

Pathways Care Group Limited

Honeysuckle Farm

Inspection report

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Date of inspection visit:
27 October 2022

Date of publication:
30 December 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Honeysuckle Farm is a residential care home providing accommodation and personal care to up to 15 people. The service specialises in providing support to people with learning disabilities and/or physical disabilities. The accommodation is on two floors with a passenger lift and stairs for access. At the time of or inspection 15 people were using the service.

People's experience of using this service and what we found

Right Support

People using the service had a good quality of life. They told us they were happy at the service and enjoyed the many activities provided. Relatives made positive comments about the service including: 'an outstanding home'; 'a happy atmosphere which evokes a sense of family and respect for others'; and 'The home is always clean, smells fresh, and is warm, and safe.' People were pleased to show us their personalised bedrooms and introduce us to their range of pets including a dog and some newly hatched baby ducklings. The service had its own day centre and full-time activities co-ordinator who worked with people to ensure they had lots to do at the service and in the community. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Right Care

The registered manager and staff ensured people had excellent access to healthcare services. A relative said, "[People's] needs are met to ensure they can live to their full potential physically, mentally, emotionally, medically and socially." A visiting healthcare professional said staff knew people's healthcare needs extremely well and this led to good outcomes regarding their health and wellbeing. Care plans were personalised, and people's rooms decorated to suit their individual preferences. Staff were caring and dedicated to the people they supported. A relative said, "Staff work exceedingly hard [and] really care about the residents and go out of their way to keep them safe, healthy and happy."

Right culture

Some improvements were needed to record keeping to ensure the records reflected the good-quality care and support provided. The culture of the service was warm and caring and the registered manager and staff valued the people they supported and knew them well. A staff member said, "When we go shopping the [registered] manager even knows all their [people's] shoe sizes." People, relatives, and visiting health and

social care professionals made many positive comments about the registered manager and her commitment to the people using the service. A healthcare professional said the registered manager was 'friendly and approachable' and praised their 'excellent leadership'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published on 11 March 2021).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety and staffing. A decision was made for us to inspect and examine those risks and to assess that the service is applying the principles of Right support right care right culture.

We also looked at infection prevention and control measures under the Safe and Well-led key questions. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-led findings below.

Honeysuckle Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of an inspector and an expert by experience. An expert by experience is a person with experience of using or caring for someone who uses this type of care service.

Service and service type

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

At the time of our inspection visit 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

We inspected this service unannounced on 27 October 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We spoke with four people using the service, three relatives, and a visiting health care professional. We also spoke with the registered manager, the deputy manager, two senior care workers, a care worker, and the activities co-ordinator.

We reviewed a range of records. This included care and medicines records, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some areas of the garden were potentially unsafe due to uneven surfaces, tripping hazards, and an unlocked shed containing garden tools.
- The registered manager said only one person used the garden independently and they were safe to do so. However, there was no risk assessment to show this. When we pointed this out the registered manager wrote a personalised risk assessment that addressed the person's safety needs.
- Most care plans and risk assessments were good quality and addressed people's needs for safe care and support, and other measures were in place to reduce risk at the service. For example, care plans and risk assessments for a person with limited vision gave clear instructions to staff on how to provide safe personal care and ensure the environment was uncluttered and free from risk. To enhance the person's safety the provider redecorated a corridor using lighter colours and fitted brighter lightbulbs. This made it easier for the person to get to their bedroom safely.
- Some people were at risk of choking and this was documented in their care plans and risk assessments. The registered manager involved the speech and language team [SALT] to assess these people and ensure their food was prepared at a safe consistency. In addition, two staff were present in the dining room at mealtimes to support those who were at risk of choking.

Learning lessons when things go wrong

- The service's accident/incident forms did not have an action section, so it was difficult to see what staff did in response to accidents/incidents without looking at people's daily notes. The registered manager said an action section would be added and staff told to complete it. This meant information about what happened following accidents/incidents would be readily available for analysis.
- Lesson were learnt after a person fell. The person was moved to a downstairs room to make it easier for staff to check on them regularly and ensure they were safe and had company. The person's care plans and risk assessments were also updated so staff knew how to support them in a safe way using appropriate aids and adaptations.
- The registered manager and the service's falls safety champion [a staff member with knowledge of falls prevention strategies] reviewed falls monthly and acted to prevent people falling again. For example, people were referred to the NHS falls prevention team and their care plans updated to ensure staff knew how to reduce the risk of them falling again.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the service was safe. Two people told us they liked living at Honeysuckle Farm and felt safe there. Another person said they would tell staff if they were unhappy about anything. A relative said they always left the service feeling their family member was in safe hands.

- The registered manager and staff understood their safeguarding responsibilities. They knew what to do if they had concerns about the wellbeing of any of the people using the service and who to report these to.
- If safeguarding concerns were reported, the registered manager worked with the local authority to resolve them, providing information and records as requested.

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 for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty, where necessary, with conditions being met.

Staffing levels and recruitment

- The service employed experienced and caring staff members who knew people well. A relative said staff were happy, staff turnover minimal, and some staff who had left returned to the service because it was such a good place to work. A relative said, "The quality of the staff and the low turnover speaks volumes about the atmosphere."
- The service had enough staff, day and night, to meet people's needs, socialise with them, and support them with activities on-site and in the wider community. People, relatives and staff confirmed this.
- Staffing hours were based on people's needs. They were recently increased after the registered manager identified more staff were needed first thing in the morning. The registered manager put a proposal to the provider who agreed the increase.
- The provider's recruitment department carried out pre-employment checks to ensure staff were suitable to work with people using the services. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- During a provider quality assurance visit in August 2022 the provider's representative identified that not everyone on 'as required' [PRN] medicines had a protocol in place to tell staff when these should be given. The registered manager addressed this, and the required protocols were in place.
- The service had improved how people's medicines were stored. The service had a new purpose-designed medicines room. This was secure and staff took room and fridge temperatures regularly to ensure medicines were stored at the correct temperature.
- Medicines care plans were personalised. For example, one person's stated how wanted their medicines administered, told staff to explain to them what each medicine was for, and noted, "Any changes in my medication must be discussed with me [the person]."
- A person had 'as required' (PRN) medicines for anxiety. Their medicines care plan instructed staff to use a

range of other methods to reduce the person's anxiety and only offer the medicine as a last resort. This was good practice and prevented the person being medicated unnecessarily.

Preventing and controlling infection

- The registered manager and staff worked closely with the local authority and the health authority to ensure they had the knowledge and resources they needed to keep people safe from infection.
- After a 2022 visit the local authority commended the service for 'high levels of cleanliness throughout the environment, with good IPC [infection prevention and control] practices, processes, and procedures in place.'
- Staff used personal protective equipment (PPE) to protect people and others from infection. Hand sanitisers were available throughout the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place to allow people to visit their relatives safely. Visitors wore appropriate PPE when in the service.

Visiting in care homes

- There were no restrictions on visiting and people's relatives and friends said they could come to the service at any time. They said the premises were always clean and staff had done a good job keeping people safe during the COVID-19 pandemic

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Although outcomes for people at the service were good, improvements were needed to governance systems to ensure shortfalls at the service were always identified and addressed by the provider and registered manager.
- There were gaps in some people's records, for example, weight and food and fluid charts. Although this was a recording issue, and there were no concerns about people's care, there were no clear and accurate records to show this. This meant the service could not always demonstrate care had been provided as planned.
- The provider's safeguarding procedure needed updating to make it clear that it is the responsibility of the local authority to investigate safeguarding, not the registered manager at the service. [Although the local authority may ask the registered manager to investigate.]
- Not all staff had completed their essential training and some staff member's training had expired. This was not identified in the provider's latest audit. The registered manager was aware of this shortfall and said they were addressing it as a priority.
- The registered manager had an excellent understanding of people's needs. A visiting health care professional told us, "I've never known another manager so involved, she sits in every meeting with residents and is knowledgeable about all their needs."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy at the service and led fulfilling lives. A person described their weekly activities to us including cookery, fitness, and social activities both onsite and in the local community. Other people told us about the regular shopping trips and pub visits they enjoyed. The service had a full-time activities co-ordinator and its own day centre which people said they liked going to.
- Staff valued the people they supported and interacted with them in a warm and caring manner. The atmosphere at the service was calm and friendly. A relative said the service was homely and staff treated people with dignity.
- Some people had made Honeysuckle Farm their home for life and wished to stay there indefinitely. Others had moved onto supported living or other services and some of them still visited the service to keep in touch with people and staff. One person was preparing to leave the service and live independently and staff were supporting them to gain the skills they needed to do this successfully.
- The registered manager and deputy did care shifts at the service to understand people's needs better and

support the staff they saw less often, for example night staff and weekend staff. This enabled them to have a good overview of the service and to work alongside people and staff and see the service from their perspective.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirement to be open and honest if anything went wrong at the service. They submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.
- Relatives trusted the registered manager and staff to address any concerns they might have about the service. They said any issues raised were addressed and dealt with immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service's annual survey was recently sent to relatives. Initial responses [four were received at the time of our inspection] showed 100% of respondents thought Honeysuckle Farm provided a good service and that any issues raised would always be dealt with appropriately. A relative said, "My relative and all the residents are cared for with love, kindness, empathy and patience."
- The registered manager communicated with all the people using the service every day to check on their wellbeing and ensure they were receiving good quality care and support. Relatives said they could speak with the registered manager any time in person or by phone and their views were always respected and listened to.
- Day and night staff had regular meetings with the registered manager and deputy manager. Minutes showed staff raising issues and the registered manager addressing them.

Continuous learning and improving care

- Since we last inspected, the provider has improved the premises, creating a new patio area, employed a full-time activities co-ordinator, and increased staffing levels.
- The service successfully met the challenges COVID-19. Staff worked in innovative ways to ensure people's safety and keep them in contact with their relatives. This registered manager said the pandemic was a learning experience for staff who had to rapidly adapt their ways of working to protect people from infection and keep the service running throughout.

Working in partnership with others

- Records showed staff worked closely with a range of health and social care professionals to ensure people's health and social care needs were met. These included district nurses, health protection teams, infection control teams, speech and language therapists (SALT), falls teams, occupational therapists, social workers, GPs, and the DoLS (deprivation of liberty) team.
- A visiting health care professional gave us examples of staff promoting people's health and advocating for them to ensure their healthcare needs were met. Other health and social care professionals had written positive comments about the service in the service's compliments book.
- If people went into hospital staff stayed with them, where necessary, to support them during their stay.
- The service set up a 'vaccination station' to assist two health care professionals when they visited the service to administer people's autumn flu and COVID-19 booster jabs. This ensured vaccinations went smoothly and the health care professionals could work quickly and efficiently.