Ms Jennifer Jonas

Honeysuckle Cottage

Inspection report

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Date of inspection visit:
02 June 2017

Date of publication:
10 July 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 2 June 2017 and was announced in advance.

Honeysuckle Cottage is one of eight small services operated by the provider which provide support and accommodation for people living with a learning disability. The service can accommodate up to four people. At the time of this inspection four people were living in the home.

There was no registered manager in post at the time of this inspection. 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.

At our previous inspection in June 2016 we found that the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 which related to the safety of care and treatment. At this June 2017 inspection we found that improvements had been made and that robust systems were in place relating to medicines management and environmental risk assessments. Consequently, the provider was no longer in breach of this regulation.

People living in the home were safe. Staff understood what the risks were to each individual and plans were in place to eliminate or reduce any risks as far as possible. There was enough staff to meet people's needs and provide them with person-centred care. Medicines were safely managed and people received them as prescribed.

Staff received training to ensure that they could provide effective and appropriate care and support to people. Assessments of people's capacity to make their own decisions about their care had been completed and their rights were protected. People's healthcare needs were well managed.

Staff were caring and friendly and had developed good relationships with people living in the home. Staff were responsive to people's needs and helped them maintain as much independence as possible. People were supported to make their own decisions about how they spent their time in and outside of the home. They were encouraged to maintain and develop appropriate social contacts.

The service had been without a registered manager for over 18 months and had seen four changes of manager since the last registered manager had been in post. The provider needed to ensure that post holders applied for registration when they took up their role.

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.

People received their medicines when they needed them and medicines management arrangements in place were safe.

Risks to people's welfare were identified and acted upon to help keep people safe.

There was enough staff to meet people's needs and support them to have a good standard of life.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support.

Staff understood and applied the principles of the Mental Capacity Act 2005 when supporting people.

People had access to a wide range of health care professionals and were supported to attend health appointments.

Is the service caring?

Good

The service was caring.

Staff were friendly and respectful to people and knew the people they cared for well.

People's privacy and dignity was respected, as was their right to make their own decisions.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned in accordance with people's wishes.

The service had procedures in place to address complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had been no registered manager at the service for over 18 months.

Auditing systems were robust and identified where improvements were required.

Honeysuckle Cottage

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 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.

This inspection took place on 2 June 2017 and was announced. The provider was given 24 hours' notice because the location provides care and support for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Prior to this inspection we liaised with the local authority and reviewed information held about the service. We reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During this inspection we spoke with three people living in the home and relatives of one person. We also spoke with two staff members, the manager and the operations manager.

We made general observations of the care and support people received at the service. We looked at the medication records of two people living in the home and care records for two people. We viewed records relating to staff recruitment as well as staff training records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection in June 2016 identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the management of people's medicines and risks in relation to the environment. This June 2017 inspection found that improvements had been made.

People's medicine administration record (MAR) charts showed that people received their medicines as prescribed. Entries had been made by staff to confirm that on each occasion a person's medicine became due that the person had received it. Cream administration charts showed that people were supported to apply creams or had creams applied when necessary to alleviate or prevent skin conditions. There were sufficient stocks of people's medicines and creams in the home. We checked a sample of stock levels of people's medicines against records and found no discrepancies.

Medicines were secured in people's rooms and temperatures were recorded to ensure that they were stored within a suitable temperature range. One person required a specific medicine to be routinely administered within a defined timescale. Staff understood the importance of this so that the beneficial effect from the medicine the person received did not wear off. We were satisfied that suitable arrangements were in place to ensure that people received their medicines as prescribed.

Risks associated with the environment were up to date. Personal evacuation plans were in place for each of the four people living in the home.

These findings meant that the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to individuals were identified and planned for. These were wide ranging and focused on risks specific to each individual. For example, some people had a preoccupation with drinks. We saw that staff ensured that they did not drink too much too regularly. The frequency of drinks was recorded and monitored. We saw that staff implemented the necessary actions from risk assessments to help ensure that people were safe. Guidance had been sought from a psychologist in respect of one person who was experiencing an unsettling period in their life. We saw the advice that had been given and the strategies in place to help the person express themselves in a safe way.

Staff understood their obligations to report safeguarding concerns and to protect people from harm. They were aware of the scope of concerns that could indicate that someone was at risk of abuse. They knew what actions to take and which external agencies concerns needed to be reported to. The provider had a clear policy and procedure in place for safeguarding which the staff were familiar with.

There was enough staff available to meet people's physical needs and to ensure that they received a good level of emotional and social support. The manager told us that staff were flexible and were able to work additional shifts on occasion if necessary. The manager was also willing to cover extra shifts.

We reviewed the recruitment records for two staff members. The system in place was robust and helped minimise the recruitment of staff unsuitable to their role as far as was possible. References were obtained and criminal records checks made before staff members commenced duties.

Good

Is the service effective?

Our findings

Staff had the necessary skills to support people living in the home. The provider had an induction programme that enabled and supported new staff members to familiarise themselves with the people living in the home and how the service operated.

Staff received suitable training and support to provide care that met people's needs. Records showed that most staff training was up to date. One staff member's medicines training needed refreshing. We were advised that this was underway a few days after we completed our inspection. The manager told us they planned to implement a medicines competency testing process to help provide assurance on staff practice.

The provider had a mandatory training programme which included training on managing behaviour that some people could find challenging and autism awareness. If people living in the home had specific support needs that required additional training for staff, this was provided. For example, training in epilepsy and diabetes could be provided if necessary. Staff had received specific guidance in to support one person who was experiencing a difficult period in their life. The training provided a context for the person's concerns which helped staff to better understand the person's perspective and what approaches might support them more effectively.

Most staff had last received formal supervision in October 2016. The manager had been in post less than a month at the time of our inspection. They told us that they had needed to get to know the people living in the home and the staff before scheduling staff supervisions. These had been planned for in coming months. Staff told us that they were well supported by colleagues, the manager, operations manager and the provider. One staff member told us, "We don't need to wait for a proper supervision. Any support we need has always been available for us."

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

Mental capacity assessments had been completed to determine whether people had capacity to consent to different aspects of their care, for example the administration of their medicines. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests. Where decisions had been made in a person's best interests it was clear who had been involved in making the decision. During our inspection we observed that staff sought people's permission before providing them with any care or

support. People living in the home were generally able to make their own decisions. DoLS applications had not been required in respect of any of the four people living in the home.

Staff ensured that people had enough to eat and drink. One person was at risk of choking and needed staff to be present when they were eating. Staff had meals with people which enabled them to discreetly observe the person during meals whilst fostering a homely environment at the same time. People were involved in choosing what meals to have. Some participated in preparing and cooking food with staff. Staff were mindful that some people tended to prefer to have the same meals repeatedly and encouraged people to have something different to ensure that people had a varied nutritional intake.

We saw that people received the support they required from health care professionals. Records kept showed when people had upcoming appointments and showed the outcomes of previous appointments and what actions staff needed to take as a result to support people to maintain good health. People were assisted to attend appointments when needed. We saw that people benefited from the support of a wide range of health and social care professionals. Their advice and guidance was sought and utilised by staff in order to help meet people's needs effectively.

Good

Is the service caring?

Our findings

We saw that staff were caring and friendly and people were comfortable in their company and confident to approach staff with their views or requests. One person told us that staff were very good and were always around. Some staff members shared the person's interest in certain television programmes and they enjoyed and discussed them together.

Staff engaged positively with people living in the home. A member of staff commented, "I love my job. It's so rewarding to come in here be able to put a smile on someone's face when I come to work." Another staff member had left the service but had returned when a post became vacant with shifts that better suited them. "I was so pleased to come back. It's so nice here; we all have a lot of laughs together."

A relative we spoke with told us, "Staff care for [family member] well. They seem to enjoy themselves at Honeysuckle Cottage and there's a good atmosphere in the home."

We saw and heard staff interact with people in a caring, kind and friendly manner, whilst ensuring that professional boundaries were maintained. When necessary they gently prompted people in a way that they understood about the need for them to maintain acceptable boundaries with others.

One person had their own self- contained flat within the premises. When they were out this was locked. When they were in sometimes they left their lounge door open which meant that other people would occasionally go in without checking with the person that this was okay. Staff supported the person's privacy by reminding people going in to the flat that they should be checking with the person first.

Staff sat down with people when they spoke with them and involved them in things they were doing. One staff member was about to hang out some washing and explained to one person who liked doing jobs around the home that they could do with their help. This request helped the person to feel that they had a responsible role and their assistance was valued.

People's records and personal information was kept in the office. Medicines were kept safely in people's rooms and administered to them there. This helped promote their privacy and dignity.

Our conversations with the manager and staff showed they had a good knowledge and understanding of the people they were supporting. Staff were able to tell us about the personal preferences of people they were supporting as well as details of their life histories. This information matched with people's records. Staff were well acquainted with people's habits and daily routines.

We saw that staff supported people to make choices in their daily lives in areas such as personal care, what clothes to wear and what to eat. They were mindful to check whether people wanted to do things they usually did, rather than assume that they would always want to do something based on their previous choices.

They understood people's emotional state and moods and told us what situations could result in anxieties for people. They explained how they dealt with this in a sensitive manner to help people avoid and alleviate anxieties where possible.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us that staff were always available and we saw that people received support and assistance when they needed it. On the day of our inspection one person had taken delivery of a new mobility aid. Staff took considerable time in adjusting it to the person's requirements and accompanied them whilst they familiarised themselves with it. Another person wanted to write to request something from the provider and staff had supported them to write their letter.

People's physical and emotional support requirements had been assessed prior to them joining the service to determine whether the service would be able to meet the person's needs. People's care records reflected their views and preferences about how they wished to be supported and how they liked to live their life.

Clear and detailed information was provided to assist staff to provide effective support to people. For example, one person's records showed that they could misinterpret situations and as a result become quite distressed. Staff were required to be clear and factual when speaking with the person to help avoid misunderstandings.

People's care records were reviewed on a regular basis and monthly summaries produced. These summaries detailed specific events in the month related to the person's physical and emotional health, activities and interests and reflected the person's views on these matters. When appropriate care plans were updated.

Staff understood people's preferences and their personalities. They were able to tell us how they supported people to achieve the best outcome for their welfare, for example how best to encourage them to eat a balanced diet or take their medicines.

People were assisted and encouraged to participate in their own interests both inside the home and outside in the community. Some people preferred to spend most of their time in the home but others liked to get out and about as well. One person had requested to do a computer course and return to a day centre that they had previously belonged to. Staff were looking into how to fulfil these requests. A holiday was being planned for two people who had expressed a wish for a holiday. A wide range of activities were available for people to participate in if they wished.

One person told us that they would be comfortable to raise any complaints about the service they received with staff or the manager. Other people were not able to tell us in detail about how they would make a complaint. However, we saw that they readily approached staff with any requests. Staff told us that if a person wanted to make a complaint they would support them to do so and would documenting the compliant on their behalf as well as informing the manager. A relative told us that they would be confident in making a complaint if they needed to and felt that it would be responded to appropriately.

There was a complaints policy and procedure in place. Information about how to make a complaint was available to people and their visitors in a written and an easy read format in a communal area of the home.

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager in post for over 18 months. In this period the provider had recruited three managers. The manager in post at the time of this June 2017 inspection had been recently recruited. They told us that they had commenced the registration process. The operations manager had been a stabilising factor in the last 18 months and had ensured that relevant statutory notifications and referrals had been made to the local authority and CQC at all times. The provider had not always ensured that managers applied for registration promptly upon commencing their role. This had resulted in a long period of time where the service had not had a registered manager in place. A relative told us, "All the managers have been lovely but they don't seem to stay."

Staff we spoke with were supportive of the new manager. One staff member told us the manager was, "…a breath of fresh air." Another staff member told us, "I really feel that I can count on them."
The provider's head office was located adjacent to the home so the operations manager was often available. The operations manager was in regular contact with the provider and communications from senior managers were clear and consistent.

Staff understood their roles and were appreciative of the support they received from their colleagues. One staff member told us that any queries they raised within the organisation were responded appropriately. Team work was good and staff were passionate and proud about providing a good standard of life for the people they supported.

The provider had a good system to monitor the quality of the service they provided. The operations manager regularly reviewed the systems in place. Where they had identified room for further improvement changes to practices and procedures were made. For example, the organisation was looking to change their nutritional risk assessment tool and the operations manager was preparing staff training on this prior to implementation.

A wide range of checks and audits were in place which included a range of health and safety audits to audits of people's medicines. These checks identified when remedial actions were required, who was responsible to rectify the concern and when this was to be completed by.

People were involved in the running of the service. We saw that meetings were
held monthly for people living in the home and that people expressed their views. During our inspection we saw that staff were open to people's suggestions and requests and that, where practicable, these were acted upon. A relative we spoke with told us that their opinions of the care their family member received were sought. They felt that the service would benefit from an answering machine so they could leave a message when people and staff were out.

Regular staff meetings had been held and these were used to inform staff of any concerns, complaints or changes to the service and also as an opportunity for staff to share and discuss ideas.