Trustees of Honeywood House

Honeywood House Nursing Home

Inspection report

Honeywood House
Rowhook
Horsham
West Sussex
RH12 3QD

Tel: 01306627389

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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

The inspection took place on the 24 October 2017 and was unannounced.

Honeywood House Nursing home is situated outside the village of Rowhook. The home is a converted 18th century mansion house standing in acres of park and woodland. It offers personal and nursing care to 25 older people, some of whom live with dementia. At the time of our visit there were 23 people living at the home.

At the last inspection on 26 August 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us "I keep my door open at night. I am safe here because there are always staff on hand to call on if I need something and other people don't wander into my room, I am settled and happy here, safe in every respect".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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 was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's individual needs continued to be assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People and their relatives felt staff remained skilled to meet the needs of people and provide effective care. One person told us "I think the staff are well trained to help me, they do things properly. When they are helping me and we are chatting they're always talking about doing training for different things. They seem to keep up to date".

Staff felt fully supported by the management team to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received. One member of staff told us "We get regular meetings and supervision. We can discuss anything we want to, I think it is a good thing".

People and relatives continued to find staff to be kind and caring and the care they received was good. Comments included "The staff are amazing and so considerate, they have a very positive attitude and very supportive" and "All of them are very caring and so, so kind and thoughtful.

People, staff and relatives found the registered manager and management team approachable and professional. One person told us "I see the manager all the time, she's always in and out saying hello to me. She's really nice, they all are. I think they are a good home and do a good job. It's a quiet, well run, happy home" A member of staff told us "The management is very good and understands the needs of the residents and staff"

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? The service is now Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Honeywood House Nursing Home

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.

The service was last inspected on 26 August 2015 where we found medicines were not managed correctly or safely. Improvements were needed to be made in relation to the accurate completion of medicine administration records. At this inspection we found improvements had been made.

This inspection took place on 24 October 2017 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection was an expert in care for older people.
On this occasion we had not asked the provider to complete a 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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to nine people, three relatives, four care staff, a head of housekeeping, the chef, deputy manager and the general manager. We spent time observing how people were cared for as well as their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files,

compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

At the last inspection we found that Honeywood House Nursing Home was not always safe. People received their medicines safely and medicines were obtained, stored and disposed of appropriately. However improvements were needed in relation to the accurate completion of medicine administration records. At this inspection it was evident that improvements had been made.

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine room. The registered nurses had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse who knew people well. They took time to ensure that the correct medicine was administered to the correct person. The registered nurse then completed the person's medication administration records (MAR) chart correctly. They explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. They undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded and if not administered that the reason for this had been recorded and addressed. The registered nurse explained that any concerns were raised with the registered manager. People we spoke with about medicines all told us their medicines were delivered on time in a professional manner by a nurse on duty.

People told us they felt safe at the home. One person told us "I keep my door open at night. I am safe here because there are always staff on hand to call on if I need something and other people don't wander into my room, I am settled and happy here, safe in every respect". A relative told us "I feel my relative is safe here. They have deteriorated since being here, but that's just progression of the illness. I realised it had reached the point where they needed 24 hour care and I couldn't do that anymore. There are always staff around and I visit most every day. I've never seen anything that has caused me the slightest concern".

People and relatives felt there was enough staff to meet their needs. One person told us "There are staff whenever you need them, day or night. Only have to press my bell and they are there". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. A member of staff told us "Staffing levels are good here, we have enough time to interact with people". The deputy manager told us that when short staffed due to holidays or sickness they did use agency staff. They said "We do use agency staff only when needed. We use the same agency for continuity and ensure they are trained and updated on residents". We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us

"There could be a change in behaviour, physical signs or weight loss. I would go straight to the manager". Another member of staff said "We have had training in safeguarding. I would go to the nurse in charge".

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

Risk assessments remained in place and each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for people. This is a tool to assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. Staff told us that they were aware of the individual risks associated with each person and found the care plans to be detailed.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Regular checks and audits had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. On the day of the inspection we observed a member of staff performing a fire alarm test and also checking the water temperatures in people's rooms to ensure they were correct.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "I think the staff are well trained to help me, they do things properly. When they are helping me and we are chatting they're always talking about doing training for different things. They seem to keep up to date". A relative said "Yes, the staff are definitely well trained. My relative has to be hoisted to get out of bed and has reached the stage where they can't interact much but even so they still talk to her as they do things for her and ask her if it's okay to do things for her. I don't think they always get a reply but at least it shows they are thinking about them as a person".

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and received training in this area. One member of staff told us "It is important to get people's consent on day to day decisions, like what to eat and what they would like to wear".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager and deputy manager understood when an application should be made and the process of submitting one. The deputy manager told us "We have weekly discussions around MCA and DoLs within staff in meetings. It is a big subject and it helps staff to understand the importance of it and the reasons why".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff records continued to show they were up to date with their essential training in topics such as moving and handling safeguarding and equality and diversity. The online training plan documented when training had been completed and when it would expire. One member of staff told us "We have lots of training. The dementia training has helped me to understand how people with dementia might feel. It was useful training". Nurses where offered regular training and updates to meet the needs of the people. We saw training planned for the next two months, including updates on diabetes care and wound care. Staff were knowledgeable and skilled in their role and this meant people were cared for by skilled staff who met their care needs.

Staff continued to have regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met

regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with said they felt they always had support and guidance from the management team. Staff spoke positively about supervisions and support they received from the management and commented on how they found they could ask questions freely. One member of staff told us "We get regular meetings and supervision. We can discuss anything we want to, I think it is a good thing".

We found the chef to be very knowledgeable on people's likes and dislikes regarding meals. Special diets were catered for, such as high calorie and pureed. Care records had risk assessments for malnutrition and weights were monitored regularly. A malnutrition universal screening tool (MUST) was used which assessed people's weight and identified anyone at risk from malnutrition. Daily records recorded how much people had eaten which included snacks where there was a risk of malnutrition. Staff described how food was made available throughout the day and the benefits of snacks when people were reluctant to eat. Food diaries and weight charts were maintained when people were at risk from malnutrition.

Food at the home continued to be both nutritious and appetising. We were told that if concerns were identified regarding weight, nutrition and diet then the person would be referred to a dietician. If someone had difficulty with eating solids the dietician could suggest a pureed diet. The home had some people who were on a pureed diet. People could choose their meals from the menu and alternatives were available daily if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms or the dining area. We observed lunch in the dining room and saw that it was an enjoyable and sociable occasion. Staff were attentive to people's needs and supported them when required. We also observed visiting relatives over the lunch period. There was no sense that they were in the way or any inconvenience. Staff made one relative a cup of tea and assisted their relative with their meal into the conservatory so they could enjoy their time together without being interrupted. People's comments around food included "There is always a few choices but they will do something different if you want it, anything you fancy. I enjoy the meals, it's always nicely presented. I've also got a drink all the time" and "I stay in my room for food. The staff have asked me if I would like to go to the dining room but I prefer my own company."

People continued to receive consistent support from specialist healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as a falls prevention team and speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us "I think the staff are fantastic, I can't speak highly enough of them. They can't do enough for you. If I want to see the doctor they arrange it, if there's anything I need they get it".

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us that staff were kind, respectful and caring. People's comments included "The staff are amazing and so considerate, they have a very positive attitude and very supportive" and "All of them are very caring and so, so kind and thoughtful". A relative said "It's been a difficult time for us as a family but the staff have been lovely. They're kind, to me too. They're very gentle with my relative and check on every aspect of their health. Because they are immobile they are at risk of pressure sores but there's never been anything like that".

The home had a calm and relaxed feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags close by and wore make up of their choice.

Peoples' differences continued to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity and could choose how they spent their time. There was also a dedicated hairdressing room which a visiting hairdresser used once a week. On the day of the inspection people told us the hairdresser was due and how they were looking forward to this. One person told us "I am having my hair done today, I like it done every week". We observed many people visiting the hairdresser on the day of the inspection and it was clear people enjoyed this. Diversity was respected with regard to peoples' religion and both care plans and activity records recorded this. Visitors from local churches for more than one faith visited people and held services for them.

Observations throughout the inspection were that staff had time to spend with people. They were kind and caring in their approach. When staff approached people we saw there was a warm supportive atmosphere in the home. We saw positive interactions and staff were observant and attentive. For example one person became agitated, a member of staff spoke with them and reassured them and asked what they would like to do and offered them assistance to their room. The member of staff ensured the person was comfortable and offered to get them a coffee and some biscuits and sat down and chatted with them. People looked relaxed and comfortable in the staff member's presence. We observed another member of staff tell a person "You look lovely today, have you just had your hair done?" .The member of staff then gently touched the person's arm and smiled at them and the person smiled back and thanked them

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. For example, we observed that pain relief was provided on request. People told us that they thought staff understood their health restrictions and frailty and were sensitive to this. One person told us "Oh the staff are good and look after me. Anything, just anything I need they will be there for me".

People were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Peoples' privacy was respected and consistently

maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One person told us "When I'm given a bath I couldn't ask for any more privacy and respect. They close the door and draw the curtains and make sure no one comes in. They look after me as I wish. I would tell them if not".

People were encouraged to be independent. It remained that staff had a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or into the garden. One person sitting in the main hall told us "It's lovely here, look at the fire place, nice and warm. When it's warm outside I like to go out into the grounds and see the birds and animals with the staff". People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. One person told us "I think they look after me very well, they answer the bell quickly if I ring. I've never had to complain but I would if I needed to. I would speak to the manager". Another person said "I've got everything I need. At night I'm glad I'm in here. I couldn't live alone at my age. If anything goes wrong there is always someone to hand. I have my buzzer at night."

We saw that staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us told us "There are male staff here but I don't want to be washed by a man and I've said so, so it doesn't happen". Staff told us that care plans remained detailed and gave them the guidance they need to continue to provide person centred care. One member of staff told us "The care plans are very detailed and hold all the information on the residents that we need. They are always updated".

Activities in the service continued to be provided most days of the week and were organised in line with people's personal preferences. Several people wished to continue with their faith and we saw that they were supported to do this. Activities were provided in the morning or in the afternoon. Staff told us, that everybody was given a choice around activities and we saw a varied range of activities on offer for example singing, exercises, arts and crafts. In the afternoon we observed a member of staff encouraging people to play skittles in the main hall. People were laughing and enjoying themselves, entering into discussions amongst each other. There were also planned clothing parties and external entertainers visiting on a regular basis. Displayed around the home were details of planned Christmas events, which included a visiting choir, pantomime and a Christmas fair. The provider had recently purchased a mini bus for the home to enable staff to take people out. The general manager told us "We now have the mini bus which is great. We can take people out to local garden centres and other local areas. We can decide on the day what people want to do and where they would like to go. It obviously depends on who is available on the day and people's health".

Staff had a good understanding on meeting people's individual needs and person centred care. One member of staff told us "Each person has individual needs, not everyone is the same. One person has their daily routine and if happy it remains that way". Another member of staff said "We have to treat people individually, we get to know what they like and some like to participate in activities and others do not. I read to one resident in their room as that is what they like to do".

Systems remained in place for people to raise complaints. The providers complaints policy and procedure was available to people and contained in the service user guide. People and their relatives told us they knew who they could speak to if they had any concerns and would feel confident they would be listened to. The complaints log showed that previous complaints had been investigated and resolved to the person's satisfaction. A relative told us "I've never had any concerns that my relative was receiving anything but the best possible care".

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out, providing the provider with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. For example people had commented on the size of the television in the communal lounge not being big enough. The registered manager had sourced a larger television to enable people to see. A suggestion box had also been introduced for staff to enable them to comment and make suggestions anonymously if required.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the way the home was managed and found the management team approachable and professional. People's comments included "I see the manager all the time, she's always in and out saying hello to me. She's really nice, they all are. I think they are a good home and do a good job. It's a quiet, well run, happy home", "The care is very good and all the staff are very kind. I think it's a well-run home and it's got a really nice family atmosphere". Relative's comments included "This home is excellent, it has good leadership. The manager is very approachable. They know me by name, and I would feel comfortable discussing anything with them. They are open and transparent, I am sure she's in the right place" and "If I wanted to speak to the manager I could, staff are so helpful. They are very busy but I would be able to talk to them if I was not happy about something".

The home had a registered manager. On the day of the inspection they were unavailable and we spoke with the deputy manager and general manager. 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.

People looked happy and relaxed throughout our time in the home. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. When asked why the service was well led, comments included "I think it is a friendly home. I would be happy for my mother to be here, people are well cared for", "We have a good manager and you can speak to management when needed", "The management is very good and understands the needs of the residents and staff" and "We get a lot of support here, defiantly feel valued. I am happy working here".

Quality assurance audits completed by the registered manager and management team were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. Care plans continued to be audited on a monthly basis. The audit monitored the completion of care records, evaluated the care delivered and monitored the completion of all supporting documentation such as food and fluid charts, observation records and activities. The feedback from the audit was delivered at staff meetings and at handover meetings if appropriate allowing for continuous review of service user records and care delivered. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Every three months questionnaires continued to be given to people to gain their views on the home. Any issues raised had been addressed. Staff meetings were held and the meeting minutes reflected information and updates had been passed onto staff as required.

Mechanisms were in place for the management team to keep up to date with changes in policy, legislation and best practice. The management team were fully supported by the provider and each other with up to date sector specific information which was also made available for staff. We saw that the service also liaised regularly with health professionals in order to share information and learning around local issues and best

practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The deputy manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.