

Accomplish Group Limited

# Honeybrook House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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 up to 10 people. The service provides support to people with a learning disability, and or autistic people. At the time of our inspection there were 9 people living at the service.

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

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.

### Right Support

Some care records did not contain important information about people's health care needs and were not always reviewed regularly.

People's care and support was not always provided in a safe, clean and well-maintained environment.

Staff training was not up to date in some areas, this meant staff may not have the up to date knowledge to provide safe care to people.

People's rooms were personalised in line with their preferences and choices.

Staff communicated with people in ways that met their needs.

### Right Care

People were encouraged to have choice and control and staff encouraged independence in daily activities.

Staff knew people well and communicated in ways that met their individual needs. There were positive interactions between staff and people.

Staff worked in partnership with other agencies to promote people's wellbeing.

### Right Culture

There had been changes to the management team at the service. An interim manager and new deputy had recently started in February 2023 and were still developing working relationships with the wider team.

Governance systems in place to monitor the service were not robust or fully implemented. There was a lack of evidence of internal auditing. Checks were not consistently completed to ensure quality or safety concerns were promptly identified and acted upon. Necessary improvements were not always identified or addressed in a timely manner.

We received mixed feedback from relatives, some felt that communication and engagement from the service had reduced recently.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The rating for this service was required improvement (published 8 January 2020). The service remains rated requires improvement.

### Why we inspected

We received concerns in relation to the cleanliness of the home environment, staffing and training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 was carried out by two inspectors.

#### Service and service type

Honeybrook House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Honeybrook House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however, they were not present during the inspection.

#### Notice of inspection

This inspection was unannounced on the first day. We announced our intention to return to the home for

the second day of the inspection.

Inspection activity started on 21 March 2023 and ended on 24 April 23. We visited the location's service on 21 and 22 March 2023.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We asked for feedback and information about the service from the Local Authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 4 family members of people who lived in the home about their experiences of care and support. We spoke with 11 members of staff including the interim manager, divisional and regional manager, deputy manager and support workers.

We walked around the home and looked in people's bedrooms, bathrooms, kitchens, and communal areas.

We looked at 4 people's care and medication records and we reviewed further records relating to the safety, quality, and management of the service. We received feedback from 1 professional that visited 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

- Risks relating to people's care and safety were not always managed effectively.
- Some care records did not contain important information, for example, how to support people who were showing signs of distress. Reviews were not consistently completed which meant staff may not have up to date information on how to care for people. Despite our findings staff knew people well and provided appropriate support.
- We identified some monitoring information, such as weight monitoring charts were not always completed. This may increase the risk of unintentional weight loss or gain. Other people who had poor bowel health either did not have any monitoring in place or there were gaps in records.
- Personal Emergency Evacuation Plans (PEEPs) were not up to date. For example, some people's PEEPs had not been updated to show their recent change in bedroom. This meant in the event of a fire, there may be delays in locating people to evacuate the building.
- Records were not completed to show safety check on the building had been completed. For example, window restrictors and door closure devices had not been checked. This meant that any faults that may affect people's safety may not be detected and addressed.
- Not all staff had undertaken a fire drill in line with the providers policy. The provider could not be assured staff would know what action to take in the event of fire.

We found no evidence people had been harmed, however, systems were not in place or robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings staff, including agency, understood where people needed support to reduce the risk of avoidable harm. For example, we saw staff supporting people at mealtimes who were at risk of choking.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was responding effectively to risks and signs of infection.
- There was a lack of checks being carried out to ensure the environment was free from the risk of infection. We observed some areas of the service were visibly unclean, paintwork was damaged and porous surfaces throughout meant areas could not be effectively cleaned.

- One person's bathroom was damp, and equipment was rusty, whilst the provider had identified this was an area of work to be undertaken, there was no date planned for work to start. A relative told us they had raised concerns about the condition of their family members room with management, and had involved the local authority to progress the matter.
- Kitchen hygiene and safety checks were not consistently completed or acted upon. For example, we saw gaps in records the service is required to keep; where fridge temperatures had fallen out of range there was no evidence recorded to say action had been taken to ensure food was safe for consumption.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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's infection prevention and control policy was up to date.

Failure to follow safe practices for preventing and controlling infection was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Medicines were not always managed safely.
- Regular audits had not been undertaken.
- Staff did not have up to date training on how to administer rescue medicines prescribed to people in the management of epilepsy. At the time of our site visit, only 10 out of 39 staff had in date training.
- Administration records were completed appropriately to show medicines had been given as required, including time critical medicines. However, staff who's training had expired were still administering medication.
- Where people were prescribed 'when required' (PRN) medicines, protocols were in place to guide staff how and when to give these medicines.
- People received regular reviews of their medicines.
- Staff competencies were assessed annually to ensure they were able to safely administer people's medicines.

#### Learning lessons when things go wrong

- Systems were in place to record accidents, incidents and near misses. However, we saw no evidence of analysis to identify patterns or trends. This placed people at risk if measures were not in place to reduce similar risks.

#### Systems and processes to safeguard people from the risk of abuse;

- Policies and procedures were in place for staff to follow to report any safeguarding concerns.
- Most relatives we spoke with felt their family member was safe. One relative told us "[Person's name] is 100% safe".
- Staff knew the different types of abuse that could take place and the process for reporting any concerns they had about people's safety.
- Training records showed most staff were up to date with safeguarding training.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- We observed there were enough staff to meet the needs of people at the time of the inspection. Some people had 1 to 1 and 2 to 1 support to meet their needs, we saw evidence of this being delivered throughout the inspection.
- The interim manager and provider were continuing to recruit staff to fill any shortfalls. Regular agency staff, who knew people well, were used to ensure safe staffing levels were maintained.
- As part of our inspection, we looked at agency profiles for evidence of safe recruitment, relevant training, and experience. Whilst inductions had taken place, several profiles were missing. The provider was made aware of the missing information and informed us this would be addressed.
- Some relatives we spoke with expressed concerns about the recent high turnover of staff and how this had affected morale amongst staff. Despite this we saw positive interactions between staff and people.
- Pre employment checks were carried out on all staff to ensure their suitability and fitness before they commenced work. These included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Visiting in care homes

- There were no restrictions on visiting.
- People were supported to access the community.

# 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 requires improvement. The rating for this key question has remained 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

- There have been changes to the management and provider leadership of the service since our last inspection. An interim manager has been supporting the service since February 2023 along with a newly appointed deputy. Staff told us they had found new management to be supportive.
- The provider told us they had a quality assurance framework in place which consisted of audits the manager and provider would complete to monitor the quality and safety of the service.
- We asked for a copy of the schedule of audits to assess if the governance in place was robust, however this information was not provided. Some of the audits we did see were out of date. The provider could not be assured the systems in place were effective.
- The providers systems to audit weight and bowel monitoring charts had failed to identify that these were not being consistently completed.
- Although accidents and incidents were recorded monthly, there was no evidence these were analysed to enable understanding and learning to reduce incidents from reoccurring.
- Improvements to the environment had not been actioned in a timely manner. A schedule of work completed in 2021 had identified various areas of work required, however, this had not been updated and there was no evidence work had been carried out. Work being undertaken at the time of inspection was reactive work in relation to damage caused by flooding.
- The providers systems had failed to ensure all staff were up to date with their training. Training records showed staff were not up to date in all areas of training they were required to undertake.

Systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the changes in management had affected morale; however, they were now starting to see some improvements. One staff member said, "I think we have now turned a corner". Staff reported the interim manager had been supportive.

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 and the interim manager were aware of their responsibilities to report notifiable incidents to the relevant authorities; however, we were made aware some notifications had not been submitted due to accessibility to reporting system the provider used. We requested these were submitted without further delay. Following the inspection, the interim manager took action to address this.
- Relatives told us they were informed of any incidents involving their family member.

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

- Most relatives we spoke with were happy with the care staff provided. One relative told us how their family member had improved since moving into Honeybrook House.
- Systems were in place to seek the views of relatives and staff.
- Staff meetings were taking place to give staff the opportunity to discuss any issues or concerns they had.

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

- We received mixed feedback from family members about how the service communicated with them. One relative told us they had good communication with staff. Another relative said "I have asked for information but haven't got it".
- Some relatives we spoke with were not aware of changes in management. One relative told us, "The staff do not give good information about who is in charge and who to contact."
- Staff received appropriate equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.
- Staff communicated in ways people could understand, for example one person used an I-pad to assist with their communication needs.

Continuous learning and improving care; Working in partnership with others

- Staff received daily handovers between shifts to ensure they were kept up to date with people's needs. One staff member told us, "Handovers are much more responsive to service users' needs than they were before".
- The provider worked with health and social care professionals. This helped to ensure people received the health care support they needed.
- People had access to advocacy services. An advocate is an independent person who can help someone express their views and help ensure their voice is heard.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess, monitor and reduce risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Good governance was not established which resulted in records not being suitably maintained and monitored.