place to check people took their medicines as required. Staff received medicine training and told us their competency was assessed through regular observation and spot checks. One staff member told us, "I feel confident giving people their medication but [registered manager] always does regular spot checks, this morning actually, and they reminded me I need to take my time,"
- Staff made sure people received information about medicines in a way they could understand. People were not rushed when taking their medicines. We observed a member of staff support people with their medicines in a personalised and safe manner.
- Protocols that had been written for medicines prescribed on a when required basis (PRN) to be given at the discretion of staff were being reviewed by people's General Practitioner as per service policy.

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 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.
- The provider had ensured people were able to receive visitors in line with government guidance. Relatives, representatives and health professionals had direct access to people's own rooms eliminating the need to walk through communal areas reducing potential spread of infection.

Learning lessons when things go wrong

- The local authority compliance team visited the service in February 2022 responding to concerns raised about people's welfare and safety. In response to the concerns raised by the local authority the provider agreed actions needed to improve the service. Improvements had been made to some areas of the service, for example; to the staff induction process, completed staff supervisions and timely mandatory staff training.
- An on-going quality improvement plan was in place and overseen by the regional manager. Recruitment was highlighted as ongoing, which demonstrated an acknowledgement to address the identified negative

impact that inconsistent and low staffing levels had on peoples support and wellbeing.

- The provider was open and transparent and eager to drive improvements which had surfaced from concerns identified by local authorities and CQC.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- The new provider had recognised a need to review people's care records to enable staff to understand people's needs effectively. Irrelevant historical information had been removed; however, we saw inconsistent information regarding communication needs and choking risks. During the inspection the registered manager and provider gave assurances they would improve the consistency of information in people's care records.
- People had health action plans which detailed the support they needed to remain healthy. This included areas such as foot and nail care, oral health care and other health issues specific to the person. Records included details from healthcare professional's advice which staff were aware of when asked.
- People were registered with a GP and referred to health care professionals to support their physical health and wellbeing. One person's health needs and mobility had changed. Necessary referrals had been made and we saw they were visited by a health professional to receive mobility support.
- The registered manager told us how they tried to find different ways to support people in the best interests of their health. They told us, "We have tried all different staff to support [person] at appointments, I speak with family a lot who are really supportive and nurse visits to the service in the past. I will try to contact GP and see what else can be done to support [person]."
- Relatives reported that they were always informed immediately of any changes to people's health and wellbeing. One relative told us, "I know [person] is their priority, [person] went to A&E and [registered manager] called me straight away to tell me what happened and [registered manager] got it all sorted so I didn't have to worry."

Staff support: induction, training, skills and experience

- Since being in post the registered manager had improved systems to ensure staff received support in the form of continual supervision, appraisal and recognition of best practice.
- Regular agency staff told us they received an induction which enabled them to support people effectively. One staff member told us, "I had an induction to the service and was given time to read people's support plans so I would know how to care for them all."
- Staff training and supervision had not always been effective as decisions made on people's behalf were not always in line with the law. Staff told us they supported people to make day to day decisions, but despite staff being reminded in support plans to be guided by principles of the MCA they had not always recognised practices which were restricting people's right to choose and make decisions about how they lived their life.

- Relatives told us permanent staff had the skills they needed to support people. One relative told us, "[Person] likes the permanent staff, [person] knows them well and knows they [staff] will act in their best interests to make them feel safe." Feedback we saw from a moving and handling trainer said, "Staffs' attitude was great and willing to learn."

Supporting people to eat and drink enough to maintain a balanced diet

- We observed mealtime when there were five staff managing to support people safely. However, we saw from staff rotas that there have frequently been minimum staffing levels of three supporting people. Nutritional support plans we saw stated that two people were at risk of choking, one person required encouragement and engagement at mealtime and another required support in their room. The registered manager and provider could not provide documentation or a rationale as to how staffing levels of three was safe and ensured people's needs were met. The provider told us that they acknowledged our highlighted concerns and optimal, safe and critical staffing levels were being reviewed to further consider people's dependency needs.

- Relatives told us they were happy with the nutritional support people received. One relative said, "No issues with food, [person] eats what they like." We saw everyone enjoying the food they chose and ate.
- One person's support plan stated they had allergies, and, liked to help make their own meals. Their relative told us, "When I've asked staff about [person's] allergies they always know and if they are agency staff there is always a permanent person they can go and ask." And, "[Person] loves cooking so they [staff] will let [person] help and stir the spoon or something like that, they keep them safe".

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Where people had been deemed to lack capacity to make significant decisions about their health and welfare, records reflected who had been involved to make decisions in their best interests. For example, capacity assessments specifically around whether people should have the COVID-19 or flu vaccination had been made with relatives, advocates and the GP. However, the local authorities advised us prior to inspection that the registered manager and staff had failed to recognise and act when people's freedom was restricted.

- People who were subject to continuous supervision and control and were not free to leave the service had support plans which stated they lacked capacity to consent to care. Applications to the Court of Protection had not been recognised as required or applied for without prompting by authorities.

- People's access to the community had been restricted by staff availability. One relative told us, "They used to go to a disco every month but they don't go because there's not enough staff to take them."

- The registered manager confirmed they have acted appropriately to ensure all applications to the Court of Protection have now been made.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Permanent staff and regular agency staff saw people as their equal and created a warm and inclusive atmosphere. We saw staff playing music and singing to people in the communal lounge who were swaying, dancing and enjoying themselves.
- Permanent staff and regular agency staff showed warmth and respect when interacting with people. We saw staff being patient and respectful during interactions so people could communicate and express themselves how they needed to. One relative told us, "[Staff member] is so fantastic. Couldn't wish for better, I tell her all the time what a star they are."
- Staff spoke fondly of people and showed genuine interest in their well-being. One staff member told us, "Every day is a blessing to support these guys." Another told us, "Staff treat people like their family, they always show kindness and love. That's why I want to become permanent here."

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

- People were given time to listen, process information and respond to staff. One person's care plan stated they need time to process information and form a response. We saw how staff took time to wait and listen to the person's response in order to meet their need and choice.
- Relatives consistently felt confident to feed-back on care and support. One person told us, "I hear a lot from [registered manager] they keep in contact and I know I can talk to them about anything."
- People were supported to access independent, good quality advocacy. We saw that one person was supported to use an independent advocate to ensure their rights were being upheld.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. One person liked regular privacy in their own exclusive area. We saw staff offer choice and inclusion and respected their decision to be in their own company.
- Independence and equality were promoted by staff. One staff member told us, "We definitely promote people's independence, we encourage cleaning of their own rooms and to help out with food planning and shopping." A relative told us, "I love it, they [staff] treat [person] just as I would. They treat them like family and encourage good manners like I would at home."
- The registered manager told us the importance they placed on the quality of staff. They said, "I'm only looking for staff that understand what respect and dignity are."
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.

# 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 requires improvement. This meant people's needs were not always met.

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

- The registered manager and staff told us lockdown measures during COVID-19 had impacted on people's access to activities in the community. Despite restrictions being lifted issues with enough permanent staff who know people well and staff authorised to drive, continued to negatively impact on people accessing the community and trying different meaningful activities. One relative told us, "I know [person] is safe and cared for but they [staff] need to do a bit more for them, get them out doing more, not just to the shops. They did go to a festival at the weekend with [permanent staff] hopefully more of that can happen."
- Permanent staff and regular agency staff supported people through recognised models of care for people with a learning disability or autistic people. Person-Centred Active Support (PCAS) was implemented by staff to encourage people; to be part of activities, learn everyday living skills and understand the importance of personal care. One staff member told us, "There is engagement for people here, but I have not noticed a direction of growth for people."
- Although people were receiving personalised care whilst at home, support was not focused on people's quality of life outcomes and people's outcomes were not regularly monitored or adapted as a person went through their life. People and staff had identified and documented basic aims and goals, but staff were restricted to enabling these goals. The lack of staff and heavy reliance on agency staff meant people were not always given the time or able to establish trusting relationships necessary for them to achieve their goals. One relative told us, "It's so important for [person] to get out and do things, I think staffing is improving I just hope it stays that way."
- People's preferences had been identified and were known by permanent and regular agency staff. We saw people's preferences being carried out while they were at home. One person's support plan stated a preference for karaoke which we saw them engaging in with a permanent member of staff they had established a mutual rapport with.
- Support plans showed people and relatives had opportunity to openly discuss sexual wellbeing, relationships and gender identity. A relative told us, "Yeah, we read through the care plan altogether every year and update it if we need to."
- Four days after the inspection we spoke with the registered manager who advised recruitment had continued to improve. They also had six staff supporting people that day; four people were receiving 1:1 support in the community, one person was being supported to attend a hospital appointment and one person was engaging in 1:1 activities at home. The registered manager was confident access to the community and meaningful activities would improve in line with an increased permanent workforce with driving capabilities, however time is required to demonstrate sustainability.

## 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.

- Although there were activity planners in people's care files there was no evidence of any tailored visual schedules being used effectively. The regional manager acknowledged our concerns about each individual's understanding of their daily activities. They told us, "We will look at the structure and consistency of how we offer activities to people."
- We saw inconsistent information regarding communication needs for one person, the registered manager and regional manager gave assurances they would improve consistency of information in care records.
- People's communication plans were detailed and reflected their preferred method of communicating. We observed some examples of good communication between staff and people using the service. Permanent and regular agency staff spoke confidently about nonverbal communication and knew people's individual gestures, body movements and touch to communicate. The regional manager told us, "Some people use Makaton, we intend to apply learning of Makaton to keyworker sessions, to increase staff knowledge."

## Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place however we were not able to assess the effectiveness of the policy because the registered manager advised us there hadn't been any formal complaints made to the service.
- Our monitoring activity of Honeywood in September 2021 identified that staff and relatives reported a lack of opportunities for people to take part in activities outside of Honeywood. This inspection indicated that despite direct feedback limited progress had been made in response to staff and relatives concerns.

## End of life care and support

- No one required end of life care at the time of this inspection.
- The registered manager told us some families found it difficult to engage in discussions about end of life. They agreed further work was needed to consider how to engage with people and their relatives regarding this aspect of their care moving forward to ensure they had a comfortable, dignified and pain-free death in accordance with their wishes.



# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 developed core values and tools for supporting people to develop and encourage continuous improvement with a focus on people's quality of life. However, the providers vision and ethos had not been effectively embedded into Honeywood due to a lack of effective leadership.
- Relatives consistently reported during CQC monitoring activity in September 2021 a lack of community activities for people. Feedback was passed onto management for resolution. The same concerns had been raised by relatives to us during this inspection. Management had not acted sufficiently to this feedback, and the providers systems had failed to identify that people weren't being supported consistently to access the community, to engage in meaningful activities or to achieve aspirations.
- The registered manager did not have clear oversight of the service they managed. They had adopted a reactive management style, prioritising people's care and support needs due to staff shortages. This had resulted in a lack of time to achieve effective oversight of systems and processes.
- There was a lack of management oversight regarding the monitoring and evaluation of people's commissioned hours. People's care records and plans did not account for how their one to one funded hours were being utilised at home and in the community. The registered manager could not demonstrate people were receiving their full funded hours or whether support was good quality and consistent.
- The registered manager did not demonstrate compliance with regulatory and legislative requirements. The registered manager had not notified the CQC of safeguarding concerns raised prior to the inspection. However, they provided assurances they would educate themselves and endeavour to submit notifications to adhere to regulations.
- Although management acknowledged the improvements required, more time is needed to develop strong leadership and demonstrate effective oversight of governance systems. Similarly, time is required to build and evidence a strong workforce, who develop trusting relationships with people in order to demonstrate people are being supported to live a life with meaningful activities.

Leadership was not sufficient to ensure systems and processes were established and operated to assess, monitor and improve quality and safety effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives consistently confirmed that they were informed of all incidents and any health concerns involving their loved ones. One relative told us, "[Registered manager] calls me straight away if [person] has

had an accident. [Registered manager] is honest about everything, tries their hardest, it's been difficult through the pandemic."

- During the inspection the senior service manager, regional manager and registered manager all provided assurances their time and focus would be upon driving improvements to systems which improve monitoring of quality and safety. The regional manager told us, "I will continue to support [registered manager] to fill in where there are gaps of knowledge in systems and processes and support any training that's needed to ensure effective leadership at Honeywood."

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

- The manager of Honeywood registered with the Commission in December 2021. The registered manager advised there had been numerous changes within the higher management structure which had a negative impact on the support provided to them. They told us, "I had a lot of management changes, and there are some gaps in my knowledge about systems and processes, but I feel I have the right support from management in place now."
- The regional manager echoed the changes in management which created an unsettled period alongside the COVID-19 pandemic. However, they were confident an effective management team was now in place to drive necessary improvements. They told us, "I have regular meetings with [registered manager] and we discuss our main barriers, which has mainly been the current staffing levels and recruitment of quality staff. I had a meeting recently with our current team of staff and made it clear to them what our expectations are of them."
- The registered manager had an obvious passion for, and experience in, providing care and support to people. They were very visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Relatives told us, "I am always able to talk to [registered manager] if I have any concerns and I know they will be dealt with promptly." And, "[Registered manager] has a natural talent for communicating with [person], they've known [person] for years. They listen to [registered manager] and I can ask loads of questions, [registered manager] is straight talking and I appreciate that."
- An internal social network was being developed by the provider for people to share anything they had achieved. The regional manager told us, "It's intended to encourage involvement and inclusion it was only released in November but we're hoping it will create a wider community for people."
- The registered manager promoted staff feedback through informal discussions, staff meetings and supervisions. We saw from meeting minutes and supervision records staff were happy the registered manager was in post. One staff member told us, "[Registered manager] always acts straight away to anything she's told about. She encourages everyone – agency and permanent staff - to attend weekly staff meetings and lets us know what is expected from us, they like us to ask questions and contribute in meetings."

Working in partnership with others; Continuous learning and improving care

- People's records showed the service liaised well with health professionals. We saw people being supported by health professionals.
- The management team were working with commissioners of care, safeguarding and other professionals in an open and transparent way to drive improvements identified by the authorities.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Leadership was not sufficient to ensure systems and processes were established and operated to assess, monitor and improve quality and safety effectively.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not consistently deployed meaning people did not always receive good quality care, support and choice in their daily lives. The high turnover of staff and high use of temporary agency staff continued to impact on the services ability to meet people's needs.</p>