Honeybourne House Ltd

Honeybourne House

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

The inspection took place on 2 January 2016 and was unannounced. Honeybourne House is a nursing home providing care and accommodation for up to 21 people with learning disabilities and accommodation is provided within the main house and a purpose build bungalow in the grounds. On the day we visited there were 11 people in the main house and eight people in the bungalow.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not able to fully verbalise their views and staff supported us when we spoke to people. We met and spoke to most people during our visits and spent time observing people and staff in each other's company. We observed a happy, friendly lively atmosphere within the service. People and staff were relaxed in each other's company. One comment included; "I'm going out on a trip today I enjoy going out with staff." A thank you card recorded; "Our daughter has been happy and well looked after in her home." People who were able to said; "yes" when asked if they were happy in the home.

People and their relatives were happy with the care staff provided. Professionals and relatives said the service knew people well and the staff were knowledgeable and competent to meet people's needs.

People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. People were observed to have their privacy and dignity maintained. Staff were observed supporting people with kindness and patience.

People were protected by safe recruitment procedures. Staff were supported to complete an induction and ongoing training was provided to develop their skills and staff competency was assessed. All staff we spoke with agreed the service had sufficient staff on duty. Staff told us they had enough time to support people and didn't need to rush them.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs and consultant psychiatrics. Staff ensured guidance provided by professionals was followed. This ensured people received the care they needed to remain safe and well, for example people had one to one staff support when needed.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff and nurses administered medicines and had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

The registered manager had sought and acted on advice where they thought people's freedom was being

restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had completed safeguarding training; they clearly understood how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy, balanced diet. People were observed enjoying their meals and one person told us their meals were nice. An observed mealtime was not rushed and staff supported people appropriately and discreetly.

People's care records were very comprehensive and detailed people's preferences. People's methods of communication and preferences were taken into account and respected by staff.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside where possible. Records were updated to reflect people's changing needs. People or their representative, for example family or advocates, were involved in the planning of their care.

People and staff described the management team as very supportive and approachable. Staff talked positively about their jobs and took pride in their work. We observed and staff confirmed the management team made themselves available, assisted when needed and were very good.

People's opinions were sought formally and informally. Audits were conducted to ensure the quality of care was of a high standard and the environment was safe. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

Staff could recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

People risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care.

People were treated with kindness, respect and compassion and were happy with the support they received.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Is the service responsive?

Good

The service was responsive.

Care records were personalised reflecting people's individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Is the service well-led?

Good

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

Honeybourne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector on 2 January 2016 and was unannounced.

Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 17 people who used the service, the registered manager, the deputy manager and seven members of staff. We spoke with three relatives and one health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People who lived at Honeybourne House were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People were not able to fully verbalise their views therefore we spent time observing people and spoke with staff to ascertain if people were safe. People approached staff and spoke with them with ease. One person when asked if they felt safe said they did. One relative said;" "I really do feel […] is safe there."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Staff had completed safeguarding training and had access to policies and procedures on safeguarding and whistleblowing. Staff demonstrated they understood and knew what to look for and could identify abuse. They confirmed they would have no hesitation in reporting abuse and were confident the registered manager would act on any issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required; particularly if they felt their concerns were not being taken seriously. Staff spoke confidently about how they would recognise signs of possible abuse. Records showed the registered manager had made referrals to the local safeguarding team and this showed concerns were reported.

People lived in a safe and secure environment that was regularly updated and was clean. For example the dining area in the main house was due to be decorated next week. Staff checked the identity of visitors before letting them in. Smoke alarms and emergency lighting were tested. Records showed fire audits and evacuation drills had been carried out. This helped staff to know what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified at being at risk had up to date risk assessments in place. People were unable to be involved in planning their risk assessments therefore family or advocates assisted where needed. People who required them, had risk assessments in place to help ensure they were protected from developing pressure ulcers. Where people may place themselves and others at risk, there were clear guidelines in place for managing these, for example some people had one to one staffing to help keep them safe. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when using moving and handling equipment.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example, when a person nearly fell during our visit the management team were observed discussing how to avoid further falls. This helped to minimise the possibility of repeated incidents. Staff received training and information on how to ensure people were safe and protected. For example staff had completed manual handling training to assist people.

We observed and staff confirmed there were sufficient staff to help keep people safe. Rotas showed the service had enough staff on duty each day. Staff were observed supporting people appropriately at all times,

for example at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. The registered manager confirmed they assessed people's needs to ascertain if they needed one to one or two to one staffing. One staff member said, "There is enough staff to keep people safe-always."

People were protected by safe staff recruitment practices. Recruitment files included relevant recruitment checks to confirm the staff member's suitability to work with vulnerable adults, for example disclosure and barring service checks (DBS). The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs.

People's finances were kept safely. People had appointees to manage their money and this was recorded in individual's records. Records showed staff obtained receipts when they spent people's money to enable a clear audit trail of incoming and outgoing expenditure. People's money was audited to help ensure individual's money remained safe.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to help reduce the risk of cross infection. Staff had completed infection control training and were aware of how to protect people.

Good

Is the service effective?

Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the knowledge and skills to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met.

Staff completed an induction when they started work which was supervised by a senior member of staff. For example during induction staff completed fire safety procedures and how to use lifting equipment. The registered manager confirmed all new staff would complete the Care Certificate (a nationally recognised training course) as part of their training. Training records showed us staff received ongoing training, for example in epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly. A staff survey recorded; "The training is excellent." They also completed training in health and safety issues, such as infection control and fire safety. We saw further training was planned to update and support staff to have continued learning.

Staff confirmed they had received one to one supervision and had opportunities to discuss issues of concern during these sessions and during team meetings. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff went on to say they felt listened to and, if they needed to talk outside meetings, the registered manager and deputy manager always made time.

The company checked nurse's registration status and checked with the registering body to ensure nurses renewed their registration.

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's records recorded best interest meetings to determine if they had the capacity to agree to their care and support needs being meet. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.
People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and most staff had completed MCA training and was aware of the process to follow if it was assessed people could be deprived of their liberty and freedom. Records showed that people had the use of the IMCA Independent Mental Capacity Assessor (IMCA) this was to help them make decisions about their care and welfare.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application

was required. The registered manager confirmed people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe. However, at the time of the inspection the service was still waiting for feedback in relation to these applications.
The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to go out on the mini bus or join in an in house activity. Staff were observed seeking people's consent before providing individual care. Staff said they encouraged everyday choices if possible.

People's individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. People had their specific dietary needs met. This was either the consistency of their food and records included people's likes and dislikes.

People had individual detailed eating plans in place. Some people received their food via a gastrostomy site. We observed staff providing support with people's gastrostomy feed. One staff told us, "I have worked with […] for some time and understand their needs." Care plans held a gastrostomy feed regime chart to support staff. Other charts provided information to staff on how to manage care for the gastrostomy site for example cleaning the gastrostomy site.

People who required it had the malnutrition universal screening tool (MUST) in place to help identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. Staff confirmed they had information about people's dietary requirements. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day.

People who were able said the food was nice and we observed people enjoying their meals. We observed mealtimes were unrushed and people and staff were engaged in conversation.

The registered manager told us of the upgrades to both the main house and the bungalow. This included changing bathrooms to wet rooms and making a bathroom wider to accommodate people's mobility equipment. The registered manager talked through future planned upgrades including the main house dining area being decorated next week. The bungalow was purpose built and was suitable to accommodate wheelchairs and lifting equipment to meet people's needs.

People had access to local healthcare services and specialists including speech and language therapists. People whose health had deteriorated were referred to relevant health services for additional support for example dementia screening services. This helped to ensure people's health was effectively managed. Care records held information about people's physical health and detailed people's past and current health needs, as well as details of health services currently being provided. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Good

Is the service caring?

Our findings

People who lived in the service were supported by kind and caring staff. We observed staff providing care and support to individuals during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for. One relative spoken to said; "I have found the care to be excellent." A relative survey said; "We are happy with […] care." Another said; "[…] has been cared for in other homes prior to this one and this is by far the best care that […] has received." A thank you card recorded; "Words cannot express our sincere thanks to you for all the love and care that you have given to […] over the last 10 years."

People were supported to express their views and be actively involved in making decisions about their care and support when possible. We observed staff treated people with patience, kindness and compassion throughout our visits. Staff asked people if they were comfortable with the support being offered. For example, if people needed assistance with moving from one area of the service to another. Staff were observed reassuring people throughout the process what they were doing and tasks were completed at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their needs well and had the knowledge to care for them. Staff had a clear understanding of how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible for ensuring the person had care records that were updated for staff to access.

People's needs in relation to their behaviour were clearly understood by staff and met in a positive way. For example, when a person became anxious staff went to support them. This provided reassurance to this person and reduced their anxiety. People received support for their emotional needs. For example people who became upset received prompt and caring support from staff. People were comfortable and their personal care needs were met.

Staff showed concern for people's wellbeing. For example, one person's general health had deteriorated recently. The registered manager had sought advice and support from other agencies, for example the dementia screening services. One relative said; "The turnaround on […] health has been outstanding- they are very hot on managing […] health."

Staff were observed providing patient support and excellent care whilst maintaining people's dignity. For example, staff repeated several times about the task they were going to carry out to help ensure the person understood what was going to happen. Charts were put in place to monitor their health and wellbeing.

Staff interacted with people in a caring and supportive way. We observed staff throughout our visits supporting people and spending time with them. Staff sat and chatted with people. We saw examples throughout our visit when staff responded to people's needs in a dignified manner. For example, one person

was assisted to their bedroom for personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner. We observed people's privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering and ensuring curtains and doors were closed.

One thank you card sent to the service recorded; "How lovely it was to witness the love, dignity and respect shown to […] after she passed away." Staff explained it was important people were supported to retain their dignity and independence. One survey returned to the service asked how satisfied are you that you are becoming more independent since being supported by the home? One response said; "Started walking again-very happy with this."

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. One person said; "I like writing to my family, staff help me with this." Other people's records showed regular family visits. Another person, with staff support, checked their emails from family members on their own computer.

Good

Is the service responsive?

Our findings

People were supported by staff who were responsive to their individual needs. People, where possible, were involved with planning their care and records recorded information on how people chose and preferred to be supported.

People's care needs were discussed in staff handovers and people were supported to make informed choices where possible. People had guidelines in place to help ensure any specific needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. Staff were aware when people were upset and staff responded quickly, and followed written guidance to support people. When a person's needs changed, care plans were reviewed and altered to ensure they were reflective of people's needs.

People's care records contained detailed information about their needs, including their health and social care, and physical and personal care needs. As well as, information about people's faith, social and recreational needs. People's care plans recorded how people could be supported so these needs were met. Staff said records had been drawn up over a period of time by staff who worked with the individual and who knew them well. Regular reviews were carried out on care plans and guidelines to help ensure staff had the most recent updated information to effectively meet people's needs.

People's well-being in relation to their health care needs were clearly documented. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed.

We observed staff ensuring people, who required them, had pressure relieving equipment, for example mattress, in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs, for example those people who required help to manage their epilepsy received input from a specialist epilepsy nurse.

People were encouraged and supported to maintain links within the local area. For example, staff confirmed they assisted people to visit local shops and people also went out with family members. Activities were provided and people who wished to participate were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. For example a list of planned activities was displayed which included trips to the town centre and bowling. One person said they were happy with the activities. A relative said; "[…] goes out a lot and does a lot of activities she likes."

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The complaints file showed complaints had been thoroughly investigated in line with the service's

own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant. A relative said; "No complaints whatsoever." One survey recorded; "Any problems that I have had have been dealt with promptly."

Good

Is the service well-led?

Our findings

Staff and relatives spoke well of the registered manager and the deputy manager. Comments included; "I can talk to them at any time and about anything" and "They always come to help us when needed." A relative said; "they (the management) are very good at keeping me informed." A professional survey recorded; "A great home and a pleasure to work in." One person when asked about the registered manager said; "She is nice."

The service was well led and managed effectively and had clear values including that Honeybourne House will; "Protect and enable your independence, protect people's dignity and be involved with your support plan." This policy helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There was a clear management structure in the service. Staff were aware of the roles of the registered manager, deputy manager and nurses. There were clear lines of responsibility and accountability within the service. The registered manager confirmed they met and received regular support from the company's senior manager. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager and deputy manager. Staff said the management were visible, kind and they always made themselves available to people, visitors and staff. Staff felt able to speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive.

Staff were motivated and hardworking. Some staff had worked for the provider for many years. They shared the philosophy of the management team. Staff meetings were held and this enabled open and transparent discussions about the service and people's individual needs. Meetings held updated the staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to contribute and raise issues to improve the service. Staff said they felt their concerns were listened to and acted upon. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to protect staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including medicines and people's care records. Annual audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests. Surveys were sent to people who were able to complete them and people had access to advocacy services if needed. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been

made or were planned. These covered all aspects of the service provided.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency. They also sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations.