

# Mrs Anna C Theanne Honister

## Inspection report

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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 21 March 2016 and was unannounced.

Honister is registered to provide accommodation and personal care for up to 19 people, who may also live with dementia. There were 16 people accommodated at the home at the time of this inspection.

We last inspected Honister on 15 January 2014 and found the service was meeting the required standards we inspected at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe living at Honister. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The registered manager operated robust recruitment processes which helped to ensure that staff members employed to support people were fit to do so. People's medicines were managed safely

Staff had the skills and knowledge necessary to provide people with safe and effective care and support. Staff received regular support from management which made them feel supported and valued. People were supported to make their own decisions as much as possible. People received support to eat and drink sufficient quantities. People's health needs were well catered for because appropriate referrals were made to health professionals when needed.

People were complimentary about the care and kindness demonstrated by the staff team. Staff were knowledgeable about individual's needs and preferences and people were involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day and people's privacy and dignity was promoted.

The registered manager had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The registered manager had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

## 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 ●

This service was safe.

People's care was provided by appropriate numbers of staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

### Is the service responsive?

Good ●

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were met.

People were supported to engage in a range of activities.

People's concerns were listened to and taken seriously.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives had confidence in staff and the management team.

The registered manager had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

# Honister

## 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 met 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 under the Care Act 2014.

This inspection took place on 21 March 2016 and was unannounced. The inspection was carried out by one inspector 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 service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a Provider Information Return (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.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, one relative, two care staff and the registered manager. Subsequent to the inspection we spoke with five relatives to obtain further feedback on how people were supported to live their lives.

We requested feedback from representatives of the local authority social working team and other external professionals involved with the care of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe living at Honister. One person said, "Because the nurses watch you, take care and look after you." Another person told us, "Yes, because there is always someone around. If I buzz at night, they come."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns within the organisation and when prompted were able to identify that the local authority were the lead in all safeguarding matters.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. The registered manager maintained clear records of incidents and accidents that happened in the home in order to identify trends and patterns.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. A recently recruited staff member told us that they had a face to face interview with the registered manager and had not been able to start to work at the home until satisfactory references and criminal record checks had been received. All people who used the service and the relatives we spoke with told us that the staff employed to work at the home were of a high calibre.

People, their relatives and staff all told us that there were enough staff available to meet their needs. One person told us, "I think there are enough [staff]. If you ring the bell they come." Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and care staff went about their duties in a calm and organised way.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. A relative told us, "They look after [Person's] medicines; there have never been any concerns."

Staff maintained a continuous stock record of medicines that were not included in the pharmacy supplied system. We checked a random sample of boxed medicines and found that stocks agreed with records maintained.

# Is the service effective?

## Our findings

People and their relatives made positive comments about the skills, experience and abilities of the staff who provided support. A person who used the service told us, "They [staff] are lovely; they know what I need and when." Another person said, "Yes they do unless they are new but they soon settle in. I've had no trouble with the carers. Can have a laugh with them." A relative told us, "The staff are actually very good to be fair."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that were undertaken by members of the staff team. These included the basic core training such as moving and handling, fire awareness, medicine administration and safeguarding as well as dementia care training. Staff members confirmed that they had received the training they needed to support them in their roles and specific training to meet people's needs as required. For example, diabetes awareness and training to support people with mental health needs.

The registered manager and staff confirmed that people had a minimum of six one-to-one supervision sessions per year and more if they wished. Staff told us that the supervisions were structured and enabled them to discuss such areas as their workload, any training they might need, teamwork and health and safety issues. They said that they were also encouraged to raise any ideas to benefit the lives of people who used the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection eight applications had been made to the local authority in relation to people who lived at Honister and seven were pending authorisation at the time of this inspection.

People told us that they enjoyed the food provided for them and we noted that they received appropriate support to eat. One person told us, "The food's nice. If there's something you don't like they do something else for you." Another person said, "Quite good food. If we don't like something they'll make something else. Lots to drink." A person who told us they had not had much appetite recently said that they were feeling

hungry because the smell coming from the kitchen was nice.

Relatives told us that people's nutrition and hydration needs were well catered for. One relative told us, "[Person] really likes the food there, it is very nice, varied and home cooked just as they like. There are always jugs of juice and fruit and biscuits about for people to help themselves." Another relative said, "[Person] absolutely loves the food. [Person] is not overly keen on fish and because staff know that they always have something else. For example, there was fish on the menu one day recently and [Person] had a ham salad with new potatoes which they said they really enjoyed."

Tables were nicely laid with cloths and condiments were on the tables to support people to be independent. People were supported to eat their meal wherever they wished. For example, some people chose to eat in their rooms and others chose to eat in the lounge area. One person did not eat their food, a staff member tried to encourage them but the person said they had eaten a cooked breakfast that day and did not have any appetite for lunch. Staff accepted this and told us that they would probably be ready to try some during the afternoon.

People's health needs were met. A person told us, "I am quite certain that the carers would notice if I become poorly and that they would make sure I got the proper care." We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist. A visiting district nurse told us that they had worked in the local community for many years and had never had any concerns about the care at Honister. People who used the service told us that a GP visited the home every Thursday but if someone needed to see the GP at another time, this was arranged for them.



## Is the service caring?

### Our findings

People who used the service and their relatives told us that the staff team were kind and caring. One person said, "They provide a high standard of care and a high standard of kindness." Another person told us that staff were, "Very pleasant, everyone helpful". A further person said, "Staff are nice, very pleasant. They pull my leg; you can have a laugh with them. I tell them my name is Lady xxx"

A person who used the service said that the staff had lots of patience and that they were the right people for the job. The person gave an example where they had experienced trouble sleeping because of pains in their leg and foot. They called one of the night staff who massaged the person's leg and they were then comfortable and able to go back to sleep.

A relative told us, "The staff are lovely, there is not a bad one among them." Another relative said, "They don't have a high turnover of staff that is really nice for the residents because they see the same people all the time."

We noted kind and friendly interactions between the staff team and the people who used the service. One staff member told us, "They are like my family really; I have different relationships with each person." We were told of a person with limited cognitive and verbal function whose face had 'lit up' when their key worker came into work with their new-born baby after a period of extended leave. We heard staff chatting with people about modern children's names and how families tended to be larger in times gone by. This demonstrated to us that the staff and people who used the service enjoyed close relationships.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we saw that people were involved in discussions about their care. We noted that staff gave people enough time to respond and then acted upon the choices people made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink, where they wished to sit in the dining room and lounge areas and what they wanted to do with their day.

Staff supported people to maintain family relationships. We were told about a person who was supported to maintain contact with relatives living abroad by the use of computer video calls. A relative told us they looked forward to doing the same with their relative when they returned to their home overseas. They said, "It will be great for the Grandchildren to be able to see and talk with their Grandma."

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. A relative told us, "They ring me if there is any problem with [relative]; they are really very good like that."

People told us that staff always knocked on their door before coming into their room. One person also said that if they were helping them get dressed they always made sure that the door was closed, "They are very good like that". When people required support with using the toilet or personal care needs, we noted that they were supported discreetly to ensure they received support in private and with their dignity intact.

People had access to information about advocacy services should they need additional support to make decisions about any aspects of their lives.

We saw that people's personal and private information was stored within a lockable room and kept confidential. The registered manager spoke of plans to put a lock on the cupboard where people's care plans were stored so that the office did not have to remain locked.

## Is the service responsive?

### Our findings

People told us that they were happy with the care and support they received at Honister. One person said, "I can only compliment the staff. I'm very happy here. It's not restrictive. I thought it would be but it's not." Relatives told us that they thought there was plenty of activity and stimulation provided for people who used the service. One relative told us "They have a lot of people who come into the home to lead entertainment sessions such as singing; [Person] really enjoys that."

A relative told us, "They have changed my [Relative's] life for the better within a year. They were completely bedbound when they moved in there but they are now up and about walking with a frame. [Person] is so happy, everyone living there is happy. As a family we have never had any regrets about [Person] moving into Honister, [Person] says they should have done this years ago because it has given them a new lease of life."

The registered manager told us of an external organisation that came into the home to provide reminiscence events for the people who used the service. For example, one event was entitled '1950's Domestic Goddess' and created discussion around household items from bygone days. People told us that they enjoyed these events because they triggered discussion as well as memories.

Some people told us that they had enjoyed going out for a walk with staff recently, the weather had improved and the person said they had enjoyed the fresh air. Once a week a person came to the home and they organised group chair exercises and had a sing-alongs. We noted that this took place on the day of the inspection and we saw that people enjoyed the lively interaction. Staff took care to ensure that people were able to enjoy individual pleasures. For example, one person liked to watch a particular DVD every day because it helped them feel close to their partner who had passed away. We noted that the person was watching the DVD on the day of the inspection and people who used the service told us that this happened every afternoon.

People who used the service said that staff often sat and chatted with them when they could, especially during the afternoons. One person commented, "They are busy but they do spend time talking to us." Relatives told us that they were invited to events such as Christmas parties and that they were encouraged to join in with activities that took place in the home.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. People told us they had been involved with planning their care and where people lacked the capacity to contribute to their plan of care we saw that family members had been involved on their behalf. We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice by staff. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people's needs were.

People who used the service said that they received whatever help and support they needed. For example, help with having a bath or a shower or giving someone a shave. One person said, "They help me shower as I find that easier than having a bath."

People told us that they could get up and go to bed when they liked. One person said that when they woke in the morning they would press their call bell and a member of staff would come and help them get up, washed and dressed. Another person said that staff helped them to get dressed in the mornings, "I find doing up buttons difficult."

People told us they would be confident to raise anything that concerned them with staff or management team. One person said, "We are asked if we have any complaints or suggestions for improvements. Now we are going to have a weekly meeting to provide a formal forum for us to raise suggestions." Information about the provider's complaints procedure was available in communal areas of the home. We reviewed the complaints records and noted that they had been managed appropriately in accordance with the provider's policies and procedures.

We noted there was a comments, suggestions and complaint box available in the communal reception area with cards and a pen to enable people to make comments at will. Records showed that the manager logged any concerns raised with them and took actions where necessary. Issues ranged from a person feeling a bit chilly to a person experiencing difficulty moving around in their bedroom due to the sloping ceiling. We checked that these issues had been addressed appropriately and found that the person who had the sloping ceiling had been offered and accepted an alternative room. This showed us that people's concerns and worries were taken seriously and acted upon.

## Is the service well-led?

### Our findings

People who used the service, their relatives and staff members told us they thought that the home was well-led and that the registered manager was approachable, supportive and demonstrated strong and visible leadership. One person told us, "[Manager] is nice, you can talk to them." Another person said, "I think [manager] does a good job. They have got their work cut out here."

A relative told us, "I don't think you could wish for a nicer home. We looked at several homes before deciding on Honister. I chose it because it is a small and intimate environment. The manager went above and beyond what we expected when [Person] moved in; it is a real family feeling, not like a care home at all."

Staff told us that they found the registered manager to be very supportive and that they would be comfortable to take any concerns to the management or the provider should this become necessary. One staff member said, "[Name] is a very supportive manager, I have learned a lot from them." Another staff member said, "[Name] is a 'hands on' manager, they are not based in that office so they know the residents." Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service.

The registered manager undertook a wide range of audits, checks and observations designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, the environment, accidents and incidents and infection control. We viewed the February audit for infection control and noted that refresher training was due to be provided for the staff team. The manager was able to confirm that this training had been booked. We viewed the medicines audit which had identified that a new pharmaceutical reference book was needed and that an external pharmacy audit was due. During the course of the inspection we had noted both the registered manager and the deputy manager discussing these issues with the pharmacy supplier. This demonstrated that the routine audits undertaken in the home were effective in identifying areas of concern and were used to drive forward continuous improvements.

Staff members were allocated lead roles in such areas as nutrition champion, safeguarding champion and dementia champion. This meant that individual staff members had the responsibility for monitoring these areas and escalating any issues to the registered manager. Staff told us that this made them feel that they were invested in the way the home performed.

Staff told us that the registered manager held monthly meetings to enable the team to share ideas and discuss how the service was performing. They said they discussed such issues as people's care needs, hoisting practices for individuals, infection control matters and providing people with choices. The registered manager told us that minutes of these meetings were circulated for all staff to read and review. This meant that if any staff member was not able to attend the meeting they were able to find out what had been discussed.

The registered manager had regular 1:1 supervision with the provider and was able to call upon the provider for additional support at any time. The records of the supervision meetings showed that such areas staff

training, complaints, recruitment, safeguarding, refurbishment plans for the environment and the registered manager's personal development plans were discussed. Actions plans were developed as a result. For example, we noted that quotes had been obtained for the refurbishment of the kitchen and actions to be taken included risk assessing when the work was underway and to arrange for meals of people's choosing to be brought in whilst the kitchen was to be out of action.

The registered manager was able to network, obtain guidance and advice and share good practice suggestions with other registered managers in the locality via an independent care providers association.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

The registered manager had made arrangements to support people and their relatives to provide feedback about the quality of service provided at Honister. Surveys were distributed to people twice a year to gain people's views on such areas as the care provided, the staff team and activities. An independent organisation had also submitted questionnaires to people who used the service, their relatives, the staff team and external stakeholders. The registered manager told us that they were expecting feedback from the responses in the near future. This showed us that the registered manager was keen to ensure that people received a quality service that was suitable and appropriate for their needs.