

Accomplish Group Limited

Honeybrook House

Inspection report

Honeybrook Lane
Kidderminster
Worcestershire
DY11 5QS

Tel: 01562748109
Website: www.accomplish-group.co.uk

Date of inspection visit:
05 December 2019
06 December 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

Honeybrook House is a residential care home providing accommodation and personal care to 10 people at the time of the inspection. The service is registered to support up to 10 people with learning disabilities or autistic spectrum disorder.

Honeybrook House is large Georgian property with extensive grounds with three large communal rooms and bedrooms which are all en-suite.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no signs outside to indicate it was a care home, and staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People's risks were assessed, and the management team were reviewing these to ensure staff had effective guidance. People received their medicines regularly, however, systems to provide guidance to staff about topical creams and as and when medicines were not always in place. There were communal areas that needed updating to improve infection control, and regular checks were needed to ensure people were not at risk from infection. People were supported by staff who knew how to keep them safe from abuse. The registered manager ensured there were sufficient staff available to meet people's needs through use of regular agency. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

The management team had identified areas of improvement however the provider had not ensured there were sufficient staff resources available to complete the improvements in a timely way. The culture promoted at the home was open and approachable. The staff at the home had achieved accreditation in relation to a national autism standard.

People's needs were assessed and delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed their meal time experience. 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; the policies and systems in the service supported this practice.

People were cared for by staff who were caring. The atmosphere within the home was friendly and welcoming and staff were considerate towards people they cared for. People and their relatives felt involved and supported in decision making. Staff championed people's rights and respected their dignity and independence. Staff supported people to complete their wishes through considered support and desensitisation.

People had their individual needs met by staff who knew their needs. The management team were working on a plan to improve how guidance was recorded and updated to ensure people's needs were met. People had interesting things to do and had access to the community. Complaints were investigated, and outcomes agreed, and improvements made when needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Honeybrook House

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with 12 members of staff including the operations manager, registered manager, senior care workers, care workers and two agency staff. We observed how people were supported to help us understand the experience of people who could not talk with us.

We reviewed a range of records, this included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement in relation to risk assessments and care plans not always giving clear guidance. At this inspection this key question has remained the same. 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. We saw improvements were in the process of being made to risk assessments and care plans, however at this inspection this continued to need improvement.

Assessing risk, safety monitoring and management

- One-page profiles of people living at the home were not always easily available and did not always clearly guide staff and agency staff about how risks were managed, to ensure they were aware of the important information. These should have captured the essential information about people's needs, risks and personal information. The registered manager agreed to review them to ensure all the information was available and easy to access for new staff and agency staff.
- Risks were assessed, and guidance completed to advise staff, however this was not always clear and person-centred. For example, for one person, risks were not fully detailed and up to date which meant new staff or agency staff were at risk of not understanding how to support people safely. The management team had identified risk assessments needed to be reviewed and updated to ensure staff were fully able to support people to manage their risks. However, the impact of this was reduced because existing staff knew people and their risks well and shared information with new and agency staff where possible.
- People said staff supported them to remain safe. One relative explained how staff supported their family member to remain safe particularly when accessing the community.

Using medicines safely

- Medication records were not always fully completed. For example, body maps for topical creams were not always in place to guide staff. Protocols for 'as and when' medicines were not all in place at the time of our inspection. Both these issues had been identified at the pharmacy inspection on 04 November 2019, however the updates had not been fully completed. These were in place by the end of the inspection to ensure staff administering 'as and when' medicines had consistent guidance about when to administer them and where to apply topical medicines.
- Staff administered medicines in a safe way, using an effective system to ensure people had their medicines as prescribed. Staff were trained and there were regular checks to ensure they followed safe practice. There was safe storage and disposal of medicines at the home.
- There were regular checks to ensure errors were identified and action taken to ensure lessons were learnt and people had their medicines as prescribed.

Preventing and controlling infection

- Areas of the home were in need of improvement, which meant infection control was difficult to maintain. For example, communal bathrooms were difficult to clean effectively. These had been identified by the

registered manager who was in the process of planning work to ensure these areas were updated, and people remained safe from infection.

- There was a lack of regular checks to ensure the environment remained free from the risk of infection. For example, we found a chair in the main entrance which people regularly used that was heavily soiled with food. We showed this to the registered manager who immediately replaced the chair with one that could be wiped clean easily to prevent the risk of infection.
- There were cleaning schedules in place to ensure staff followed best practice. These lacked detail and clarity to ensure best practice was completed.
- Staff completed training and were knowledgeable about the requirements of the control and the prevention of the spread of infection. We observed staff using personal, protective clothing and equipment safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said people were safe. One person shared with us they always felt safe.
- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where safeguarding incidents had been reported and these were actioned appropriately.

Staffing and recruitment

- People said there were enough staff when they needed them. Relatives told us there had been a high turnover of staff, but there were always enough staff to keep their family member safe.
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home when possible. We spoke with two agency staff who had worked at the home before. They all said there were usually enough staff on duty to keep people safe. Throughout the inspection there were sufficient staff on duty.
- The registered manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. They explained there had been a high turnover of staff recently, however they were succeeding in recruiting new staff who were working through the induction process. There was an on-going recruitment campaign to fill the remaining vacancies. They told us regular agency staff were used where possible to ensure they had sufficient staff to meet people's needs.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. The management team completed any updates on care plan documentation to ensure staff were aware.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes made as a result.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed prior to people arriving at the service and these were used to inform people's care planning.
- Staff used nationally-recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently when required.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- People and their relatives said staff were skilled and competent.
- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared best practice knowledge. They said the management team completed competency checks so they were confident they were completing their role effectively. All staff completed the care certificate to meet national requirements.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had autism training which had really improved their practice when supporting people at the home.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was good. People were offered choices with their meals and if people wanted something different they could just ask. One relative told us they had been included in planning menus and suggestions for staff.
- People were supported to make and plan their own meals as part of their care planning.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- Staff were aware of people's eating and drinking risks and these were monitored.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed. They had health passports, and well people check, as appropriate.
- There were strong links with health professionals such as learning disability epilepsy nurse and mental health team. We saw appropriate referrals and reviews were made to support people with their health

needs.

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

- There were planned improvements to the environment to ensure there was a homely feel to the home. There were areas that needed redecoration and updating to ensure people's needs were met.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. We saw there were regular quizzes for staff at team meetings to support staff understanding.
- Where people needed support with decisions this was recorded in their care records with clear decision specific assessments and decisions made in people's best interests.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring.
- Relatives said staff were considerate and knew their family member well. They said there had been improvements recently with more consistent staff. One relative told us, "All the staff are amazing, I can't fault them. I pop in anytime and they are always brilliant."
- We saw examples of staff being kind and caring throughout the inspection. Staff were quick to identify when people needed extra support and consistently provided what they needed.
- We saw staff demonstrated sensitivity and passion about issues around equality, diversity and human rights. Staff were patient with people and offered reassurance for people when they needed it. We saw people really enjoyed the company of staff and were relaxed and comfortable with them.

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

- Staff asked people what they wanted to do and offered choices to meet people's needs. We saw staff interacting with people and working as a team to ensure people were reassured and adapting plans to ensure people were happy with their choices. For example, one person asked to go out to one place, and when they arrived they changed their mind, so staff took them to their next choice.
- The registered manager regularly met with people and their families and were open for suggestions and ideas for improvements. People were asked to complete questionnaires regularly and the feedback was positive.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team. One relative told us they had attended staff meetings to discuss how their family member was supported. They felt this worked really well and they were very happy with how their family member was supported.
- There were examples of people having the opportunity to make wishes and the provider to supported them to achieve this. For example, one person wanted a particular experience and staff worked with the person to acclimatise them to the different elements of the experience. This was successful, and the person's wish came true.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and encouraged to be independent where possible.
- We saw staff were careful to close doors when supporting people in their own rooms and knocked on people's doors before entering. We saw staff ensured people's dignity was maintained when supporting people.

- Staff were respectful of people's needs, for example making sure they were at eye level when they spoke with them and adapting their communication techniques.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said their needs were met and we saw staff knew people well.
- The registered manager had identified care plans needed updating and was in the process of completing this. The current care plans were confusing because information was not always up to date and in the right place. For example, we found several versions of the same guidance in different areas for the same person, all with different dates on, which was confusing to understand which to follow.
- Permanent staff were knowledgeable about the people they supported and shared the information with agency staff. We saw staff work as a team and share critical information. We spoke with agency staff and they explained they had been at the home before and staff share the information they needed.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member.
- We saw examples where staff had worked with people to desensitise them to enable them to achieve a particular event. For example, where one person needed to have a medical procedure staff enabled them to get used to different parts of the process, such as staff wearing white coats. This had been successful, and the person had completed the procedure which had benefitted their health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the Accessible Information Standard and they provided information to people in different formats. For example, we saw there were easy read safety guidance available for people to support them to remain safe, which included safe places.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. One person used an electronic device to support them to communicate their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they had things to do. Relatives said their family members made choices about what they wanted to do and could access the community regularly. For example, there were regular swimming and

bowling trips arranged.

- People were able to choose what they wanted to do on a daily basis. There had been some impact through the lack of permanent staff being able to take people out into the community. This was now improving with increasing members of staff.
- Staff knew people well and provided very personalised support for people and adapted plans to meet people's needs. People responded to staff interactions and we saw they visibly relaxed with them.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. One relative explained they had raised concerns and the registered manager always listened and actioned to make improvements.
- We saw where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvement in the service.

End of life care and support

- Peoples preferences were recorded in easy to read formats, so people could understand their choices.
- The management team had links with the community to ensure appropriate support was provided as needed.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to check infection control, care planning documents and medication records were not always effective. For example, the most up to date guidance for one person was not in the main care planning documents to ensure this was accessible to all staff. The management team acknowledged there had been a lack of permanent staff such as the deputy manager, and care staff to support the senior team. The registered manager had new staff starting so they were confident this would improve.
- The management team completed regular audits and checks to monitor the quality of the care provided. However, the more regular local checks had not always been effective at identifying improvements. For example, the chair in the porch which was not easy to keep free from the risk of infection.
- The management team and staff were clear about their responsibilities and the leadership structure. The operations manager regularly visited the home and was accessible to staff. Staff were confident that the management team would listen, and they felt encouraged to make suggestions for improvements.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were identified and escalated where necessary.

Continuous learning and improving care

- There was an improvement plan which identified key improvements to the environment of the home, these would reduce the risk of infection, and improve the general décor. For example, communal bath rooms were worn and difficult to clean effectively. These areas had been identified in May 2019 and continued to await full agreement from the provider and scheduling in for the work to commence. There were no dates in place at the time of inspection.
- There had been a period of change related to staff and the management team. The registered manager was now establishing and completing improvements to ensure they were embedded.
- The registered manager had an action plan which included the identified improvements to ensure they were completed. For example, supporting the new seniors to complete training and develop the skills and systems to improve the quality of care. The registered manager had not been able to resource these improvements. Since the inspection additional resources had been agreed to support these improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers to share best practice and update on service developments and health and safety alerts.

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 provider had systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw examples where the registered manager had completed this.

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

- People and relatives said staff knew them well and treated them as individuals. We heard about and saw examples of person-centred care from staff and the management team.
- Relatives explained they were confident in the registered manager. They said the registered manager was approachable and would listen and had made improvements where possible. For example, one relative told us how they felt included and involved, and the management team would all listen.
- All the staff we spoke with said the registered manager was creating an open and positive culture at the home. Staff said she did this through listening to their ideas, and always promoting people living at the home at the heart of everything they did.
- The registered manager was working with the senior care staff team to grow their skills and knowledge to ensure the improvements were completed.
- The management team acknowledged the high use of agency, and explained they were running a recruitment campaign and had many new staff working through the recruitment process.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team. We saw when feedback had been gathered action was taken to address areas of improvement where possible.
- The registered manager had completed personalised newsletters to families which included updates about their family member and the home. However, this had stopped for the last few months because of lack of staff. The registered manager explained she would restart this as soon as possible.
- The registered manager was also working on initiatives to support people such as autism grab bags. These were bags people could take with them in the community, or when out with relatives, that hold items of interest for communication and reassurance for people when they experienced unexpected events. These would reduce the potential for anxiety and stress.

Working in partnership with others

- The management team had established strong links with the community and health professionals to support people living at the home. One health professional said they had a good relationship with staff and were well supported when they visited the home.
- The registered manager was dedicated to improving people's well-being. They had achieved an autism accreditation from the National Autistic Society in January 2019. This accreditation is the autism-specific quality assurance programme of support and development for services which support autistic people. It is a way for organisations to showcase the excellent support provided. Achieving accreditation demonstrated the commitment from the entire staff team at Honeybrook House to providing best practice autism support.