

Honeybee Homecare Ltd

Honeybee HomeCare LTD Headquarters

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

HoneyBee Homecare is a domiciliary care agency providing personal care to adults in their own homes. This includes people with dementia and physical disabilities. 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. At the time of inspection, the service was providing personal care to 15 people.

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

People were supported by consistent staff who had time to get to know them and develop a positive working relationship which supported the delivery of person - centred care. People felt safe with their care workers because they had confidence in their knowledge and skills. People received their calls on time because the provider ensured staff had enough travel time between their calls to avoid them rushing.

Staff were trained through a mixture of online and face to face training. Their competency and confidence was monitored through spot checks of their practice, supervisions and 1:1 appraisals. The registered manager valued and promoted continuous learning and development and supported staff to complete additional qualifications in health and social care. Staff felt confident their training provided them with the knowledge they needed to support people safely.

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.

We received positive feedback from people and their relatives who felt staff were kind, caring and had the time they needed to support them safely, with respect, kindness and sensitivity. Some relatives told us they felt cared for too and that care staff did more than what was expected of them.

People were involved in their assessments and decisions regarding care planning to ensure it was developed in partnership with them and, where appropriate, their relatives. Care plans promoted independence by recognising what people could do for themselves. Information about how to complain or provide feedback about the service was provided in welcome packs.

The registered manager created an open culture which valued continuous learning and had an open-door policy. Staff were proud working for HoneyBee HomeCare. They said the service was very friendly, and that management were supportive and approachable. Feedback was gathered from people to understand their experiences of care, and staff to identify or make suggestions for improvement. The provider worked with external agencies to promote positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 07/05/2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Honeybee HomeCare LTD Headquarters

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 Care Act 2014.

Inspection Team

The inspection team consisted of two inspectors.

Service and service type

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

Notice of inspection

We gave 24 hours notice of the inspection to ensure the registered manager was available. Inspection activity started on 27 September 2021 and ended on 30 September 2021. We visited the office location on 28 September 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC and sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also spoke with one person and four relatives of people who use the service about their experiences of the care provided. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection

We looked at two people's care plans, two staff recruitment records and a variety of information relating to the management of the service. We spoke with the Registered Manager and the Operational Director.

After the inspection

We spoke with two professionals who work with the service and three members of care staff. We reviewed a selection of the provider's policies and additional care records relating to the management of diabetes.

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 for 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

- Staff were trained in safeguarding to enable them to identify and report safeguarding concerns when they arose. Staff spoken with were confident recognising potential safeguarding incidents and reporting any concerns to management.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and us, CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. This included a risk assessment related to the person's home environment.
- The provider had an out of hour's system when the office was closed so staff could seek guidance and support to manage any emerging risks.
- The provider had a contingency plan in place to manage unexpected events and emergencies such as severe weather. This included identifying those people at most extreme risk if a call was missed or delayed.

Staffing and recruitment

- Recruitment processes ensured that relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. The DBS helps employers make safer recruitment decisions so that only suitable people are employed to work with those who are vulnerable.
- Staff were paid for travel time and people's calls were planned to allow enough time in between calls to ensure staff did not arrive excessively late. Monitoring and feedback from staff enabled the provider to increase travel time accordingly.
- People received their care from regular staff, so their care was consistent and provided by staff who knew them and understood their care needs. One relative said, "We get continuity with carers and new ones are introduced first and get to shadow."

Using medicines safely

- Staff were given medicine training and their competency was assessed through observation and spot checks.
- Staff administered medicines for some people and others had their own arrangements to manage their medicines.

- The electronic care records did not allow care staff to 'log out' of a call until they had signed to confirm they had given people their medicines. This ensured people received their prescribed medicines in accordance with their care plans.

Preventing and controlling infection

- Staff were provided with Personal Protective Equipment (PPE) and were trained in safe infection prevention and control.
- Instructions in care plans provided prompts to support good infection control practice and remind staff to wear PPE and maintain good hand hygiene.

Learning lessons when things go wrong

- The provider had a system to learn lessons following incidents, although there had been a very limited number. For example, following a fall by a member of staff in the dark, the provider had issued the staff team with torches and alarms.

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

- The provider assessed people's needs and choices before they began using the service.
- Pre-assessments enabled the provider to determine if the service was suitable for people and whether the staff team had the necessary skills to meet people's individual needs.
- Where people had more complex needs, the provider carried out initial assessments with other professionals involved in their care. For example, the provider worked closely with the mental health team to ensure that the assessment of need captured all relevant information, so staff understood how to support that person and improve their outcomes.

Staff support: induction, training, skills and experience

- The provider's induction procedures, ongoing training and spot checks provided staff with the skills and competencies to carry out their role effectively. Supervisions and annual appraisals ensured that training and development needs were monitored.
- Relatives felt staff had the skills they needed to effectively support people. One relative said, "They were completely familiar with the hoist when they came out initially and what needed to be done."
- Staff gave positive feedback about their training. One staff member said, "It's very thorough. We have online and face to face. You can't fault the face to face training. It's helped me support people with dementia and gives you a baseline of what it's like and how to treat someone with dementia. I try and keep people calm and reassure them."

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

- Where required, staff supported people to eat and drink to maintain their health and wellbeing.
- Records contained limited information about people's dietary choices and preferences, but the registered manager assured us this would be addressed with people as a priority.

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

- Staff worked with other social and health care agencies to promote people's health. For example, with guidance from their physiotherapist, one person was supported to complete exercises which had a beneficial impact on their mobility.
- Staff told us they reported any concerns or changes in people's health to the office. Comments included, "If we notice anything we would report to the office. We like to keep top of things before they get worse, so the slightest red area on someone's skin I would report to the office."
- Relatives told us that staff were quick to recognise changes in their loved ones' health and tell them about

it. One relative said, "They report back to me - anything on [person's] skin or if [person] is hurting anywhere they tell me immediately. They've noticed [person] coughing a bit recently and suggested we get the nurses out to check his swallowing."

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 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.

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

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- Where people needed assistance with making complex decisions, they had somebody who could support them to make those decisions in their best interests.
- The provider obtained people's consent to receive personal care. People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment.

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

- Staff were kind and caring and recognised how doing small things to help people can make a big difference to their lives. One relative said, "They (staff) take time to chat and offer to do extra things for me. They automatically put the bins out when they need emptying and change the duvet covers which is so helpful."
- Relatives told us that they felt staff were doing their jobs because they genuinely cared for the people they supported.
- Assessments and support plans recorded important information about people's diverse needs, including gender orientation, marital status, personal relationships, religious and cultural beliefs.

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

- People and their relatives had been involved with developing their care plans. One relative said, "They spoke to [person] first then I helped fill in the gaps. They made [person] feel involved."
- The provider's service guide gave people information about available advocacy services if people needed support to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and maintain their dignity when providing care.
- Information about people's abilities was recorded in care plans and helped to maintain a focus on encouraging people's independence as much as possible.

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 received support that met their preferences because they received support from a consistent staff team who knew them well. Feedback from relatives confirmed this.
- Each person had a care plan which reflected their individual assessed needs but not always their individual likes and dislikes. The registered manager recognised this as an area for improvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and any aids they required to support communication such as hearing aids or spectacles was recorded in their care plans.
- The provider was able to provide information in different formats such as large print, Braille or audio version to make it accessible to everyone who used the service.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care including how to contact us, CQC to give feedback or concerns about care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there had been no complaints to the service.

End of life care and support

- Staff received awareness training in end of life care and people and their relatives were included in discussions about end of life care planning.
- Care plans included information about whether people had a DNACPR decisions in place. This records a person's wishes regarding medical treatment in the event of them becoming acutely unwell.

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

- We received consistently positive feedback from people and relatives about their experiences of care. One relative said, "Someone always answers the phone, including weekends – it helps when you know you can speak to someone and not have to leave an answer phone message wondering when they will reply." Another relative said, "I like the company and the ethos. Staff are paid properly including for travel and they have a spare car in the event of the staff experiencing car trouble. No complaints at all."
- Feedback confirmed the provider's ethos of 'providing care to service users, to a high standard which embraced the fundamentals of good practice' had been achieved.
- The provider had received some compliments about the standards of care. One relative had written: 'Reliable and diligent staff who show great care for [Name]. They are polite and treat [Name] with respect. Brilliant communication from the office. Very pleased with the staff and service provided by Honeybee.' Another relative said, "I can't explain how reassuring it is to know that I can trust them. From management to care staff – they're all great."
- The provider recognised the importance of valuing their staff and how this can impact on the quality of care people receive. The registered manager said, "We believe if you treat your staff well, they in turn will treat your clients well. We have an open-door policy, whether it is work or personal."
- We asked the registered manager about the challenges they had faced managing the service within the last year. They told us their main issue had been recruiting staff so they could expand the service. The registered manager told us their biggest achievement was recruiting staff who shared their enthusiasm and motivation to provide high standards of care.

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

- There were processes to monitor the quality and safety of services through audits. This included checks on medicines, care competency and care records. We identified that some documentation required some additional information. For example, more detail was needed in some care plans to reflect people's preferences for how they wanted their care to be provided. The registered manager was very receptive to everything we highlighted during our visit.
- The provider had arranged for a consultant to carry out a quality audit of the service to assess the quality of care provided. This had been delayed because of the Coronavirus pandemic but was due to be rearranged.

- There was a clear management structure and the management team had defined roles and responsibilities. The registered manager was supported by a care co-ordinator and an office manager. The management team provided an 'on call' service that operated outside of office hours to support staff by offering them guidance and advice.
- Contingency plans were in place to manage events such as severe weather which could impact on service delivery. This included identifying those people at most extreme risk if a call was missed or delayed.

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

- People were asked for feedback using quarterly feedback questionnaires and online homecare review forums. The provider sometimes struggled getting feedback from questionnaires, but we reviewed a sample of responses which were all very positive and our conversations with relatives was the same. One comment recorded said, "I would like to say that HoneyBee have been brilliant, my [person] looks forward to their visits and nothing is too much trouble. They are always on time, very caring. As I live a long way from my [person] it is very nice to know that she is being helped to live at home and is in very safe hands when they visit. Thank you."
- Staff were very complimentary, positive and proud to work for HoneyBee HomeCare. One staff member said, "This is the best company I've worked for."
- Staff were asked to provide their views and opinions of the service and suggestions for any improvements. The results were extremely positive with one staff member recording: "I would like to use this space and opportunity to thank all the company members for their ongoing, strong and valued support ever since I started working for Honeybee Homecare. I am proud to be part of a truly caring team."

Working in partnership with others; Continuous learning and improving care

- The provider worked closely with external health professionals to promote positive outcomes for people.
- The provider encouraged staff to gain higher qualifications in areas relevant to their role.
- The registered manager attended local providers meetings, and networking meetings to keep up to date with new policies and updated guidance.