

Honeydew Healthcare Limited

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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

This announced inspection took place on the 1, 2, 6 and 7 February 2018. Honeydew Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both adults and children with a variety of complex needs, including people living with dementia, physical and sensory difficulties and autism. At the time of our inspection, the service was supporting four people.

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was on a leave of absence at the time of the inspection and the service was being managed by the deputy manager and care co-ordinator; the provider was available via telephone.

People received care from staff that knew them and who were friendly, kind, caring; and passionate about providing the care and support people needed and wanted to enable them to stay in their own homes.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a provider who was visible and approachable, receptive to ideas and committed to providing a high standard of care.

People's needs were assessed prior to coming to the service and person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk. Care records contained detailed information to assist staff to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Relatives told us that they felt their loved one was cared for safely in their own home. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

The provider was closely involved in the day-to-day running of the service and continually monitored the quality of the service provided. Staff and relatives were confident that issues would be addressed and that any concerns they had would be listened to and acted on.

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.

Staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Good 

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good 

The service was caring.

People were cared for by staff that were compassionate, kind and committed to providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

The service was responsive.

People were listened to, their views were acknowledged and acted upon; care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their culture and interests, and supported their physical and mental well-being.

People and their relatives knew how to raise a concern or make a complaint.

Good ●

Is the service well-led?

The service was well-led.

There was an open and inclusive culture, which focussed on providing person-centred care.

The provider was committed to leading a service that supported people to live as independently as possible in their own home.

The provider effectively monitored the quality and safety of the service.

Good ●

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Detailed findings

Background to this inspection

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

This announced inspection took place on 1, 2, 6 and 7 February 2018. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The Inspection site visit activity started on 2 February and ended on 7 February 2018. It included telephone calls to the relatives of the people using the service and telephone interviews with staff. We visited the office location on 1 February to see the manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken by one inspector.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events that the provider is required to send us by law. Due to technical problems, we were unable to access and use the Provider Information Return which the provider had completed. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the health and social care commissioners who monitor the care and support of people living in their own home to gain their feedback, and Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is

strengthened and heard by those who commission, deliver and regulate health and care services.

During the inspection, we spoke to three relatives of the people who used the service, as the people themselves were unable to speak to us, three care staff, a care co-ordinator, the deputy manager and us.

We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

Staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the provider. The staff had confidence that the provider would take the appropriate action. There was an up to date safeguarding procedure in place, which included the contact details of the relevant local safeguarding teams. We saw from staff records that all staff had received safeguarding training and that this was refreshed on a regular basis.

Relatives told us that the service provided consistent care staff for their loved ones, which meant that people knew who was caring for them, and were at ease with all the staff. They all felt that their relative was cared for safely.

Risk assessments were in place to reduce and manage the risks to people's safety; for example, we saw that there was a risk assessment in place in relation to a person's mobility around the house and outside. There were clear instructions to staff on what equipment and support the person needed to mitigate any risk of falling. Another risk assessment was in place regarding managing a person's behaviour, which may be challenging. There were detailed instructions as to what the staff were to do. The care plans and risk assessments were reviewed regularly.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and would be reviewed to look for any incident trends and to see whether any control measures were needed to minimise the risks. At the time of the inspection, only one accident/incident had been recorded in relation to someone having a fall. Appropriate steps had been taken to minimise the risk of this happening again.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service. One member of staff said, "I was not allowed to start any visits until my DBS (Background check into whether anyone has any criminal offences) and references were received and I had completed the mandatory training."

There was sufficient staff to meet people's needs. The deputy manager explained that as and when they took on new people, they would recruit more staff to provide the level of support each person needed. The staff we spoke to felt there were sufficient of them to meet the needs of the person they were caring for.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and that the provider had tested their competency, records confirmed this. There was information available, which detailed what medicines people were prescribed.

People were protected by the prevention and control of infection. Staff were trained in infection control and

had the appropriate personal protective equipment to prevent the spread of infection. Individual care plans also provided information about the measures that needed to be in place to mitigate any risk of infection.

Is the service effective?

Our findings

People's needs were assessed prior to the service starting. The assessment ensured that people's individual needs could be met and at the times people requested. The deputy manager explained that they would not take on any care packages for people unless they had the staff in place and could meet the full requirements of people. Relatives told us that they had been fully involved in planning the care and support for their loved one. The provider ensured that the staff had the right skills, experience to work with the individuals, and took into account people's cultural needs.

People could be assured that they received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. Staff told us that the provider always introduced any new staff to people before they started to care for the person. There was an induction programme in place for all new staff and their skills and competencies were tested. One member of staff told us "They (Provider) are very strict they check to make sure you know what you are doing, particularly with regards to medicine administration."

The staff spoke positively of the support and training they had been given. The induction programme ensured that all new staff completed mandatory training which included manual handling, health and safety, safeguarding and medicine administration. There was system in place to ensure that all staff refreshed their training annually.

Staff felt valued and listened to in their roles. They received regular supervision and for those staff who had worked for the service for over 12 months a programme of appraisals was in place. One member of staff said, "[Name of provider and care co-ordinator] often come and spend time with, observing what you are doing and giving you an opportunity to talk about the work; we sometimes don't know when they are coming; they make sure we are doing everything right."

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. We checked whether the service was working within the principles of the MCA and we saw that they were.

The provider had ensured that if a person had been deemed to lack the capacity to give their consent that the appropriate steps had been taken to ensure decisions were taken in people's best interests. Staff spoke to us about giving people choices and asking them what they wanted or needed to promote independence. People were encouraged to remain in control of their everyday lives.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need about eating or drinking. Records were kept in relation to the level of fluid and nutrition intake. However, these needed to capture the target goal the person needed to reach to maintain a

healthy balanced diet and the daily amount of fluids needed to be totalled. This would fully ensure that there was a complete oversight. One member of staff said "Its' important to ensure people stay hydrated so we are always ensuring people have plenty to drink." [Name of person] needs help to eat but we encourage them to do as much for themselves as possible; you just need to give them time."

People's healthcare needs were carefully monitored. There was detailed information about people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP. One relative said "[Name of care staff] is very good, they will let us know if they think we need to get the GP and we have now arranged that if [Relative] needs to go to the GP that [Name of care staff] takes them; it takes the pressure of us."

Is the service caring?

Our findings

Relatives told us how happy they were with the care and support their loved one received. One relative said "It's a brilliant service; [Name of care staff] is lovely, very professional, really helpful and good. They always come with a happy smile. [Relative] has benefitted from the stimulation and company." Another relative said, "They have all been fantastic; they are always on time, consistent, which is very important for [Relative]."

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given.

People's care plans were written in a way that explained how people preferred their care to be provided. The staff were able to tell us in detail about the needs of the people they provided care for; their likes and dislikes and the specific support they required, which demonstrated they were knowledgeable of the people in their care.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us they were involved in the initial assessment of their needs and in the on-going reviews of their care plans. One relative said, "I worked with them on the plan and we have made changes when needed."

The provider had ensured that people had the same regular care staff who delivered consistent care. One relative said "We requested the same carers and we have a small team; they are very good."

People received their care in a dignified and respectful manner. Relatives told us that they felt their loved one was respected and that their dignity was protected. Staff described how they protected people's dignity, they described closing curtains, doors to ensure no one could see in, and covered people up as much as possible to maintain their dignity at all times.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

At the time of the inspection, the people receiving personal care were supported by their families. We spoke to the deputy manager about what support was available should a person not be able to represent themselves or had no family to help them. The deputy manager was able to ensure us that they would seek the support of an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. There was no information readily available about advocacy for people however, the deputy manager agreed to ensure information would be included within the information pack that people received as they commenced the service.

Is the service responsive?

Our findings

People and their families met with the provider to talk about whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The provider made sure there were sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were effectively met.

The care plans detailed what people needed and when they wanted support. They were regularly reviewed and updated. We saw that if people needed to make changes this was accommodated.

There was information about people's cultural and spiritual needs. One member of staff told us how they met the cultural and spiritual needs of two people they supported. They told us that the staff with similar cultural backgrounds were selected to support the people. This had ensured that the people were able to practice their religion in the way they wanted and staff had the understanding and respect to support them. One relative said, "All the staff adapt quickly to meeting cultural needs."

There was a policy and procedure in place in relation to end of life care for the staff to follow. However, at the time of the inspection there was no one receiving end of life care.

People were supported to undertake activities or pursue any interest they may have; for example, people were supported to go shopping and have meals out in the local community. One relative said, "[Relative] likes going out with [Name of care staff] and having a good chat."

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact. Relatives told us that they would speak to the provider or any of the staff if they had a complaint. One relative said, "[Provider] is straight on to things if they are not right, they are very good."

There had been no complaints in the last 12 months and all the relatives we spoke to were very happy with the service their loved one received. We saw that there were appropriate policies and procedures in place for complaints to be responded to and managed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. The provider was passionate about providing the best possible care to people and was visible and approachable.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service, they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service grew they would need to be proactive about the development of the quality assurance processes. At the time of the inspection the care co-ordinator and deputy manager were monitoring the service.

'Spot checks' were undertaken by the provider and the care co-ordinator on a regular basis which ensured that all staff delivered the care as detailed in the individual care plans and at the standard required. Care plans, daily records and the medicine administration record sheets were monitored and any shortfalls in recording addressed. The visits to check on the staff also gave the provider an opportunity to gather feedback about the service.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. People and their families had been regularly asked for their feedback about the service. Feedback forms were sent out every three months. Some of the comments received included 'Excellent service from the team', 'You have done everything that was meant to be done, [Name of relative] was very happy.' and 'Really appreciate what you do and how you manage to cover.'

All of the staff we spoke were proud of the service they provided. They felt they had the time to provide a service that was person-centred and focussed on the outcomes for people.

Staff felt valued and listened to. There were regular staff meetings. Staff told us that the meetings gave them the opportunity to their ideas and experience and to discuss any concerns and look at how they could improve the service. One member of staff said, "[Name of provider and care co-ordinator] are very easy going they write up the notes of the meeting and share with those who don't attend and follow up on suggestions, for example we suggested that we needed training in diabetes to support one person and this is being planned."

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The provider ensured that whenever any policy or procedure was updated that the staff were informed.

The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date. The provider kept their knowledge up to date

by regularly checking out for any changes in government legislation and best practice guidance, which they shared with the staff. They worked closely with other social care and health professionals. For example, a record was put in place to monitor a person's behaviour, which helped professionals decide on the level and type of support the person needed.

The provider led a team of staff who provided a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible.