

Towertrend Limited

# Honey Lane Care Home

## Inspection report

Honey Lane  
Waltham Abbey  
Essex  
EN9 3BA

Tel: 02088796550

Date of inspection visit:  
11 December 2018  
17 December 2018

Date of publication:  
02 January 2019

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

# Summary of findings

## Overall summary

About the service:

Honey Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Honey Lane Care Home is registered to accommodate 41 older people, who have needs associated with dementia. At the time of our inspection there were 37 people living in the service.

People's experience of using this service:

Activities within the home were extremely person centred. A range of meaningful activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

The provider had responded to feedback relating to staffing levels from staff and relatives and had recently increased staffing at the service at a busy time. All staff had attended safeguarding training. They demonstrated a clear understanding of what abuse was and how to report concerns; they said they would talk to the management or external bodies immediately if they had any concerns. Risk assessments were in place, which identified possible risks and how to manage them.

Staff told us they received the support and training they needed to help them do their jobs well. The managers were proactive in ensuring staff completed training relevant to the needs of people living at the service. The registered manager responded and took action straight away when we identified an issue with staff practice. The service provided specialist training to enable staff to care for people with particular needs.

People were supported to eat and drink. The registered manager took immediate action to ensure fluids were recorded appropriately when active monitoring was required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. People and their relatives felt able to speak to the registered manager or any of the staff team at any time if they needed help and assistance.

Rating at last inspection: Good (report published 6 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Honey Lane Care Home

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors visited on day one of the inspection. An expert by experience supported the inspection on day one. One inspector returned on day two of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of services for people living with dementia.

Service and service type: Honey Lane is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least yearly to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). A SOFI is a tool for observing interactions between care staff and people who may not be able to communicate with us verbally. This gives us an idea of what their care experience might be like for the time we are there. We observed the lunchtime meal and

conducted a SOFI in the communal lounge.

We spoke with five people using the service, three care staff, the chef, activity co-ordinator, the registered manager and the business manager. We received feedback from two health professionals who worked with the service, and three relatives. We reviewed five peoples care records and other records relating to the management of the service. These included two staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

- People told us they felt safe. One person said, "Yes, I feel very safe here. I think we get on well together and the girls are all very kind towards us." A relative told us, "I think [family member] is very safe here, and I am so contented." A friend of a person said, "I come in regularly, and I know there is an excellent team of girls looking after everybody here – I can see it. It's a nice home, with nice staff – they keep my friend safe."

Systems and processes:

- The provider had systems in place to protect people from abuse. Staff understood the provider's adult safeguarding procedure and whistleblowing policy. Staff could describe the different types of abuse such as emotional, financial and physical, and what to do if they suspected or identified a person was being abused.

Assessing risk, safety monitoring and management:

- Risks associated with people's care continued to be assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them. Care plans contained risk assessments for areas such as falls, mobility, skin integrity and behaviour management. When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. For example, one care plan had information about how the service used equipment to protect a person at high risk of falling.

Staffing levels:

- The provider used a formal tool to assess how many staff were required based on people's needs. They had identified using this tool and people's feedback that an extra staff member was required in the mornings.
- Relatives and staff feedback confirmed they were aware this additional staff member had been added and most felt this was necessary. One staff member said, "It is much better, although it has just started I have already noticed a difference."
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely:

- People continued to receive their medicines safely. Staff spent time with people and checked to ensure the person had taken the medicine before moving on to administer the next person's medicines. Medicines were recorded, stored and disposed of correctly and there were management processes in place to ensure staff were competent to administer people's prescribed medicines.

Preventing and controlling infection:

- The service was clean with no malodour present at any point in the day. Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care, and used the relevant personal protective equipment (PPE) such as gloves or aprons when

needed.

- Domestic staff interacted with people in a really positive way while they worked. One person was being supported to sort through their clothes with a domestic and they both chatted and completed this task together.

Learning lessons when things go wrong:

- The provider had systems in place to review when things go wrong to ensure lessons were learnt and action was taken to minimise the risk of re-occurrence. Discussions with the registered manager demonstrated that accidents and incidents were thoroughly investigated and explored with the staff team to promote learning.



# Is the service effective?

## Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience:

- During this inspection we observed staff on two occasions did not follow the manual handling plans for two people that used the service. One person was assessed as having variable ability, which meant on some occasions they could stand but on other occasions they may need the use of a hoist. Two staff members supported this person to move from their chair to their wheelchair inappropriately. We fed this back to the registered manager straight away who took immediate action. The staff members involved were retrained the following day and a programme of checking their competencies more frequently was organised.
- The majority of other staff observed were seen to be competent, knowledgeable and skilled and carried out their roles effectively. A relative said, "Staff are well trained."
- Staff were positive about the training programme provided. One staff member said, "Our training was really in depth. We shadow until we feel comfortable, training includes manual handling, catheter and pressure sore awareness. The Dementia training was split over two days but was fun, we were made to feel what it feels like to live with dementia."
- Staff received supervision of their practice. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and staff were encouraged to bring ideas about how the service could improve to the meetings. Staff confirmed they had opportunities to discuss any issues during their supervision, appraisals and at staff meetings

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Senior staff regularly reviewed care plans to make sure care was reflective of current need.

Supporting people to eat and drink enough with choice in a balanced diet:

- At our last inspection in June 2016 we found people at risk of poor nutrition and dehydration were not always sufficiently monitored. At this inspection we found processes had been improved and food and fluids were now being recorded and targets for hydration had been recorded and exceeded. However, we continued to find staff were not always recording the times fluid had been given. For example, we saw one person whose fluid records appeared to meet their fluid target but staff had recorded the fluid at the time they had made the care plan entry rather than the time the person had received the fluid. This meant on occasions it appeared in records as though the person had gone a long time without fluid. We discussed this with the registered manager who demonstrated staff were recording fluid on different sections of the electronic care plan. The registered manager responded to our concerns immediately and was able to amend the electronic system so fluid can only be recorded in one place and at the time of the person drinking the fluid. When we spoke with staff on the second day of inspection they were aware of these changes and the reasons for this.
- We saw people in communal areas with drinks within reach and fresh cups of tea being offered frequently.
- People had a choice of what they wanted to eat and drink. Where appropriate people were shown both

choices for lunch. Staff encouraged and supported people to eat. We observed one person refused their lunch, another two staff members tried on separate occasions to tempt this person to eat also offering an alternative. The chef came into the dining room and stopped for a chat with the person, and when the chef left, the person was eating a salmon dinner.

Staff providing consistent, effective, timely care within and across organisations:

- The service had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support.

Supporting people to live healthier lives, access healthcare services and support:

- People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. A family friend told us, "The staff know them well – they are very caring and work well together. They spotted [person] had a bit of a weepy eye and they were quick to get them some drops which cleared it up quickly."
- The care and support team had close working relationships with other health care professionals such as the mental health team, district nurse and GP surgeries. Feedback from healthcare professionals was positive, one healthcare professional told us "This is an outstanding home and the care is excellent." Another healthcare professional said, "This is my favourite home to visit and I would be happy to have a relative here. Staff are very caring."
- The registered manager met regularly with other representatives from health services which demonstrated a commitment to work pro-actively with other organisations.

Adapting service, design, decoration to meet people's needs:

- The environment people lived in was suited to people living with dementia who may need help to find their way around. This included communal areas that were well lit and pleasantly decorated to give a feeling of calm and comfort. Walls were colour coded in different areas to help with navigation. Bedroom doors were all numbered and included a photograph of the person. The layout of the service meant people could walk freely from one place to another and choose where they would like to be. Items of interest were on walls throughout the service which meant people had different things to look at and different places to sit and rest as they walked.

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 or 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 with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection, the registered manager informed us some people had been referred for a DoLS authorisation but some were still pending. Records were kept and updated when the DoLS was authorised.

- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. Care documentation highlighted where people could make their own decisions and how they could be supported to be as independent as possible. Staff had received training on the MCA and DoLS.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- The service had a relaxed atmosphere. People were treated with kindness and respect and as individuals. People responded positively when staff approached them in a kind and respectful way. People and relatives felt staff offered the care and support people needed and wanted. One person said, "I get up whenever I like – if I'm late getting up, they let me have a sleep in. It's up to me when I get up – I like that." A relative said, "Staff are kind I love them all. They are all caring." Another relative said, "Staff are extremely effective and caring here – they are so nice with [family member]."
- Staff were not in a rush in supporting people and were gentle, patient and understanding. One person asked a staff member the same thing on various occasions but was responded to patiently and sensitively each time. There was a friendly caring atmosphere in the service with staff telling us they enjoyed caring for people. A staff member said, "I treat everyone like my own parents and I love all of them."
- Staff, took the time to talk with people, and regularly checked if they were ok. People regularly laughed and joked with staff who knew them well. When people became upset or confused, we saw staff attended to them quickly, and reassured them.

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

- People were given choices throughout the day. Staff asked people what they wanted to eat, drink and do. Staff had a good understanding of how to support people to make day to day decisions. For example, one staff member said, "I ask [person] what dress they would like to wear and show them a couple of options."
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. A relative said, "I meet with [named deputy] or a senior to discuss care, if anything is worrying me I bring it up straight away."

Respecting and promoting people's privacy, dignity and independence:

- Staff had an awareness people should be encouraged to do as much as they could themselves. One staff member said, "No matter what stage of dementia people are at, we encourage people to be independent, we take a step back so they can do it themselves."
- People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were being assisted.
- People's care records were secured on a password locked computer. Staff were aware of their duty to keep information safely and confidential.

# Is the service responsive?

## Our findings

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- People at the service received individualised care from a staff team who showed an exceptional knowledge of their needs. People's care was centred on achieving the best life possible for them.
- The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and responded to safely.
- The services approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. Staff understood what person centred care meant and gave us examples of delivering care that was individual to each person. One staff member told us, "[Named person] always feels the cold, I make sure they have a thick cardigan and warm socks to put on. Everyone is different. I am also aware of two people that are left handed so I make sure their cutlery is the right way round." Another staff member said, "[Named person] likes to face towards the wall when they go to sleep, it is important to them. We get to know people very well here." A relative said, "The manager said treat it like [persons] home so I do. I make [family member] coffee and we go out for a walk."
- The service understood people living with dementia were often in different stages of dementia. People's experience of that journey will change as their dementia progresses. The service believed people living with a dementia would need different kinds of support on this journey. Matching people with similar levels of experience of dementia together in terms of group living meant staff had the best chance of focusing their own skills to meet individuals needs leading to more focused care. We observed during our visit the different approaches staff were using to support people. In one area people were active and involved in things that interested them, in another area people were receiving more one to one support such as hand massage and sensory occupation.
- There were examples of excellent interactions between people and staff which promoted their interests. The activity organiser prepared the whole service in the morning, making sure people had things to do they liked within reach. We saw a staff member sitting with a person while they were knitting whilst another person interacted with sensory objects in front of them. Preparing in this way meant staff could interact with people and encourage them to do the things they enjoyed. A relative told us, "The activity organisers ideas are fantastic and they think outside the box."
- The activity organiser told us about the events going on and planned in the service and we saw all staff worked extremely hard to provide activities that were meaningful to people that used the service. During our visit we saw a huge advent calendar had been constructed in the entrance which was covered in lovely Christmas paper and stood along one wall of the corridor. Each box had a door cut into it for each day of December. Staff made a celebration of opening each box, which was opened by a different person each day. On the day we visited, the box contained three large gingerbread houses, which were then decorated by people and staff in each lounge later in the day. We observed people and staff having fun decorating the

houses with lots of laughter and conversation during the activity. Each daily box was different and most contained different items people could be involved in during that day.

- People could watch films on a large cinema style drop down screen and on the day of inspection a film was playing for people to watch if they wanted to. The activity organiser told us, "There are activities available seven days a week at the home and we have regular trips out in the mini bus." They told us about how people had been involved in growing things in the garden during the summer, and then turning the vegetables into smoothies. They also told us they had links with various schools in the community, and they regularly had children in to meet and read to people. A dance school had recently visited to put on a performance for people and lots of the dancers had left messages on the wishing tree that was outside the front door. The activities co-ordinator told us although they had an activities schedule, they let people do whatever they felt like. We noticed people knew the activity organiser very well and we observed there was laughter wherever they went and they had time for everybody at the service.
- There were lots of objects spread around for people to pick up, look at, touch and feel. In one lounge we noticed a laundry stand with some clothes draped over for people to be involved in including pile of socks ready to be paired up. A relative said, "[Family member] went on the trip out last week and loved it!! There's always something going on here – the staff are great."
- One person used to do a lot of boxing in their younger days. The person was a little unsettled when they arrived so the service organised for a personal trainer come in to do exercises with the people in the service and do an individual session with the person. The registered manager told us at first the person did not respond but the service persevered and they now enjoy the sessions. The registered manager said, "They love it and gives it [sparring] a good old go and talks about their boxing days and this has helped to settle the person in well."
- The service holds a monthly crèche in which people spend time with babies and children up to five years old. The service started with staff on maternity leave who brought in their babies but this has now progressed to including families from the local community. The service had other links with numerous local schools in the area, three schools came in to do arts and crafts, book reading and singing with people and in turn they invited people from the service to their school concerts and celebrations.
- Another person used to be a dressmaker for Princess Diana, the service celebrated the Royal wedding last June by holding a mock royal wedding and they made a wedding dress. The person was very much part of this and their family brought in the tailor's dummy they had previously used and [the person] helped to cut out and pin the wedding dress. The registered manager said, "They [person] was so proud of making that dress, it was lovely to see them bossing everyone around and telling them what to do."
- Another person was in a band when they were younger and used to play the saxophone. A visitor now comes in to play the saxophone with the person and reminisce about their time in the band. The service had also downloaded a song the person's band brought out and staff sang it with them on karaoke days.
- Three people that used the service were very good friends and always together, a couple of months ago one of the friends was in hospital for a while and while there they would not eat or drink and were very low. The service took the person's friends up to the hospital on the minibus and they brought them get well soon cards and chocolates. When the person saw them coming into the ward they were overjoyed to see them. The person ate the chocolate and had a cup of tea and enjoyed a good old natter. The person's family member said it was the best medicine they could have had.
- The registered manager also contacted us following the inspection to tell us they were expecting 15 children from a local school to come and sing Christmas carols with people. They also opened the advent calendar which contained the cards the children had made for people and each card was personalised for each person. The registered manager said, "The surprising thing was we actually had 52 children turn up as they all wanted to come as they love coming here, so it was rather busy."
- The service held religious services to meet people's needs and visits to people of different faiths were organised by a pastoral carer who assisted the service to source this support if a need was identified.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with the staff or registered manager and they were sure these would be addressed. One relative said, "If I ever notice anything and mention it to the staff, they are always quick to act – it's a very responsive team here."

End of life care and support:

- Staff were knowledgeable about how to provide good quality end of life care and spoke with a clear emphasis about providing support, not just to the person receiving care, but also to their family, before and after the person passed away.
- The service was in the process of working towards implementing the Gold Standards Framework (GSF) programme to enable them to deliver a high level of good quality care looking after the people's holistic needs at the end of their life. Staff received training on this approach. The National Gold Standards Framework (GSF) is the leading national provider of quality improvement, accredited and evidence based end of life care training for frontline health and social care staff in the UK. Their training programme aims to enable the team to provide a gold standard of care for people nearing end of life.
- People had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- The registered manager had organised meetings with every relative to gain information about people's end of life wishes and preferences.

## Is the service well-led?

### Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered manager and provider were committed to promote the provision of high-quality, person-centred care. There was a positive, welcoming and inclusive culture within the service which was driven by the registered manager. The registered manager and provider were keen to achieve good outcomes for people.
- Staff were very positive about the management team. One staff member said, "We have just lost two seniors due to maternity leave but all the seniors are really good and support us really well."
- The registered manager was supported by a deputy manager and nine senior care team leaders. There was a 24 hour on call system shared by the management team to provide support at all times for staff and people that used the service. It was clear the management team strived to provide good quality, person centred care to people within the service.

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

- A range of quality checks were carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. Records showed these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly.
- A service improvement plan was in place and all actions from audits, complaints, accidents and incidents were recorded into this plan. This meant the provider could monitor actions met were robust and met desired outcomes and timescales.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held and all aspects of the service were discussed, for example people's care needs, rotas, safeguarding and health and safety. Staff told us they felt these were a useful opportunity to give feedback on how things were going or raise any concerns they may have.
- Satisfaction surveys were undertaken annually for people who used the service and relatives.

Continuous learning and improving care:

- The registered manager and deputy manager attended meetings every quarter where a number of guest speakers who were invited to speak on various topics to keep them updated with best practice.
- The provider recognised staff achievements through events such as 'Heart of Gold awards' where staff were celebrated and rewarded for going the extra mile.
- The provider held 'insight day' events for staff information so they could continue to inspire them and promote competent and caring practices. Insight days were held four times a year to provide staff with an interactive day designed to demonstrate and reinforce the providers approach to care.

Working in partnership with others:

- The service worked in partnership with other organisations to make sure staff followed current practice. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists, adult care services, the mental health team, GP's and district nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.