

Pathways Care Group Limited

Honeysuckle Farm

Inspection report

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27 September 2017

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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

We inspected Honeysuckle Farm on 26 & 27 September 2017. The first day of the visit was unannounced. This meant that the staff and the provider did not know that we would be visiting. The second day of our visit was announced.

Honeysuckle Farm is a care home located in Newtown Unthank, Leicestershire. It provides support for up to 15 people who have a learning disability. At the time of our inspection there were 15 people living the home, two of whom were in hospital. At the last inspection in October 2015, the service was rated Good. At this inspection we found that the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People on the whole told us they felt safe living at Honeysuckle Farm. Relatives we spoke with agreed that people were safe living there. Staff understood their responsibilities for keeping people safe. They were aware of what to look out for and what to do, if they suspected that someone was at risk of harm.

Risks associated with people's care and support had been assessed and reviewed on a regular basis. Robust processes were followed when new members of staff had been recruited. This was to make sure they were suitable and safe to work there. People received their medicines as prescribed and there were appropriate systems in place to audit the management of medicines.

The staff team were suitably trained and supported by the management team through supervisions, appraisals and staff meetings. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This made sure that people's human rights were protected.

People were supported to access relevant healthcare services. Nutritional assessments had been carried out and people were supported to maintain a healthy, balanced diet. People were fully involved in the development of the menus that were in place and these catered for people's personal preferences.

The staff team were caring and kind and treated people with respect. People's independence was promoted and they were supported to make choices with regard to their care and support.

Plans of care had been developed and the staff team knew the needs of the people they were supporting well.

People were regularly reminded of what to do if they had a concern of any kind and the provider's complaints process was displayed for people's information.

Staff members felt supported by the registered manager and the management team. They had been given the opportunity to meet with them on a regular basis and felt able to speak with them if they had any suggestions or concerns of any kind.

People's views of the service were sought. This was through informal chats and meetings. Surveys had also been used to get gather people's thoughts and suggestions of how the service could be improved. Systems were in place to monitor the quality of the service being 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 effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains good.

Honeysuckle Farm

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 26 and 27 September 2017. The first day of our visit was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information that we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

We were able to speak with six of the people living there and four relatives of other people living there. We also spoke with the registered manager, deputy manager and five care workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine

administration records. We looked at records of meetings, recruitment checks carried out on two care workers and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

People on the whole felt safe living at Honeysuckle farm and felt safe with the staff team who supported them. One person told us, "I am safe, there is nothing that I am worried about." One person told us they didn't always feel safe because of their mobility. We shared this with the registered manager for their information. They met with the person following our visit to address their concerns.

Relatives we spoke with agreed that their relatives were safe living there. One explained, "[Relative] is totally safe here. We just love knowing she is here."

The management team knew the actions they needed to take to keep people safe. They knew the procedure to follow when a safeguarding concern was raised. This included referring it to the safeguarding authority and CQC. The staff team were aware of their responsibilities for keeping people safe from harm. Training in the safeguarding of adults had been completed and they knew the process to follow if they were worried about someone. One staff member told us, "I would tell the manager, she would listen and act." Another explained, "I would report it to the manager, or the deputy, or the person on call if they weren't there. There is always someone available."

The risks associated with people's care and support had been assessed. This ensured that as far as possible, risks to people's health and welfare were minimised and they were kept safe from avoidable harm. Risks assessed included those associated with people's mobility, their eating and drinking and behaviours that could be a challenge to others. The assessments identified the action the staff team were to take to reduce the risks and these had been reviewed.

A robust recruitment process meant that as far as possible, only suitable people were employed. References were obtained and a check with the Disclosure and Barring Scheme (DBS) was completed. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. There were suitable numbers of staff effectively deployed each day to meet people's care and support needs.

People received their medicines in a safe way and as prescribed by their GP. There was an appropriate system in place for the receipt and return of people's medicines and regular audits were undertaken. This was to make sure they were handled in line with the provider's policies and procedures. Medicines were being stored appropriately and stocks were checked to make sure they were correct and in line with the medicine administration records. The management team checked the staff team's competency on an annual basis to make sure they continued to offer people their medicines in a safe way.

The premises were well maintained. Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used. This made sure people's safety was being maintained. Work to enhance the bathrooms in the property had recently been given the go ahead which would greatly improve this area of the service.

An up to date fire risk assessment was in place and regular fire drills had been carried out. This made sure that the staff team knew their responsibilities in the event of a fire. Personal emergency evacuation plans had been completed. These showed the staff team how each person using the service were to be assisted in the event of an emergency and a business continuity plan was also in place.

Is the service effective?

Our findings

People received care and support from a staff team who knew them well. A relative told us, "They know [relative] well, her needs both emotionally and physically are being met."

The staff team had received an induction into the service when they first started working there. This included going through the provider's policies and procedures and the completion of the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. New staff members were also given the time they needed to learn about the needs of the people using the service. One staff member told us, "I worked alongside someone and they showed me what to do. I am just doing the Care Certificate now."

Appropriate training had been provided. This included training in the safeguarding of adults, falls, health and safety and food hygiene. This meant the staff team could support the people using the service effectively. One staff member explained, "I have completed moving and handling training and safeguarding and I'm doing my Care Certificate now. The training is really good." Support had been provided through supervision and appraisals and staff meetings had taken place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's plans of care contained assessments of their capacity to make decisions for themselves and consent to their care. We did note however that not all had been dated when completed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was working within the principles of the MCA. The majority of the staff team had received training in the MCA and DoLS and they understood their responsibilities around this.

People were supported to make choices about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to attend a social activity and what to eat and drink. A staff member told us, "It's about asking them, giving them a choice and respecting that."

People were supported to maintain a healthy balanced diet and were fully involved in the planning of their meals. People's likes and dislikes with regard to food and drink were explored and the staff team were knowledgeable about these. People's personal preferences were catered for.

The staff team were vigilant to changes in people's health and when concerns had been raised, input from relevant healthcare professionals had been sought in a timely manner. We did note in one person's records that they had seen their GP and a request for a blood test and medicine review had been requested. There

were no records to demonstrate that staff had acted on this request. The registered manager contacted the surgery immediately and identified that whilst the medicine review had been carried out the blood test had not been requested. This was immediately addressed with a blood test being booked within the week.

Is the service caring?

Our findings

People received care from a dedicated and caring staff team. People we spoke with told us the staff team at Honeysuckle Farm were kind and caring and they looked after them well. One person told us, "The staff are alright." Relatives we spoke with agreed with what they told us and felt the staff team were kind and respectful. One relative told us, "They [staff team] give [relative] a lot of autonomy and make sure her emotional needs are met."

People were supported in a caring manner. The staff team had a good understanding of people's needs and support was provided in a relaxed and good-humoured way. Good relationships had been built between the people using the service and the staff team. People were supported to make decisions on a daily basis and when decisions were made, these were respected by the staff team. People were relaxed in the company of staff and clearly felt comfortable in their presence.

The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about their past history, their personal preferences and their likes and dislikes. Each person had a person centred plan. These included information such as; how the person communicated, their family and significant events in their lives. This information enabled staff to better understand people's backgrounds and interact in a more meaningful way with them. A staff member told us, "When I first started, I had to read all the care plans. I'm glad I did as it gave me a really good perspective of everyone's needs." People were supported by a keyworker. A keyworker is an identified member of staff who provides additional support over and above that of the staff team. One person told us, "Yes I know my support worker but I can't remember her name."

The staff team gave us examples of how they preserved people's dignity when supporting them. One explained, "I make sure the door is closed and I explain to them what I am going to do and offer them the chance to do things for themselves if they can." In 2016 the staff team had been awarded the dignity in care award from the local authority and a number of the staff team had been trained to be dignity champions.

People were given information in ways that were easy for them to understand. We saw information was available around the service and this had been presented using words and pictures.

People were supported to be as independent as possible and were supported to be involved in the service. People were encouraged to personalise their own bedrooms. This included choosing the decoration and furniture. Each room was very different and had lots of personal items and photographs. People were able to choose where to spend their time. This was either in the comfort of their own room or in one of the communal areas which were all relaxing and homely spaces.

We saw whenever possible, people had been involved in making day to day decisions about their care and support. For people who were unable to do this, either by themselves or with the support of a family member or friend, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "You can visit any time, we have always found them [staff team] very approachable."

Is the service responsive?

Our findings

People had been involved in the planning of their care with the support of their relatives. A relative explained, "There was a lot of communication and consultation and we were very much involved."

The registered manager confirmed that they always visited people interested in living at the service before they moved in and relevant information was obtained from their relatives and other support agencies involved in their care and support. This was so the person's care and support needs could be assessed and the registered manager could satisfy themselves that the staff team at Honeysuckle Farm could meet those needs. From the initial assessment process plans of care had been developed.

We looked at two people's plans of care. They were detailed and recorded the care and support that people wanted and included their individual preferences. People's interests and likes and dislikes had also been explored and included. Comprehensive person centred plans had been developed with them and these included what they liked to do. The registered manager had previously received an award from the local authority for demonstrating a commitment to developing 'exceptional personal centred plans'. The plans of care showed the staff team how to support people in the way they preferred.

We were told that people's plans of care were normally reviewed on a monthly basis by the registered manager or deputy manager and people were involved if they wanted to be. The plans of care we looked at had on the whole been reviewed regularly, though we did note that neither had been reviewed between May and August 2017. Annual reviews involving the people using the service, their social workers and members of the staff team had been carried out.

People were able to participate in activities that they enjoyed and they were strongly encouraged to follow their interests. The service had the use of three vehicles including a tailgated minibus, enabling the people using the service regular access to social activities. On the day of our visit a number people were taken shopping and to other social activities of their choice. One person was going on holiday with their relatives. A member of the staff team drove them to their holiday destination and then arranged to collect them when their holiday had ended. The staff team were extremely flexible and responsive to meeting people's social care needs.

People's social needs were met through outings to places of interest people wanted to see. A boat trip was to be enjoyed on 4 October 2017 and a holiday to York had been organised for November 2017. A care worker ran a drama class every Wednesday. At the time of our inspection people were rehearsing a production of Camelot which they were going to perform at a local village hall in December 2017. Honeysuckle Farm's got talent was also being rehearsed, to be performed later in the year.

The staff team were very responsive to people's needs and worked flexibly to support people to access enjoyable pastimes. We saw examples of staff going above and beyond what was expected of them as a care worker. For example, two people had been taken on a trip to the seaside in staffs own time. Another staff member had escorted a person to a family wedding in their own time and at no cost to the family. Another

staff member had stayed two days and overnight when a person was admitted to a day ward at the local hospital. All of these examples showed us how the staff team were committed to supporting the people using the service.

The provider's complaints process, which was available in picture form, was displayed and people knew what to do if they were unhappy about something. A relative told us, "I know that I can approach the Manager if I am unhappy about anything or if I have any concerns about my [relative]."

Is the service well-led?

Our findings

There was a registered manager in post. During our visit we saw them chatting with the people using the service and the staff team and we saw them supporting people with their daily lives. Relatives told us the management and staff team were approachable and always available to speak with. One explained, "[Registered manager] is always at the end of the phone." Another told us, "Staff are helpful and I am consulted when I need to be consulted."

Staff members felt supported by the management team and told us there was always someone they could talk to if needed. One explained, "[Registered manager] is very good, very approachable. Any issues or problems you have, you can talk to her about them." Another explained, "I feel supported. We have appraisals and we are free to say whatever we think. She [registered manager] is very supportive and is there to make sure the residents are taken care of."

Meetings for the people using the service were held, though not on a regular basis. The registered manager explained these were held as and when required. At the last meeting held in September 2017 topics discussed included respect and dignity and how this affected people living at Honeysuckle Farm and activities to attend during their holiday arranged for November 2017. At the previous meeting held in July 2017, people were asked if they were happy with how they were offered their medicines, how they were supported to get up and if they were happy with the choices at meal times. People stated they were. The fire drill was also discussed.

Staff meetings had also taken place. These provided the staff team with the opportunity to discuss any issues and share their thoughts of the service provided.

Surveys were used to gather people's thoughts on the service. The results of the latest surveys completed between June and September 2017 were completed positively with everyone who took part confirming they were happy with the service provided. A health care professional commented, "The care home is by far the best home I have been to. I would recommend this home to anyone." A staff member commented, "I really enjoy taking people out and doing activities with them for their entertainment, their needs are always thought about."

Monitoring systems were in place to check the quality and safety of the service being provided. Audits were being carried out on a weekly and monthly basis. These covered areas such as medicines management, incidents and accidents, people's personal finances and the environment. The provider also visited regularly to monitor the service provided.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. We saw that the ratings poster from the previous inspection had been displayed. The display of the poster is required by us to ensure the provider is open and transparent with the people using the

service, their relatives and visitors.