

Honeysuckle Home Care Limited

# Honeysuckle Home Care Limited

## 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

### About the service

Honeysuckle Home Care Ltd is a domiciliary care service, providing personal care to people living in Royal Wotton Bassett and the surrounding villages.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. One the day of inspection, 33 people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person's relative said, "I cannot speak highly enough of staff. I do think [person] is safe." There were enough staff available to meet people's needs. People told us staff generally arrived at the scheduled time and always stayed for the specified period. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments from people included, "The staff treat me with respect. They respond to what I say," and comments from relatives included, "100% experienced, extreme care, kind, gently spoken, calm and excellent how they [staff] look after [person]" and, "The staff are so caring. From the boss to the carers. The boss comes out when they are short. She is a hands-on woman and does not expect anyone else to do what she can't do. They [staff] are excellent." Staff said they found their role rewarding. Comments included, "I love my job. It's important work, we're changing people's lives, lots of these people don't interact with the outside world, but we're helping them stay at home" and, "Here, it's not just a job. I will always stay that extra five minutes with people because I want to make sure everything's OK."

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. Comments from relatives included, "They [staff] raise the bed up and open the curtains so that [person] can see out into the garden and they discuss the garden with [person]. It's complete care" and, "I would say staff go above and beyond. If [name] decides that they don't like what I put out for [them] to wear, the staff go through the wardrobe until they find what [name] wants." There was a

complaints procedure in place and people knew how to complain if they needed to.

There were robust quality assurance processes in place. Regular audits of all aspects of the service were undertaken. Staff spoke highly of the registered manager and the management team. Comments included, "[Registered manager] is very fair, she listens, you can approach her, and she always helps you" and, "The management team is the heart of the company. They're really good and caring, and that flows down to us."

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

This service was registered with us on 21 May 2021 and this is the first inspection.

#### Why we inspected

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

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Honeysuckle Home Care Limited

## 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 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 care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2022 and ended on 04 August 2022. We visited the location's office on 29 July 2022.

### What we did before the inspection

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 this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service and nine relatives. We spoke with 10 members of staff including the deputy manager, the training and compliance manager, and the registered manager who was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We were provided with feedback from two health professionals who work with the service.

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

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I was concerned about bruising, I would get the client's consent, take photos, raise a concern, and call the office."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would speak to management. If they didn't deal with it, I would speak up and say it wasn't acceptable." Another member of staff said, "If [registered manager] asked me to do anything unsafe, I feel able to speak up and challenge her."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- People and their relatives told us they felt confident staff had been trained to use any moving and handling equipment.
- One person said, "Yes, I feel safe." Another person's relative said, "Oh yes, [name] is definitely 100% safe."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- People using the service told us staff kept them informed if they were running late for visits. Comments included, "Sometimes staff are a bit late. If they're going to be very late, they let me know."
- People were seen by staff they knew and were familiar with. One person told us, "I see the same staff. New carers, shadow older carers." One person's relative said, "Yes, generally the same staff. It's a lovely small company. The carers know [person] well."

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent.

One staff member said, "I always ask the person if they want their tablets. The [electronic recording system] lists the meds people are due. I always check to make sure I'm giving the right dose, the right number of tablets. If it's pain killers, I check the timings to make sure it's OK to give it." One person's relative said, "Yes they help with medication. There are no issues. They let me know when tablets are running out."

- The registered manager said if people needed support ordering medicines they would help with this.
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.

#### Preventing and controlling infection

- Staff had access to enough personal protective equipment (PPE) and had completed infection control training.
- People confirmed staff always wore PPE during visits and changed gloves between tasks. One member of staff said, "I carry everything [PPE] in my backpack. I put new on when I arrive and change my apron and gloves between tasks. I then dispose of it when I leave."
- Staff were part of a regular testing programme for COVID-19.
- Staff adherence to infection control procedures was monitored as part of the staff spot check process that was in place.
- One person said, "They [staff] wear PPE and dispose of it safely."

#### Learning lessons when things go wrong

- Incidents and accidents were logged. Staff reported incidents via an app on their phones. The deputy manager said, "When the staff report something, it comes through on an email and then it can be dealt with straight away. It's immediate, so I'm always aware of incidents."
- The reporting system showed that incidents were fully investigated and resolved.
- Lessons learned from incidents and accidents were shared with the team to prevent recurrence.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed.
- The deputy manager told us, "Either me or [registered manager] go out and assess people in their homes. We then have group discussions with families to put packages [of care] together."
- One person's relative said, "[Relative's] needs were thoroughly assessed. They could not have asked any more questions; they listened and adapted the care plan. If [relative] is having a slow day, staff will adapt."
- People's relatives told us people's needs were reviewed. Comments included, "Yes, [staff] review constantly" and, "The care plan has been updated recently after a review."

Staff support: induction, training, skills and experience

- There was a training and compliance manager in post. They told us they had developed a blended approach to staff induction and training. This included a mix of e-learning and classroom training. They said, "We check how new staff feel, ask if they're happy after training and shadow shifts. Then we move to competency checks."
- Staff told us the induction they received was thorough. One staff member who had recently joined the company said, "I went in for induction, then I did shadow shifts for about a week. I told [registered manager] I hate shadowing, but she told me I had to do it. I'm glad I did because it helped me get to know the clients without being thrown in at the deep end. [Registered manager] asked me how it was going and checked I felt confident."
- Staff had regular supervision sessions.
- Staff told us they felt supported in their roles. Comments included, "There is always someone on the end of the phone. Everyone supports everyone. You're never truly alone. It's like a mini family, everyone's willing to help" and, "There is always someone around to speak to, including out of hours."

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

- Some people were supported with meals. One staff member said, "If it's a lunchtime call, I will ask what the client wants, give them a choice of what's available and cook it for them. Some people like me to stay and keep them company while they eat, which is fine."
- Staff told us if they had concerns about a person's dietary intake, they would report it to the management team. One staff member said, "If I did a morning visit and then noticed when I went back later that someone hadn't eaten their food, I would raise a concern to the office."
- When people had been assessed as being at risk of choking, care plans provided instructions for staff on how to reduce the risk of this happening. For example, cutting food up, ensuring people were in an upright position when eating and drinking, and removing any distractions. The plans also detailed what staff should

do in the event of a person choking.

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

- Staff supported people to attend health appointments when required.
- The staff team, including the registered manager, had supported one person during a hospital admission, supporting them with personal care, taking in the person's favourite food and snacks and providing emotional support.
- We read feedback from one health professional that said, '[Staff] recognise when more specialist support is required and sought to find this to supplement the support they are providing. They have contacted me for onward referrals to other professionals to ensure the best outcomes for patients, i.e. physio for mobility or equipment provision and the speech and language therapist for feeding concerns.'

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had consented to their planned care.
- People and their relatives told us staff gained consent before supporting people. Comments included, "They [staff] ask for my consent. They ask if I want help", "The staff ask if I want my face washed" and, "They [staff] ask all the time. If [relative] wants these clothes on and can they move [relative's] legs."
- One staff member said, "When I go in for the first time to someone's house, I introduce myself straight away. I'm a complete stranger to them, which can be daunting. I then sit and have a chat to make them comfy with me, and I gain their consent." Another member of staff said, "I always ask, 'Is this ok?' and 'Am I alright to do this?' I would always make sure people consented."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people spoke highly of the staff who supported them. Comments included, "The staff are very friendly and pleasant. I talk to them [staff] like friends and they [staff] treat me like a friend" and, "The staff are very good and kind."
- People's relatives also provided positive feedback. Comments included, "[Staff] are part of the family. They are totally trustworthy. We appreciate [relative] having interaction with someone else" and, "Staff are amazing. I'm so pleased with Honeysuckle, and [relative] is happy."
- All of the staff we spoke with said they enjoyed their roles. Comments included, "This job makes me feel like I can make my clients happy and put a smile on their faces. I took one client down to [local lake] and we fed the ducks. [Person] had a really good time" and, "I feel like when I leave people's houses, if they've got a smile on their face and we've had a nice chat, I come away and I feel good. And that is why I love the job I do."
- The service had received many compliments. Examples of these included, "You and your team went from two days a week to full time care within a matter of weeks. Without that I dread to think how me and my family would have coped. I cannot thank you enough, you've given me my life back and knowing [name] is in your safe hands is a massive weight off our shoulders" and, "From the first enquiry, we found Honeysuckle very professional and very helpful. The staff are very friendly, and caring and help [person] with medication, food, drinks, companionship. [Staff] are always gentle and have a friendly and warm manner."
- One staff member told us the team had a "group chat" where they could ask advice or give let staff know things. One staff member said, "If I notice someone is going to run out of milk, I'd put that in the group chat, and someone will go and buy some milk and take it round to the client's house." The registered manager told us that staff regularly went "Above and beyond" for the people they supported. This included buying birthday gifts for people, and giving them a birthday cake and cards.

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

- People were encouraged to be involved in decisions about their care. People were asked for their preference for male or female support staff.
- One staff member said, "Even though the tasks are all in the [electronic recording] system, I say to people, 'Right what am I doing for you today? Would you like a cup of tea? How do you take it? Milk and sugar?' I like everyone who has a voice be able to use that voice and be part of their care."
- One staff member said, "When I see regular clients, they become comfier with me. Especially if they're not used to having carers in. It means we can build a good relationship and I get to know the way people like things done. One person has a certain way they like me to puff up the pillows for example."
- People and their relatives told us they were involved in decision making. Comments included, "If we want

to change the care plan, they are open and welcome our input."

#### Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity and gave examples of how they did this such as, "I like to have a blanket or towel close by so that I can keep people covered up, so that they're not lying there with no clothes on. I make sure the curtains are closed, ask people if they want me to close the bedroom door" and, "I always keep people covered during personal hygiene. I would make sure they don't feel embarrassed."
- People and their relatives told us staff treated them with respect. Comments included, "Yes, they [staff] treat me with respect" and, "They [staff] treat us, and our home with respect. They always ask if they can use the facilities."
- Staff said they encouraged people to be as independent as possible. One staff member said, "My support means [person's name] can communicate independently with [their] friends which is really important" and, "I get extra time to spend with one person helping them with other aspects of support, like going to hospital appointments, or helping with their post."
- One person said, "The staff let me do what I can for myself."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff met their needs. People's relatives said they felt staff met the needs of people. Comments included, "I could not manage without the staff helping [name] get up and out of bed" and, "Yes, they [staff] meet [relative's] needs. I don't have to worry. It's peace of mind. They have a good routine."
- The service was proactive in ensuring people who lived alone were not isolated. Staff gave an example of homemade Christmas lunches that were delivered to those people who had no other support at home on Christmas day. These were made and delivered by the registered manager, in their own time, free of charge.
- Care plans provided information to staff about people's choices and preferences for the care and support they wanted to receive.
- Information within plans included details of people's daily routines, such as the things they liked to do at set times during the day. For example, in one person's plan it was documented, when staff needed to remind or prompt the person so that they maintained their independence as much as possible.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.
- Staff told us they were able to read the plans and access up to date information about the people they supported. One staff member said, "Even if I haven't seen someone before, the system is great, because it's all on there, pictures, and staff notes, and it means you're completely up to date. If someone asks me if their leg looks better, I can look at the system and see straight away."
- People's relatives had secure access to the system. One person's relative said, "[Having access] makes me feel at ease."

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 registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. For example, when people had hearing problems, this was recorded in care plans and staff were informed to ensure people had hearing aids in place, that the batteries were working and how to clean the aids to promote better hearing.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read. They said, "We provided large print invoices for one person."

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

- There was a complaints procedure in place. Complaints had been logged, investigated and satisfactorily resolved.
- People and their relative knew how to complain. Comments included, "I would ring the office. I have no complaints at all" and, "I know how to make a complaint. I have a number, but I've never had to. They [staff] always ring me if anything is wrong."

#### End of life care and support

- The registered manager said end of life care was something they had provided in the past and would be proud to provide again. They said, "We will do anything we can. I provided care for one person, and I sat with [them] and held [their] hand until [they] died. It's a privilege to care for people at the end of their life."
- We saw feedback from the ambulance service in relation to the care and support provided by staff for one person. The feedback read, "At these crisis moments in our lives we remember every detail. The family will remember what your staff did that day. I am so glad that you are not like other care companies that would have whisked them [staff] away to their next call. It has made a huge difference to the family who would have felt cared for by your organisation at their time of need." One staff member said, "Two staff stayed on an extra three hours when someone died today; they really do care, it's not just a job."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service met their needs. Comments included, "I have recommended it. The staff are all nice people. They understand what I want and that each person and client is different. They [staff] have impressed me" and, "They are all so caring and professional. They work to the rules. I can't ask for anyone better. They are very caring."
- The registered manager said, "I want to keep it [the service] small. I didn't set this business up to lose contact with our clients. My clients are like part of my family. I think we've got things right. We've got the right culture, and the right ethos. We're part of the community."
- Staff told us morale was "Good." One staff member said, "All the staff are really good, and we all help each other out. It's a really nice team."
- The provider's values were honesty, outstanding, noble, empathetic, you and us (HONEY). Staff we spoke with were familiar with these values.
- The registered manager said, "I believe we go the extra mile, we're attentive to people's needs and requirements and we find solutions to support people better so they can remain at home. I encourage and support people to try and live their best lives."

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

- Throughout the inspection, we found the provider to be open and honest. They were transparent when things went wrong, and we saw examples of how lessons were learnt. For example, governance meetings and team meeting records showed when issues occurred and that these were discussed as learning points.
- The registered manager was knowledgeable about their regulatory requirements. They were aware of what they had a duty to notify the Care Quality Commission about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff we spoke with were clear about their roles, had shared person-centred values, and worked together as a team. One staff member said, "It's a family thing and a family business. The company is still new, but the word is out, about it being a good company. It feels like one big family." Another member of staff said, "The company is very organised, and very transparent. If you ask a question, you'll get a straight answer."
- The registered manager had formal systems in place to monitor how the service was performing. This

included a robust programme of audits covering all aspects of the service, spot checks of staff, training and competency assessments and regular reviews with people using the service. They told us they also kept informed of how the service was running by carrying out visits themselves. They said, "I like to meet every client. I need to know everyone and what support we are providing for people. I do visits if we're short of staff and just because I enjoy it."

- The performance of the service was overseen and reviewed at regular internal governance meetings. Minutes of these meetings were available for us to read.

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

- Regular staff meetings took place. Staff told us they felt confident to speak up during these meetings. Meetings were used to share information and to thank staff. For example, staff told us lunch and snacks were provided, and that work anniversaries and raffle prizes were given to staff. The registered manager said, "We run 'carer of the quarter' where one member of staff will be given a £300 bonus, and we celebrate staff birthdays, work anniversaries. We always say thank you. We also celebrated carers week and gave staff vouchers so they could take their family out for a meal on us."
- Regular staff surveys were carried out. The results of the latest survey showed positive feedback from staff. Example comments we saw included, "I have found the company to be a very caring, kind and transparent company. The needs and cares of clients are paramount, and we are encouraged to remember that the little things matter as much as the big things."
- Feedback was sought from people using the service. The most recent feedback received was positive across all aspects of the service.
- The registered manager was praised for their supportive, caring and approachable manner. The other members of the office management team were also praised. Comments included, "[Registered manager and deputy manager] are so nice, and we're like one big family. They are chilled out, nice to talk to, approachable, flexible. They look after us [staff]. When you have a nice boss, it makes it easier" and, "[Registered manager] is just as caring of her staff as she is of her clients."
- One person's relative said, "Sometimes I go to the office, and the office staff always have time to talk. They know me and my relative. They are always courteous and polite."

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority and visiting health professionals. They told us, "The local community nurse team are very good. Anything we ask for, they're straight on it. We're very lucky. They sometimes ask us to go and assess people who might be showing signs of neglect, and we might then notice other things and we feedback to them and they then refer people to the adult social care team."
- The service engaged with local services and was a recognised contributor to community schemes, such as local charities.