

Care Management Group Limited

Honeywood

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Commission had been made aware of an incident that had occurred at the service which was being investigated by the police. We will continue to liaise with the provider and police on this matter until an outcome is reached. Part of this inspection considered matters arising from that incident to see if people using the service were receiving safe and effective care.

The inspection was completed on 25 June 2015 and there were five people living in the service when we inspected.

Honeywood offers a supported living service for adults with learning disabilities, physical disabilities, communication and sensory impairments and complex healthcare needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles. However, improvements were required to ensure that newly employed staff received training in a timely manner and a comprehensive induction.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people. Risks to people's health and wellbeing were appropriately assessed, managed and revised.

There were sufficient numbers of staff available. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff felt well supported in their role and received regular supervision.

Care plans were detailed and provided an accurate description of people's care and support needs. The

management of medicines within the service was safe. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The dining experience was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

There was an effective system in place to respond to comments and complaints. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service were identified, these were addressed.

Summary of findings

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.

There were enough staff to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

The provider had arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was not consistently effective.

In general, people were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles. However, improvements were required to ensure that newly employed staff received training in a timely manner and an induction.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Requires improvement



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Good



Honeywood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 June 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The majority of people who lived at the service were not able to verbally communicate with us. We spoke with three people who used the service, four members of care staff, the manager and the deputy manager. In addition, we emailed five people's relatives, two healthcare professionals and an independent advocacy service to seek their views about the quality of the service provided.

We reviewed five people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

One relative wrote and told us, 'I do believe my son is kept safe at all times and I know they are very happy with the staff employed at Honeywood.' Staff told us that they felt people were kept safe at all times. We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that the manager and deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. The manager was able to demonstrate their knowledge and understanding of local safeguarding procedures.

Where risks were identified to people's health and wellbeing such as the risk of falls or risk of choking, staff were aware of these risks. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. In addition, we found that where appropriate, people were supported to take responsible risks as part of an independent lifestyle, for example, one person was able to spend time in their bedroom without staff support, despite having reduced mobility. The person had an item of assistive technology to alert staff if they required additional support. Assistive technology refers to any item or piece of equipment that is used to maintain or increase a person with disabilities independence. We found staff had acted appropriately to review risks following an incident of concern. The staff learned from this incident and reviewed their practice to ensure there were appropriate risk management strategies in place to reduce further risks.

One person told us that there were always enough staff available to support them during the week and at weekends. They told us that they were able to go out and for those who did not want to go out there was always sufficient staff available to assist them. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed within the last three months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

Staff told us that both face-to-face and e-learning training was provided. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The training matrix showed that the majority of staff's training was either up-to-date or had been booked. One staff member told us, "The training provided by the organisation has been very good and it has enabled me to do my job well." Staff meeting records showed that following a recent incident at the service, the management team and staff had questioned the quality of first aid training provided as it was felt that this was basic and did not prepare them in the event of a 'real life' emergency situation. We discussed this with the manager and they confirmed that this was being reviewed and addressed by the organisation's Learning and Development Team. Although the above was positive, we found that two newly recruited members of staff had not received any training since commencement of their employment. This was confirmed by one member of staff. We discussed this with the manager and they confirmed that training for both members of staff was either booked or in the process of being booked.

We spoke with one newly employed member of staff and they confirmed that as part of their induction they had been given the opportunity to 'shadow' and work alongside more experienced members of staff. They stated that this had been helpful. However, we found that they and another newly employed member of staff had not completed a formal induction since commencement of their employment at the service. We discussed this with the manager and were advised that they had not used an older induction workbook in the interim, whilst the provider was in the process of creating and introducing the new Care Certificate Induction workbook, to be effective on 1 July 2015. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks.

Staff told us that they received regular supervision. They told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the manager. Records confirmed what staff had told us.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. Where restrictive practices were recorded to keep people safe, for example, locks on cupboards and the use of lap belts on wheelchairs to prevent people from falling out, this was clearly recorded to demonstrate that this was in the person's best interests. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs and participation in leisure activities.

People indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet their individual nutritional needs, for example, people were provided with a lunchtime meal at a time of their own choosing. Staff told us that people were assisted and encouraged to choose what they wanted to eat and drink based on staff's knowledge of their likes and dislikes and by being offered suitable choices. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition and hydration, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having specific dietary needs, interventions and advice from the local Speech and Language Therapy Team, dietician and/or District Nurse services had been sought and implemented so as to ensure

Is the service effective?

the person's health, safety and wellbeing. Where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with due care, respect and dignity.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a

comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

One relative wrote and told us, 'I do feel my son's needs are met at all times.' They stated that they would recommend the service to others. People were happy with the care and support they received. One person told us that the staff were nice and looked after them well. Comments from relatives recorded within satisfaction surveys completed in 2015 recorded, 'I am happy with the quality of care provided and feel that my relative's needs are met' and, 'Honeywood is a happy place to visit. All the team excel at the care and support they provide.'

We observed that staff interactions with individual people were positive and the atmosphere within the service was seen to be kind and friendly. Staff had a good rapport with the people they supported and we observed much laughter and sociable banter which people enjoyed. We saw that staff communicated well with the people living at the service. For example, staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. Our observations showed that a variety of specialist communication aids and methods were being used to help aid people's communication with staff and others, for example, PEC's (Picture Enhanced Communication), objects of reference, Makaton, symbols, pictures, photographs and computer tablets.

Staff demonstrated affection, warmth and care for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. The care plan for one person recorded that in order to enable and empower their independence relating to some aspects of their personal care, hand-over-hand techniques were deployed by staff to support this. This meant staff guided the person's hand, to support them to manage their own personal care.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. Staff respected people's choice of dress and hairstyle.

People were supported to maintain relationships with others. The manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed and staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be thorough and comprehensive. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they encouraged and enabled people the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences. We noted that all staff took part in engaging and supporting people in interactions and activities as opportunities arose throughout the day, for example, four people and two members of staff participated in multisensory storytelling. One person who used the service was supported to read the story and others joined in by using props that covered all of the senses when prompted. One person was supported to undertake food and personal shopping and to attend trampoline sessions. They told us that they had enjoyed both activities. Others were observed to use their computer tablets.

Comments from relatives recorded within satisfaction surveys completed in 2015 recorded, 'Staff are approachable at all times and I know if I have any worries I can approach them.' The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection in July 2013. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. A record of compliments had been maintained to record the service's achievements.

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review of the service by the provider, which had been revised in line with our new approach to inspecting adult social care services introduced in October 2014.

Relatives and staff had positive comments about the management of the service. Staff were clear about the manager's and provider's expectations of them and staff told us they were well supported. Comments from staff included, "I can't fault the management team. They are approachable and if I have any concerns they are dealt with effectively" and, "Both the manager and deputy manager are great." Staff told us that their views were always respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was very good. This meant that the provider promoted a positive culture that was person centred, open and inclusive.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this. People who used the service were involved in how the service was run through 'tenants' meetings. Although people had opportunities to offer their views on the service through 'tenants' meetings, it had been recognised by the management and staff teams that some people found it difficult to participate in the meetings in its current format. The manager confirmed that other ways were being explored to support people so that they could continue to participate in a more meaningful way, for example, to use people's electronic tablets to help aid communication. Relatives confirmed that they were invited to attend

reviews about their member of family. This meant that people who used the service and those acting on their behalf were regularly involved with the service in a meaningful way.

Relatives of people living at the service had completed satisfaction surveys in 2015 and these showed that people were satisfied with the overall quality of the service provided.

Internal auditing and monitoring processes were in place to identify shortfalls and to drive improvement. Specific audits relating to health and safety, infection control and medication were completed at regular intervals. In addition, the provider monitored that the service was operating effectively and that people's needs were safely met. This involved the manager completing a detailed monthly report for the organisation, for example, regarding the monitoring of notifications to be reported to the organisation and external agencies, safeguarding's and maintenance of equipment at the service. The manager and deputy manager advised that an analysis of the information was completed and appropriate action plans developed. Following a recent event at the service, the provider and management team were able to show that lessons had been learned from this incident, that steps were being taken to improve staff practice and competency as a result and the risk of reoccurrence across the service had been reduced. This showed that the provider's quality assurance systems were effective and used to drive continuous improvement.

The manager confirmed that forums were held every three to four months for people using the service and where relatives could meet up and share experiences. They also told us about the organisation's 'Implementing the Driving up Quality Code – a service point of view' initiative. This is a self-assessment tool for evaluating the service and focusses on the experiences of people who live at the service. Quarterly newsletters were sent to people who used the service and those acting on their behalf. These provided regular updates about other services and initiatives within the organisation.