

Mrs Jennifer Grego

# Honeysuckle Cottage

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Honeysuckle Cottage is a residential care home providing accommodation and personal care to up to 4 people. The service provides support to people with learning disabilities and autistic people. At the time of our inspection there were 4 people using the service.

### People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice. People's risk management and care plans were not robust and did not always reflect their current needs. Risks to people from the environment had not been assessed. All radiators in the service were found uncovered. The environment was clean and hygienic.

### Right Care

People were supported by staff who knew them well. Medicines were not always managed safely. Medicine records were not clear for staff to follow for time specific medication. Activities were not always tailored to suit the needs of the people. Staff had training on how to recognise and report abuse. Staff were knowledgeable on how to protect people from abuse.

### Right Culture

The manager at the time of the inspection was overseeing multiple services. This led to lack of oversight in relation to the quality assurance and governance systems in place. However, the provider is putting in measures to improve this going forward. Staff told us that the manager was supportive and approachable. Complaints procedures were in place, relatives and staff knew how to make a formal complaint.

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 last rating for this service was Good (published 10th July 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Honeysuckle Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the management of risks and governance in the service. We have issued warning notices in relation to governance or safe care and treatment.

#### 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 responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details in our well-led findings below.

**Requires Improvement** ●

# Honeysuckle Cottage

## 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.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### Care Homes

Honeysuckle Cottage 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. Honeysuckle Cottage 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 not a registered manager in post. The manager had been in post since July 2022, they were planning to submit an application in October 2023 therefore reducing the number of services the manager is overseeing.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 7th September 2023 and ended on 9th October 2023. We visited the service on 2 occasions.

### What we did before the inspection

We reviewed information we had received about the service. 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 1 person who used the service and 1 relative. We observed staff interactions with people in communal areas and the care people received. We spoke with 5 members of staff including a senior and the manager. We reviewed a range of records including 2 people's care, and medicine records and a variety of records relating to the management of the service including audits, staff files and policies and procedures.

# 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 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.

### Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- People were not protected from avoidable harm. Radiators were uncovered and even though the service had 'touch tests' in place, we were concerned whether these were adequate to mitigate the risk of potential burns to people.
- Risk management and care plans were in place for all the people using the service. The risk management plans covered areas such as personal care, mobility, diet and nutrition, choking risk and diabetes management. However, not all these records were accurate and there was not sufficient information on how to manage the risks to keep people safe from harm.
- Healthy eating was not supported in the service. Records showed people with diabetes were receiving meals which were not in line with the healthy eating guidance. Meals were high in carbohydrates which could be a risk and raise blood glucose levels.

### Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- Medicines which were prescribed to be given 'time specific', were not always administered at the correct times. Therefore, people's health needs were not being managed sufficiently.
- Medicine was stored safely and securely, staff received training in medicines.

### Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong.
- The provider had not ensured lessons were learned across their locations, when serious incidents had happened.
- People who lived at the service were at potential risk of asphyxiation if they were to fall in a confined space. This risk was not assessed and therefore could put people at avoidable harm.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. All of the above were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were safeguarded from abuse and avoidable harm.

- Staff received training and were knowledgeable about safeguarding and how to recognise and report concerns.
- Safeguarding concerns were reported to the local authority. The manager had a safeguarding log in place including correspondence and outcomes.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- 2 staff files were reviewed. Two of these did not have a staff photograph and one staff file had gaps in the employment history, however we raised this with the manager and were assured that these records would be addressed and completed.
- Staff said they felt supported by the manager and a staff member said, "It is a great place to work with a really positive atmosphere."

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The environment was clean and hygienic. Staff followed cleaning schedules to ensure the home was kept clean.
- Staff were using Personal Protective Equipment (PPE) effectively and safely.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Families were encouraged to visit 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the Mental Capacity Act, records showed contradictory information around one person's assessment of capacity.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

### End of life care and support

- People were not always supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider had end of life care plans in place, however, for a person their ReSPECT form did not match their views in their end of life care plan. (ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment). The ReSPECT process creates a personalised recommendation for clinical care in emergency situations where people are not able to make decisions or express their wishes.
- We raised this with the manager who acted on this information, but we were not assured that the information was explored fully with the person. There was no evidence of a discussion regarding this with the person or a clinician.

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

- People were not always supported as individuals, or in line with their needs and preferences. This could lead to people receiving inappropriate care and support which was not person centred.
- Systems were in place to identify people's goals and outcomes. However, they were not used effectively, and, in some cases, new goals had not been set with people since April 2023. Therefore, people had not been supported to participate in identifying their future hopes and aspirations.
- The manager or senior staff completed reviews of the care plans. However, there was a lack of involvement of relatives, people, and professionals.
- Activities were not always personalised and wishes were not explored.
- We found the provider was not always working in line with the principles of MCA, records showed that needs had not always been fully assessed when completing capacity assessments.

### 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 were not always supported to maintain relationships, follow their interests, or take part in activities that were relevant to them.
- Some people living in the service were supported to maintain and develop relationships with their families.
- Care plans lacked information about people's ethnic backgrounds. We were not assured that people were supported with their cultural needs. A parent we spoke with said the church in the village had been closed but expressed they would like their [family member] to be offered to attend when reopened.

The above is evidence of a breach of regulation 9 (1), person-centre care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was not always meeting the Accessible Information Standard.
- People's communication needs were not always understood and supported.
- An activity board was in place but not in use at time of the inspection. There were no other communication strategies being used to support people to communicate their views effectively.
- We observed staff interacting with people using the service, staff knew the people well and were able to respond to their needs through verbal communication.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had a policy in place for managing complaints and this was accessible for staff and people using the service. Information on how to raise a concern or a complaint was displayed as an easy read format in the service.
- Staff and relatives said they felt confident in raising concerns.

# 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. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and 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 did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- Staff were caring, however, there was lack of guidance from management to ensure people's need and preferences were explored and met.
- People's requests at service user meetings were not always considered and acted upon, we found that there was no feedback or updates at the following meeting. This meant people's views were not always promoted and valued.

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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- Quality assurance systems and processes were in place; however, these were not operating effectively. The systems covered areas such as care plans, risk assessments, capacity assessments, medicines management, health and safety and compliance. The provider had failed to mitigate risks in relation to falls and therefore putting people at risk of harm.
- The manager's reviews of care plans and risk management plans had not been effective and failed to identify and address concerns we had found during the inspection, this placed people at risk of harm.
- One person's assessment of capacity in relation to 'Nutrition and Diet' had not been clearly assessed in line with their understanding and needs.

Working in partnership with others

- The provider did not always work in partnership with others.
- The service was unproductive in gaining support and advice from professionals. We found concerns around weight management and diabetes for people using the service and a person who was at risk of choking.
- There was no evidence of referrals made and no current support from Dietitians or the Speech and

Language Team (SALT), therefore putting people at risk of harm.

The above is evidence of a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.

- The provider understood their responsibilities under the duty of candour.
- Staff were positive about leadership, staff said that morale was good within the team.

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

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- Care plan reviews showed that there was lack of input and involvement from relatives, professionals and people living in the service.
- The manager sought feedback from people's relatives through surveys. A relative said they received a survey annually; however, we did not see evidence that this had been analysed to show actions were taken as a result of feedback received.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- The manager was overseeing multiple services. The provider was making changes to enable the manager to oversee 2 services from October 2023. This would allow the manager to have time to engage in learning and development to improve the service.

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 9 HSCA RA Regulations 2014 Person-centred care  How was the regulation not being met.  The Providers had not ensured that people living in the service received appropriate person-centred care and treatment based on an assessment of their needs and preferences.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>Actions to mitigate risks of harm to people were not effective. Not all risks to people had been assessed and considered. Medicines were not safely managed, and people did not always receive medicines as prescribed.</p>

**The enforcement action we took:**

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met.</p> <p>The provider failed to have effective systems in place to assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>

**The enforcement action we took:**

We issued a warning notice.