

Honeydew Healthcare Limited

# Honeydew Healthcare Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Honeydew Healthcare Limited (Nuneaton branch) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service provides daytime and night-time care and support. The service is registered to provide support to the 'whole population' and this includes children, younger adults and older people.

The service advertises as specialising in caring for people with a learning disability, autistic spectrum disorder, complex health care condition, mental health condition, dementia or physical disability. At the time of our inspection the service was supporting two people who were receiving 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.

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

Whilst relatives were satisfied with the care and support loved ones received, we found improvements were needed to the provider's risk management processes and documentation. Risks were not always correctly identified, assessed or mitigated which meant staff did not always have the information to refer to if needed.

The provider's quality checks had not always identified where improvements were needed in risk management and care plan information. They had missed opportunities to learn lessons from inspection feedback (July 2022) on their other registered location in Wiltshire.

Improvement was needed in staff recruitment to ensure staff were always recruited in a safe way. There were sufficient staff to cover agreed care calls and people were cared for in a safe way because staff knew people well. Staff received training and checks on their skills had been completed by the provider.

People received their medicines as prescribed. People had individual plans of care and staff provided personalised care and support. People were supported by consistent staff who knew people well. Staff had a caring approach toward people and were described as kind in their hands-on day to day care.

People were protected from the risks of abuse and trained staff knew how to report any concerns they might have.

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support least restrictive practices.

Right Care: Care was person-centred and did promote people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did ensure people using services led confident, inclusive and empowered lives.

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 and the report was published on 20 March 2018.

Why we inspected

This inspection was prompted in part by concerns identified through our inspection of the registered provider's other registered location in Wiltshire.

Enforcement

We identified a breach in relation to the governance of the service.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request a further 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 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Honeydew Healthcare 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 Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors. One inspector visited the provider's office. The second inspector offered feedback opportunities through telephone conversations with people's relatives to gather feedback about their experiences of the service and from staff members.

#### Service and service type

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

#### 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 a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave short notice of our inspection on 11 October 2022 to the registered provider, who manages the

service. This was because we wanted to ensure they would be available to support the inspection. We arranged a video meeting with them for 12 October 2022. A visit was made to the provider's office on 17 October 2022.

A further feedback video meeting took place with the registered manager and operations manager on 18 October 2022.

Inspection activity started on 11 October 2022 and ended on 18 October 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We used technology such as video calls and telephone calls to enable us to engage with people's relatives and staff. We used electronic file sharing to enable us to review some documentation.

During this time, we spoke with two care staff, the senior co-ordinator, the business operation manager and the registered provider.

We spoke with one person's relative and shared our contact details with another relative giving them the opportunity to share feedback with us.

We reviewed a range of records. This included two care plans and medication administering records, risk and health management records and daily notes. We reviewed three staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated Good. At this inspection this has deteriorated to Requires Improvement. This meant people were not consistently safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Improvement was needed to risk assessments and risk management plans. We reviewed people's risk assessments and found the 'hazard' identified as a risk was sometimes misleading to staff. For example, one person's 'bed' was recorded as a 'severe hazard'. However, the risk should have been recorded as the person climbing over their bed rails. There was no clear explanation about why this person had bed rails or any mitigation to inform staff when the bed rails should be used and how to reduce risks of harm or injury to this person.
- Where risks were identified, improvement was needed to inform staff how to mitigate risks. For example, one person had a recorded 'severe risk' of skin damage because they were unable to reposition themselves. Whilst this person's risk management plan directed staff to 'monitor for skin breakdown' and there was no current skin damage, there was no guidance given as to how often staff should support this person to reposition.
- One person had a recorded 'severe risk' of choking. Staff could tell us how this was managed and inform us how many scoops of prescribed thickener to use in the person's drink to reduce this risk. However, the person's risk management plan made no reference to the one scoop of thickener directed by a healthcare professional. Following our feedback, the provider took immediate action to include this in the person's care plan.
- Where risk assessments had been completed and a risk assessed as 'severe,' there was no recognised assessment tool or explanation as to how the rating of 'severe' had been reached.
- Whilst improvements were needed to the existing risk assessments and mitigation plans, people were safely cared for by consistent staff who knew them well.
- Staff spoken with could tell us about potential risks to people and how they managed these. For example, one staff member told us, "[Name] has two safety helmets, one is soft for indoor use and one is hard for outdoor use. We must make sure [Name] wears the correct helmet to protect them as they are at high risk of falls due to [their healthcare condition]."
- Staff were able to tell us about other risks of potential harm and injury and how these were managed. For example, one staff member told us about specific behaviours related to one person and how they safely and effectively managed these. However, we found there was no risk management plan in place related to these specific behaviours or guidance for staff to refer to if needed.
- There had been no reported incidents as a result of the lack of detailed information available to staff in risk management plans. Staff also told us people's parents were living in the same household so could be asked for information if needed. We have further reported on the improvements needed in risk management in our well-led section of this report.

### Using medicines safely

- People were supported by trained staff to take their medicines, which had been ordered and were stored by people's parents. Medicine administration records (MAR) showed people had received their medicines as prescribed.
- Protocols were in place for 'when required' medicines. This included an emergency prescribed medicine for one person's healthcare condition. This protocol had been written and agreed by healthcare professionals and was available to staff to refer to.
- One person had their medicines administered through their Percutaneous Endoscopic Gastrostomy (PEG). This is a feeding tube surgically inserted through the skin into the stomach wall and is used to support nutritional and hydration needs. This person's MAR directed staff to crush tablets. However, we found no recorded discussion about this from this person's GP to assure staff this was safe practice. Following our feedback, the provider assured us this would be added to this person's care records.

#### Learning lessons when things go wrong

- The provider told us they had learned lessons from the inspection (July 2022) of their other registered location in Wiltshire. However, we found no evidence of lessons learned because we identified similar areas in need of improvement at their Nuneaton branch as to those previously identified to them at their Wiltshire branch. This meant opportunities had been missed by the provider to learn lessons.
- The provider used accidents and incidents to learn from. Staff reported accidents and incidents, and these were recorded. Analysis had taken place and lessons learned to reduce risks of reoccurrence.

#### Staffing and recruitment

- Improvements were needed to ensure staff were always recruited in a safe way. Whilst staff employment records showed staff had, overall, been recruited safely, we found the provider had not always followed their recruitment policy.
- We reviewed three staff files and found gaps in information. This included some staff's full employment history. References had been sought, however, we found one staff's file that only contained two 'character' references and no previous employment reference. The provider told us this was due to previous employers declining to give a reference. Whilst risk assessments had been completed, there was no evidence alternative options had been considered by the provider such as asking previous education tutors.
- DBS (Disclosure and Barring Services criminal record checks) had been undertaken by the provider. However, the date of the DBS completion was not always close to the start date of the staff member. For example, we found one staff's DBS had been requested by the provider two years before the staff member commenced work. There was a risk the provider did not have up to date information when the staff member began their role to support people. Following our feedback the provider told us they would review their DBS procedure and apply for a updated DBS for the staff member.
- There were sufficient staff allocated to peoples' care calls. Where two staff were expected, this took place as commissioned by the local authority or continuing health care. There had been no missed care calls to people.

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

- People were supported by staff trained to recognise the signs of abuse. Staff told us they had never seen anything of concern, but if they did, they would report this to a manager. Staff also understood the importance to 'whistle-blow' to external organisations if they felt concerns raised were not addressed
- The provider had safeguarding policies for children and adults and staff were able to refer to these in the staff handbook. The handbook contained important contact information about reporting safeguarding concerns.

#### Preventing and controlling infection



- People and relatives felt staff protected them risks of infection.
  - Staff had access to personal protective equipment (PPE) when needed and in line with good practices.
- The provider told us staff continued to wear face masks during care calls as good practice. However, this did not reflect what we were told; that staff did not always wear face masks. Following our feedback, the provider assured us they would remind staff to continue to wear face masks.

# 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.

At the last inspection this key question was rated Good. At this inspection this key question has continued to be rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this, the information available to staff about people was effective.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction, which included shadowing shifts with experienced staff. Staff had also completed other training topics related to complex healthcare conditions. One staff member told us, "I have completed emergency medication administration three times now, so I feel very confident in this."
- Staff felt confident in dealing with emergency situations such as choking risks. Staff had received first aid training and one staff member told us, "If [Name] was choking I would immediately give back slaps and try to lean them forward, I would not put my fingers in their mouth. If the back slaps did not work, I would start abdominal thrusts and call 999 to get help."
- Staff skill competency assessment checks took place. The senior co-ordinator completed checks on staff's skills. Staff spoken with felt they had received all the training needed and that they were supported to maintain their skills through refresher training.
- Staff told us they had regular opportunities to discuss their work and development with the senior co-ordinator and provider. One staff member told us, "I feel very supported."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in collaboration with other agencies. For example, monthly meetings took place related to one person's care and support between the provider, school and local authority.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Where we found potential restrictions on one person's liberty through the use of bed rails, we confirmed this person was not required to have a deprivation of liberty safeguard through the Court of Protection.
- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example.

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

- Assessments of people's support and health needs were undertaken before people received their care from Honeydew Healthcare. These assessments reviewed how people wanted to receive their care, and whether people needed additional support to meet protected characteristics.

Supporting people to live healthier lives, access healthcare services and support

- People had access to general healthcare services when they needed it. However, this was currently undertaken by people's parents on their behalf.

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

- Staff had been trained to support one person with prescribed 'feeds' through their Percutaneous Endoscopic Gastrostomy (PEG). One staff member told us, "[Name] hardly eats any food orally, so they receive nourishment through prescribed supplements. This is given at night-time, and I make sure the person is not lying flat to sleep but at a tilt which maintains their safety when the PEG feed is attached."
- Where staff were involved in preparing meals and snacks for people and supporting them to eat and drink, they knew the person's likes and dislikes.

# 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.

At the last inspection this key question was rated Good. At this inspection this key question has continued to be rated Good. This meant people were always 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their day to day care and support and planning their care. One relative told us, "[Name] and I always feel fully involved. The care is going very well and I can only describe all the staff as very kind and caring."
- Staff spoken with gave examples of how they engaged with people in making decisions about their day to day care and support. One staff member told us, "If [Name] is getting tired, I support them to lie on the bed for a rest, but we might read or listen to music together, so they don't feel isolated or bored." They added, "Attending church is important for [Name] and we fully respect this and their wishes to have time to reflect on Bible teachings."

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

- People were encouraged to express their views and be involved in decisions about their care as far as possible.
- Staff told us they also worked closely with people's parents ensuring they were involved in decisions about their loved one's care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence in ways appropriate to their age and abilities.
- Staff understood their supportive role and encouraged people to maintain their independence. One staff member told us, "[Name] likes to be socially active and we try to support them to do what they enjoy doing."
- Staff respected people's right to privacy and promoted dignity. One staff member told us, "[Name] is supported by two staff with personal care, but we make sure we focus on the person's needs and that curtains and doors are closed."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has continued to be rated Good. This meant people's needs were consistently met through good organisation and delivery.

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

- Care was personalised. People were supported by consistent staff who knew them well and how to provide care and support to them in a way they wished. For example, one relative told us, "I would describe the current staff who support [Name] as perfect. They know my loved one well and we are very happy with the care and support, we have no concerns at all. It is good care."
- Staff gave us examples of how they gave person centred care which met peoples' needs and preferences. One staff member told us, "Because [Name] lives with their family, it is important we all work together so everyone is happy. We work closely with [Name]'s parents and ensure the care and support we give is best for [Name]."

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.

- Care plans were in a written format, which meant personal information was not always accessible to people using the service. For example, where children were supported, the provider had not given consideration to including pictorial formats. We have further reported on this in our well-led section within this report.
- People's plans of care contained basic information about how people communicated but there was no specific communication care plan. We have further reported on this in our well-led section within this report.
- Despite the lack of detail within peoples' plans of care, staff knew people well and how to communicate effectively with them. One staff member told us, "[Name] does not really communicate verbally very much but can understand our verbal speech. I speak clearly to them and in a calm way, this is effective." Another staff member told us, "[Name]'s ability to communicate verbally can change throughout the day, as if they get tired, their communication can become hard to understand. But I can ask questions and they can nod or point to items, so we manage well. We've had no issues and the key is being patient."

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

- Staff knew people well and what they liked to do. Staff gave us examples of how they supported people to pursue hobbies at home and activities within their local community. One staff member told us, "If the

weather is good, [Name] loves to go to the park and we play football. They also like indoor things like listening to music." Another staff member told us, "[Name] likes to tell me Bible stories they have read, this is very important to them, and I also can read the Bible to them if they wish me to. They also enjoy music and puzzles."

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

- People and relatives could access the provider's complaints policy if needed. Relative feedback to us was positive and one relative told us, "We have no complaints, the staff are very good."

#### End of life care and support

- At the time of our inspection visit no-one was receiving end of life care. However, the provider had procedures in place to discuss end of life care arrangements with people and their relatives. This meant opportunities were given to enable people to express their wishes about how their care should be delivered at this time.
- Where a ReSPECT form was in place, advance plans for end of life care had been appropriately discussed and agreed in line with legal guidance. A ReSPECT form is a legal document containing details about advance care planning.

# 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 the last inspection this key question was rated Good. At this inspection this has deteriorated to Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- The provider had systems and processes in place to assess and monitor the safety and quality of the service. However, these were not always effective, and improvements were needed. For example, audits had not identified the issues we found. The provider had not ensured staff always had important information to refer to when needed.
- Care plan audits had not identified the issues we found. For example, improvements were needed in risk management documentation to ensure these were correct and clearly written so staff had the information they needed.
- Care plans audits had not always identified where information for staff was missing. For example, a staff member was able to tell us about the importance of monitoring and recording one person's fluid intake. However, we found there was no direction to staff to record fluid intake in the person's 'eating and drinking' plan of care. This staff member also told us about their training and assessment to ensure they could safely give prescribed 'feeds' to one person using their Percutaneous Endoscopic Gastrostomy (PEG). However, we found no plan of care related to this in the person's eating and drinking care plan or risk assessment related to hydration and nutrition.
- Improvement was needed to ensure care plans were available in accessible formats. For example, the provider had the service user band that enabled them to provide care and support to children. However, the provider had not given consideration to alternative accessible formats such as using pictorial images.
- Good practice information was not always included in peoples' plans of care. For example, care plans did not contain 'hospital passports' – a document about a person and their health needs, including other important information about how a person communicates.
- Improvement was needed in recording best interest decisions in peoples' care plans. This included who could make best interests' decisions on behalf of people, such as those under the age of 16 years.
- The provider's audits of staff employment records had not identified the potential risks of significant gaps between undertaking a staff's DBS and the commencement of work.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The senior co-ordinator checked staff skill competencies. They ensured training met staff's needs for them to safely carry out the roles of their job.

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 registered manager was aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as required telling us about specific incidents.

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

- Staff spoke positively about the provider and senior co-ordinator. One staff member told us, "The manager is supportive and can be phoned if needed." Another staff member told us, "The senior co-ordinator often does shifts, so knows people well and can support us if needed."

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

- The provider's policies embedded protected equality characteristics, such as people living with disabilities. Staff could refer to these policies when needed.
- The provider gave opportunities for people and their relatives to share feedback on the service. Compliment forms had recorded positive feedback. Individual review gave opportunities for feedback which was used to make improvements when needed.

Continuous learning and improving care; Working in partnership with others

- The provider is the director of the business and manages the registered service. They told us they split their week between their Nuneaton branch and their registered location in Wiltshire and are supported in this by a deputy manager. Whilst the provider was supported in their role by senior staff, they had not effectively used feedback and learning from the inspection (July 2022) of their other registered location in Wiltshire to identify and make improvements needed.
- Feedback we received from local authorities who commissioned packages of care from the provider was largely positive. One local authority commissioner told us they were very satisfied with the care and support provided. However, improvement was needed in the provider attending scheduled multi-disciplinary team meetings to discuss the person's package of care.



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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's did not always have effective systems to assess, monitor and improve the quality and safety of the service provided. Risks were not always assessed, monitored or mitigated relating to the health, safety and welfare of service users.</p>