

Towertrend Limited

Honey Lane Care Home

Inspection report

Honey Lane
Waltham Abbey
Essex
EN9 3BA

Tel: 02088796550

Date of inspection visit:
15 June 2016

Date of publication:
08 August 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 15 June 2016 and was unannounced. When we last inspected the service on 26 June 2014 we found the service was meeting the required standards at that time.

Honey Lane provides accommodation for up to 41 people who have needs associated with dementia. It does not provide nursing care. At the time of this inspection there were 36 people accommodated at Honey Lane.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of capacity had been undertaken and applications for Deprivation of Liberty Safeguards (DoLS) had been made to the relevant local authority.

People and their relatives told us that they felt people were safe living at Honey Lane. Staff and management were knowledgeable about safeguarding matters. Risks to people's mobility and general safety were identified and risk assessments had been developed to mitigate these risks.

Our observations during the inspection confirmed that staffing levels in the home were appropriate to meet people's needs. Staff members did not start to work at the home until satisfactory employment checks had been completed.

There were suitable arrangements for the safe storage and disposal of people's medicines.

People were supported to make meaningful meal choices and people were assisted to eat in a calm and unhurried manner. However, measures to monitor people who were at risk of dehydration and malnutrition were not effective.

People received care and support from a staff team who had the knowledge and skills necessary to provide safe and effective care. Staff asked people for their consent before they delivered all aspects of care.

People's health needs were well catered for. 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 were encouraged at any time of the day and people's privacy was promoted. We observed sensitive and kind interactions between staff and people who used the service.

Care was centred on the needs of individuals. There were arrangements for activities and stimulation in the home.

Meetings were arranged with people who used the service, and their relatives to facilitate feedback about the quality of the service provision. People were confident to raise anything that concerned them with staff or management and satisfied that they would be listened to.

People who used the service, their relatives and staff members found the home manager to be approachable and supportive.

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 safe

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Good 

Is the service effective?

The service was not always effective

People at risk of poor nutrition and dehydration were not always sufficiently monitored.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

People had access to other health and social care professionals when required

Requires Improvement 

Is the service caring?

The service was caring

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's

Good 

needs and respected their need for privacy.

People were encouraged to follow their interests and were supported to keep in contact with their family and friends

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and also documented people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place and people knew how to complain.

People participated in a wide range of activities

Is the service well-led?

Good ●

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Honey Lane Care Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014. The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no safeguarding concerns being investigated by the local authority. This helped us to gain a balanced view of what people experienced who accessed the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

During the inspection we spoke with five people who lived at the service, five relatives, and six members of staff and the registered manager. We also spoke to a visiting community matron and district nurse.

We checked documents in relation to five people who lived at the service and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home

Is the service safe?

Our findings

People and relatives we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived in the home told us, "I feel perfectly safe." A relative told us, "People are very safe here."

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures to enable staff to raise an alert. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff told us they would raise an alert if they had any concerns about inappropriate practice or conduct regardless of who it was. One member of staff told us, "I would go straight to the manager."

Risks were assessed and people's needs were graded as high medium or low. We saw risk assessments for moving and handling, choking, nutrition and people's behaviours and distress reactions. The staff gave examples of specific areas of risk and explained how they had worked with the individual to help them alleviate the risks. One staff member told us, "We monitor people closely as everyone is different, we try to get to know people so we can understand any risks they might have."

Equipment was in place to reduce the risk of people developing pressure sores. We saw pressure cushions and airflow mattresses were in place for people and were regularly checked by maintenance staff. We spot checked three mattresses and found it was at the correct setting.

Monitoring systems were in place to analyse accidents and incidents that had the potential to result in harm. This meant that suitable arrangements were in place to assess and manage risk to an acceptable level.

We saw records which showed that equipment at this service, such as the fire alarm system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

People and some of their relatives expressed mixed views about staffing levels and, in particular, about whether there were enough staff available to meet everyone's needs in all areas of the home. One relative said, "The staff work really hard, think they could do with more." Another relative told us, "A bit of extra staffing is needed as the residents are quite mobile. If two carers are dealing with one person there isn't always someone else around."

During our inspection staff on duty had a visible presence in the lounges. People were all up and dressed by the time we arrived and everyone looked well cared for. Any request by people for assistance and support was met in a timely manner. Staff told us there was just enough staff on duty to meet the needs of the people in a timely and safe manner. One member of staff told us, "We do have enough staff but could do

with a floater (Extra staff member who moves around to support staff in all areas). Another member of a staff said, "We have two staff per unit, with the senior helping, but they can get very busy so one more person would help."

The registered manager told us staff numbers were adjusted according to the needs of the people. We also saw evidence that call bell response times were checked by the Home manager.

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been undertaken and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People's medicines administration records (MAR) instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN). It also included how each person should be supported. These records showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re-ordering and safe disposal of medicines. Staff training records showed that staff were trained on the safe administration of medicines.

Medication was only administered by senior staff and daily checks were in place. The Home Manager also carried out monthly audits of medication.

Is the service effective?

Our findings

People's weights were monitored monthly and assessed using the Malnutrition Universal Screening Tool (MUST) and scores completed, but actions following on from a high rated MUST were not always in place. One person should have been on weekly weights due to their high MUST rating but this was not being done. Although we observed people being supported to eat and drink on the day of our visit there was poor recording of food and fluids. There was no target fluid intake for people and specific amounts were not documented as staff would simply write 'beaker of tea' or 'drink' or 'a little juice'.

Records were not always accurately completed to reflect what additional food and fluids had been offered and encouraged if people only ate part of their meals, refused them or had lost weight. For example, a person's weight recordings indicated they had lost weight and were at risk of malnutrition but records recording what they had eaten and drank were not being completed in detail.

The registered manager responded immediately with a detailed plan to address issues related to food and fluid recording and sent us a plan that included a revised food and fluid chart, a weekly meeting to discuss any identified weight loss and a monthly weight audit which included referrals to dieticians.

Lunchtime was a pleasant and sociable atmosphere and people were encouraged to be as independent as possible, although staff were on hand to support if needed. People had a choice of meals, and staff offered choices both verbally and visually. One person told us, "The food is lovely." A relative told us that they had previously come for lunch and saw that one person would not eat, they told us, "Staff were patiently bringing the person different foods to get them to eat."

Staff and the chef knew who required a soft diet due to their health condition. Staff told us that people had access to a speech and language therapist (SALT) and a dietician to help them understand what meals were suitable with regards to their health condition.

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. The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS.

Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest with input from family members or other professionals. Where people did have capacity

we saw that staff supported them to make day to day decisions, and sought their consent before providing care. The manager had made appropriate DoLS referrals where required for people.

Care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included chiropodist, opticians and district nursing staff. One healthcare professional told us, "They notify us very early and are proactive to manage the residents' care. Communication is good and we work as part of the team. We help them with end of life care. They are a brilliant team – I cannot stress this enough."

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care.

Staff told us that they felt supported and they could talk to the manager or deputy at any time. Records showed that staff members had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed, although these did not occur often. The manager also held group supervisions.

One new staff member told us that the supervision they had received was helpful and supportive. Other staff members told us that they received support through staff meetings and where these were not available, information was passed on by the seniors at other staff gatherings such as staff handover each day. One staff member told us, "Supervision and staff meeting are very supportive, they do listen." Another staff said, "Everyone is so supportive."

The environment at Honey Lane was designed and arranged to promote engagement and wellbeing using decoration, signage and other adaptations. Corridors were wide and themed using colours and objects to aid recognition. The bedrooms were personalised and each door had memory box that helped to support people with dementia to find and recognise their bedrooms. The building supported people moving freely around the home, set on one floor residents can walk purposefully throughout the building, including full access to the gardens.

There were also various 'rummage' baskets available for people to use, the rummage boxes contained useful props to actively engage people living with dementia, they can be used to stimulate the senses, promote tactile awareness, encourage participation and create opportunities to open discussion and encourage communication. The home was in the process of creating a `garden room` and relatives were involved with this, the home manager told us, "We have a relative who comes in to help with the artwork."

Is the service caring?

Our findings

We asked the people living in and visiting about the home and the staff members working there. They all commented how caring and friendly staff were. Comments included, "Overall I cannot fault them," and, "I am pretty happy here."

Visiting relatives told us, "These people are natural carers. This is an exceptional place. [My relative] was anxious at home and now the anxiety has left," and "[They] are all lovely – they will do anything you ask. They are very understanding," and "Staff are very patient."

We saw numerous examples of the staff being patient and kind towards the people who used the service. One staff member spent a long time encouraging a person to eat some of their meal and was genuinely upset that they were unwilling to do so. Another showed great concern over someone who was very sleepy at lunchtime as they were worried that they may choke on their food. They made arrangements for the person to have some food later when they were more awake. There was lots of laughter and joking during lunch but when one person became confused a staff member took time to reassure them and calm them.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given when needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team. One staff member told us, "It is a big family, everyone is happy and it is a nice environment to work in."

The Chef supported staff to serve the meal at lunchtime and had an excellent understanding of people's needs and preferences. For example, one person finished their main course very quickly and became angry and requested dessert immediately, the chef recognised that this could have escalated and immediately apologised to the person and requested a member of staff to go and get the person's dessert. This prevented a situation from escalating as once the person received their dessert they relaxed.

Throughout our inspection we saw examples of privacy and dignity being upheld. For example one person wore their key on a chain as they liked to ensure their privacy when in their own room by locking it. Staff were able to explain what privacy and dignity meant. Staff were able to tell us how they ensured people's privacy and dignity was maintained while personal care was provided. One staff member told us, "I explain what I am doing and why and keep people covered, I also keep curtains and doors closed."

Relatives also told us that they felt welcomed at the home. One relative told us, "They make our family feel very welcome, as we turn up at any time." A relative told us, "They [staff] know who you are and they go out of their way to make you feel at home." There was a wide range of information displayed at the service. For example information about complaints, social care and information about advocacy services. People had a guide to Honey Lane which included useful information about the services and facilities available to them during their stay.

When people are approaching the end of their life the service puts a variety of measures in place which included repositioning charts, food and fluid charts and pain assessments. The service works in partnership with the local district nursing team to support people at the end of their life. Care plans are updated at this point with people's advanced wishes.

We saw that do not attempt cardio pulmonary resuscitation (DNACPR) orders were in place and staff we spoke with were aware of who had them. The management team had also recently started the gold standards framework training. Gold Standards Framework provides training to staff providing end of life care to ensure better lives for people and recognised standards of care.

Is the service responsive?

Our findings

People told us they received personalised care that met their needs and took account of their preferences. We saw that most people's bedrooms had been personalised with decorations, family photographs and other personal belongings. People received individualised care and people were the central focus. Staff knew people well and people's preferences and likes and dislikes were recorded and known by all the staff we spoke with.

The service was in the process of asking families for information to help fill out the 'This Is Me' booklets which encouraged individualised care. One person told us, "I like the people here, they do what I ask." A relative commented, "I have seen the care plan, it is detailed." A staff member told us, "We get to know people well, and they are like family."

People had an assessment before they were placed at the service and one relative told us how they had visited with their relative and they had had a two week assessment period. Staff were very knowledgeable about people's likes, dislikes, background histories, health needs and personal circumstances. They were able to explain to us in detail how they provided care and support in a way that met people's needs and reflected their personal preferences.

This information was reflected in people's individual plans of care. For example, an entry in guidance about one person noted that the person only wanted to be supported by female care staff. Another person's history detailed they had previously been a plumber and during the inspection we observed a member of staff hand the person a box full of plumbing items to look at. A health care professional commented, "Staff are friendly and proactive and do follow our advice."

Relatives were happy with the way the service documents activities on the home's 'Facebook page' as this was a way of them keeping in touch with their relatives. One relative said, "I can see the things [my relative] gets up to. The day I left [my relative] here they had a cheese and wine party and it was lovely to see the photographs." Another relative told us, "I can see [Named] involved in doing things even though I am not here." A relative told us that the home had taken [family member] to visit a local garden centre and a member of the family who lived a long way was able to see this through social media.

We observed people taking part in musical activities and staff were respectful if people did not want to join in. Staff found time to talk to people and reassure them and have a little joke to put them at ease. This helped to distract people when they were upset. People had access to a number of activities and interests organised by two designated staff members called life style co-ordinators. There was a monthly activity time table in place on display in all communal areas. The activities included regular mini bus outings to various places, sing a longs, the Queen's 90th birthday celebration tea party, church services and Oomph exercise (our organisation makes people happy) sessions.

The staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. On the day of our inspection we saw that staff

members sat with people, talked with them about films or magazines they had. In one lounge the life style co-ordinator went round to each individual to give them something to do, from giving one person their favourite book, to giving another person an item of texture to touch and feel.

There was a complaints procedure and complaints were clearly logged and responded to within a very quick timescale to people's satisfaction. There were 3 complaints on file and all were dealt with well and an apology given. As a result of one complaint about missing clothing a new system was introduced to improve the laundry service. One relative said, "If I had any concerns I know I could come and chat straightaway. I've got faith in them." Another said, "If I have any concerns they have done it straightaway."

Surveys were carried out with staff, professionals and relatives. One comment said, "Honey Lane is a very welcoming home, standard of carers is very high and carers seem to stay which is lovely."

There was very positive feedback from a GP via the professional's form, "The best care of any nursing or care home that I have ever visited."

Action was taken in response to suggestions or comments. For example new coloured plates had been bought as these were more suitable for people living with dementia.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager in the day to day management of the service. The management structure gave clear lines of responsibility and accountability and staff were clear on their role and the role of others.

People, relatives, visitors and healthcare professionals all described the management of the service as open and approachable. The registered manager and deputy were visible within the service and knew people very well.

There was a positive culture within the staff team and it was clear they all worked well together. One member of staff told us, "There is a really good atmosphere here, managers are very supportive." Another said, "Teamwork is great, it is a fantastic atmosphere." Staff told us that the registered manager was supportive and that their views were sought and listened to, they told us the registered manager operated an 'open door' policy and was always available for support and guidance if they needed it. One staff member told us, "They are very supportive, If we need help they support us."

Regular staff meetings were held where staff had the opportunity to discuss a variety of topics including any changes to the running of the service. An action plan was developed following staff meetings. Staff understood their right to share any concerns about the care at the home. Staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy.

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey for people using the service was conducted in 2015.

The registered manager told us she was supported by the regional business manager and the registered provider. Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. These audits were evaluated and, where required, action plans were in place to drive improvements. We discussed these audits with the Home Manager as they had failed to identify that records related to food and fluid were not detailed. The Manager responded by sending us a detailed action plan that included monitoring records related to food and hydration closely. There were good methods of handing over information and one unit had a system of recording tasks to be carried out which worked very well.

The provider operated a staff recognition awards scheme called 'heart of gold' that involved staff being nominated by people who used the service, colleagues and relatives. Staff were presented with their awards at an awards ceremony and received a gift from the provider. The provider also had an extensive programme of treats for staff members during carers week that included daily treats for staff. Treats included a visit from a therapist for 15 minute pamper sessions, pizzas, Krispy Kreme doughnuts, ice creams and gifts.

The provider also holds interactive days called 'carebase day school' that invites several staff from each of their homes to gain insight into their person centred ethos. These days are held to demonstrate an understanding of the company approach, in particular best practice in caring for people living with dementia.