

Honeysuckle Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

About the service

Honeysuckle Home Care Ltd is a domiciliary care service, providing personal care to people living in Royal Wootton Bassett and the surrounding villages. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of inspection, 58 people were receiving the regulated activity of personal care.

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

We were unable to speak directly to people using the service due to communication difficulties; however, people's relatives told us they were confident people being supported were safe. One person's relative said, "I have no concerns, none whatsoever. I would soon let them [provider] know if I did. I'm happy with regards to everything." Staff had been trained and knew how to keep people safe from harm and abuse. Staff said they would report any concerns about poor care and felt supported to do this. There were safe recruitment procedures in place and ongoing support and review of staff performance. There was enough staff on duty to meet people's needs. Medicines were managed safely. Staff had been trained in infection prevention and control and said they were provided with enough personal protective equipment (PPE). People's relatives said staff wore appropriate PPE during visits. Incidents and accidents were reported and lessons learned were shared with staff.

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

Rating at last inspection

The last rating for this service was good (report published 25 August 2022).

Why we inspected

The inspection was prompted in part due to concerns received about safe care. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

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?

Good 

The service was safe.

Details are in our safe findings below.

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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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 February 2023 and ended on 06 February 2023. We visited the location's

office on 02 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five relatives of people using the service. We spoke with six members of staff including the office manager, and the registered manager who was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained and understood their responsibilities to keep people safe from harm and avoidable abuse. One staff member said, "If I saw some bruising, I would take a photo, add it to [electronic reporting notes system] and then notify the office. They [office staff] tell me if it's been logged already or not. They tell me the outcome."
- Staff said they felt confident to raise concerns about poor standards of care. The service had developed an employee relations officer (ERO) role. This was an employee facing role put in place to support staff on a day to day basis. One staff member said, "They [ERO] support us [staff] with any problem. [They] are very supportive and we can tell [them] anything." Another member of staff said, "I would definitely tell the office if there was any poor care. I treat people the way I want to be treated. If anything was untoward, I would report it. I would raise any concerns. I've done it before; it would not faze me. We're there to keep an eye on people."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and well-being. These included risks relating to medicines management, moving and handling, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained clear information for staff to follow to keep people safe.
- When moving and handling equipment or mobility aids were in use, care plans informed staff how to use them. Staff told us they had been trained to use hoisting equipment.
- People's relatives told us they felt the staff kept people safe. Comments included, "Safe? Yes. I trust them [staff] completely, of course I do" and, "I feel safe with the staff and I feel sure my [relative] is safe too." One person's relative said, "My [relative] is absolutely safe. I trust them [staff] all completely."

Staffing and recruitment

- Safe recruitment procedures were followed. This included checks with the DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them. One person's relative said, "One member of staff comes unless someone new is shadowing, in which case two come."
- People using the service told us staff were generally on time and had never missed a visit. People said the staff kept them informed if they were running late for visits. One person's relative said, "Generally, staff turn up on time, unless they have a hitch elsewhere. They ring me and let me know if they're going to be late" and, "They [staff] are very good at turning up on time."

- People told us staff always stayed for the allocated duration of visits. One person's relative said, "They [staff] always do what they're meant to."
- People were seen by staff they knew and were familiar with. One person's relative said, "We have four regular ones [staff]. They're like extended family." Another person's relative said, "They [staff] are good people, really caring. We always have the same staff who visit."

Using medicines safely

- Medicines were managed safely.
- Staff had medicines training and their competence to administer medicines was assessed and regularly monitored.
- Staff electronically confirmed they had supported people to take their medicines. Administration records were checked daily and during spot check visits.
- Medication incidents were reported and investigated.

Preventing and controlling infection

- Staff confirmed they had access to enough personal protective equipment (PPE) and had received infection prevention and control training.
- People confirmed staff always wore PPE during personal care and changed gloves between tasks. Comments included, "The staff are always properly dressed, always wear masks, aprons and gloves" and, "I see the staff wash their hands between tasks and they always take it [PPE] off before they leave here."

Learning lessons when things go wrong

- Incidents and accidents were logged. Staff reported incidents via the electronic app the service used. The registered manager received an alert when incidents were reported.
- The registered manager had oversight of all incidents and accidents and learning from these was shared with staff during meetings or through the provider's staff newsletter.