

Sheridan Care Limited

# Honeysuckle House

## Inspection report

10-12 Greystoke Place  
Blackpool  
Lancashire  
FY4 1NR

Tel: 01253341325  
Website: [www.sheridancare.co.uk](http://www.sheridancare.co.uk)

Date of inspection visit:  
30 October 2018

Date of publication:  
15 November 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Honeysuckle House is registered to provide 24 hour care and accommodate to twenty-five older people. The home specialises in providing care for people who have dementia. It is situated in close proximity of Blackpool promenade and local facilities such as shops, tram routes and other community facilities. The home has two lounges and a large dining area. Bedrooms are located on the ground and upper floors. There is a small parking area for visitors at the front of the building. At the time of our inspection visit there were 21 people who lived at the home.

At the last inspection carried out on 17 May 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with one person who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well. We also spoke with a visiting relative who told us they loved visiting the home and found staff really friendly and welcoming. The person said, "[Relative] receives excellent care."

Throughout the inspection we observed staff being kind and attentive to people in their care. We saw they were caring, patient and engaged people in conversation whilst providing their support. We saw staff were always in attendance in communal areas and available when people needed their help.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed

concern for people's wellbeing and responded quickly when people required their help. Staff spoken with told us they were able to spend time with people in their care meeting their social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Medication practices observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

People's care and support had been planned with them and was person centred. Care plans were organised and had identified care and support people required. We found they were informative about care people had received. We saw people had consented to their care and treatment and where appropriate family members who had the legal authority to do so.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

We observed staff were caring and attentive towards people in their care. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information about support from an external advocate should this be required by people they supported.

The service had a complaints procedure which was on display in the entrance hall for the attention of people who lived at the home and their visitors. A visiting relative told us they were aware of the procedure but had never had reason to make a complaint.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Honeysuckle House

## 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.

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

This comprehensive inspection visit took place on 30 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department at Blackpool Borough Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we spoke with a range of people about the service. They included one person who lived at the home and one person visiting their relative. We also spoke with the service's registered

manager, registered provider, three care staff members, catering manager and handyman. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of four people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

Throughout the inspection we observed safe care practices with staff being kind and patient with people in their care. One person visiting their relative told us they felt their relative was safe in the care of staff who supported them. The person said, "No concerns about [relatives] safety. I visit everyday and know staff genuinely care and they have my complete trust. I have never seen anything that has concerned me during my visits."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

The service continued to complete risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Where potential risks had been identified, action taken by the service had been recorded. The assessments had been kept under review with the involvement of each person or a family member. This was to ensure support provided was appropriate to keep the person safe.

We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home. One person visiting their relative said, "Always plenty of staff on duty when I visit." Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We looked at how the service managed controlled medicines and found safe storage, administration and recording had been maintained.

We looked around the home and found it continued to be clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. We found where they occurred any accident or 'near miss' had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example updating people's risk assessments and contacting the falls prevention team for advice.

# Is the service effective?

## Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. One person visiting their relative said, "Staff always involve me in [relatives] care and make me feel comfortable. [Relative] is happy here and I wouldn't dream of moving them."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, nutrition and hydration awareness, moving and handling people and safeguarding adults. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We found people continued to be happy with the variety and choice of meals provided. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, biscuits and cake. Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal. People who required help to eat their meals were supported by caring, attentive and patient staff.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people were visited by healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits from General Practitioners (GP's) and other healthcare professionals had been recorded with outcomes to the visit.

We looked around the building and found it was appropriate for the care and support provided. Bedrooms were mainly single occupancy with en-suite facilities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access.



People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

## Is the service caring?

### Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful, kind and showed genuine compassion to people in their care.

One person visiting the home said their relative was well cared for and they enjoyed living at the home. The person said, "Staff care for [relative] really well and I like them all. They are so attentive and kind. I am so happy [relative] is being cared for here."

Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We spoke with the registered provider about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

During the inspection we observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

## Is the service responsive?

### Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met.

The service had Wi-Fi (wireless connectivity) in the building enabling people who lived at the home to have internet access through their hand held computers and mobile phones. We also found Wi-Fi enabled people's religious needs to be met. On the day of our inspection a bible class was being held and a religious service streamed through a person's laptop onto a large screen television in the television room. We saw the service was well attended.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. These were varied and thoughtful and included activities people who lived at the home had requested.

The service had a complaints procedure which was on display in the hallway for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The people we spoke with told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

## Is the service well-led?

### Our findings

We found people were happy with the way the home was managed. One person visiting the home said, "The home is really well run in my opinion. I find the managers really approachable and friendly. I am always telling them how happy I am with how the home is run."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

We found the service had clear lines of responsibility and accountability. The registered provider, registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them and management provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained.

Staff told us they were able to contribute to the way the home operated through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered provider and registered manager.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. Comments received included, 'As you can see from our comments we are very happy with how [relative] is looked after.' And, 'I am totally satisfied with the service provided and couldn't be happier. [Relative] is receiving excellent care.'

We saw a sample of compliments sent to the registered provider by relatives of people who live at the home. These included, 'To the wonderful staff at Honeysuckle thank you for your care and devotion you give to [relative].' And, 'Thank you from the bottom of my heart for all the love and care you constantly give to [relative]. I really do appreciate everything you do.'

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.