

## 2 Gloucester Road (Management) Limited

# Honeybourne Gate

### Inspection report

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21 June 2018

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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 of Honeybourne Gate took place on 20 and 21 June 2018 and was announced. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

We only inspected the records, policies and procedures relating to those people who received support with the regulated activity of personal care.

At the last inspection of Honeybourne Gate in July 2017 we rated the service 'Requires Improvement' overall. We found two breaches of the regulations. This was because adequate records in relation to people employed and the monitoring of the service had not been kept. The provider had not ensured staff were fit and proper to carry out the regulated activity of personal care.

After the inspection provider sent us an action plan of the actions they would take to meet these legal requirements. At this inspection we followed up on their actions and found that improvements had been made and the service now met the legal requirements.

A registered manager was not in place as required by their conditions of registration. 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 and associated Regulations about how the service is run. However, an acting general manager had been appointed and was managing the service until the newly appointed manager came in to post.

The acting general manager followed safe recruitment practices when recruiting new staff. The provider and deputy managers had a good insight into the quality of care being delivered and monitored the service personally. The provider had sought support from an independent consultant to assist them in monitoring of the service and we saw this had resulted in improvements in how the service was monitored and managed.

People were provided with care and support according to their needs and risks. People's risks had been identified and were being managed by staff who knew them well. People's care plans provided staff with the information they needed to support people. Robust and safe systems were in place if people required support with their medicines.

Staff understood how they should apply the Mental Capacity Act 2005 if they were required to support people who lacked mental capacity to make decisions about their care and support. Staff worked closely with health care professionals and people's families. Relevant health and social care professionals were

involved with people's care when their needs had changed.

People and their relatives were positive about the caring nature and told us they were supported by staff who were kind and compassionate. They were confident that any concerns would be dealt with promptly.

Staff felt trained and supported to carry out their role. The deputy managers were involved in the delivery and management of people's personal care, which allowed them to monitor the well-being of people and management of staff. Any concerns or accidents were reported and acted on to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm.

## 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 suitable numbers of staff and recruitment procedures had improved.

People's risks had been identified and were managed to ensure people remained safe and protected from harm.

Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

Systems were in place to assist people with their medicines if required.

### Is the service effective?

Good ●

The service was effective.

People were supported to make decisions and to consent to the care they received. Staff were aware of the principles of the Mental Capacity Act and how they would embed the principles in their care practices.

Staff felt supported and had access to effective professional development.

When required, people were supported with their dietary and healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly about the kindness and approach of staff. They told us they were treated with dignity and respect.

Staff spoke about people in a kind and caring manner.

People were supported to maintain their independence.

### **Is the service responsive?**

The service was responsive.

People's care plans were personalised to their needs. Staff had been responsive to people's changing needs.

People and their relatives were involved in the assessment and planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the service.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The provider had sought advice in the management of the regulated activity of personal care. The structure and responsibilities of the management team were being reviewed.

Systems were in place which enabled the provider to identify concerns and monitor the quality of service being provided.

People and their relatives were confident in the service they received and felt the managers and staff were approachable.

**Good** ●

# Honeybourne Gate

## **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 inspection took place on 20 and 21 June 2018 and was announced. We gave the acting general manager 24 hours' notice of our inspection. We did this because the acting general manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. We also reviewed the notifications about important events which the service is required to send us by law and took into account the service's inspection history.

We spoke with four people who were using the service. We also spoke two staff, a duty manager, the acting general manager and one representatives of the provider. After the inspection we also spoke to an independent health and social care consultant who had been commissioned by the provider. We reviewed three people's care files, staff training and recruitment records and records relating to the general management of the service.

## Is the service safe?

### Our findings

At the last inspection of Honeybourne Gate July 2017, we found that the provider had not ensured staff were fit and proper to carry out the regulated activity of personal care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider sent us an action plan of the actions they would take to meet this legal requirement. At this inspection we followed up on their actions and found that they had met the legal requirements.

The provider had reviewed and amended their recruitment procedures when employing new staff to ensure that the employment histories of staff had been explored. Records showed that Disclosure and Barring Services checks (criminal background checks) had been carried out and references had been obtained. We were told that the provider discussed the employment backgrounds of staff such as gaps in the employment histories of new staff and their reasons for leaving their previous jobs as part of the interview process. The provider had made reasonable adjustments when staff had declared information about their physical and mental health to support them to undertake their role. The provider kept the recruitment practices under review to ensure all the completed recruitment checks and discussions with staff about their employment histories would be recorded. For example, a health questionnaire had been introduced for new staff to complete.

The assessment and management of people's individual risks were clearly recorded. For example, the management plan of how staff should support one person with their mobility and use of mobility equipment was recorded to provide staff with the guidance they needed to keep this person safe. People's care plans showed that risks relating to their mobility, medicine, falls and environment had been assessed and recorded. Staff told us they were familiar with people's risks and the support they required to mitigate harm and injury to people. They reported any changes in people's well-being to the duty managers and people's relatives. There was evidence that they had referred people to health care professionals for additional support and advice when people's needs had changed. One person and their relatives explained that staff were supportive and provided the right balance of support and assistance as well as encouraging them to maintain their independence.

Staff reported and recorded all accident, incidents and near misses. The acting general manager told us that actions would be taken if patterns or trends were identified. People's falls were also logged and reviewed to identify if there were any patterns emerging. The acting general manager shared with us they were reviewing the format of the care plans to ensure that the outcomes and actions taken when people had an incident such as a fall would be more evident in the care plans.

The managers held some recorded information about people's levels of mobility which would be shared with emergency services in the event of an emergency. Additional details were required to enable staff and emergency services to support people in an emergency. This was raised with the acting general manager who assured us that they would implement a detailed personal emergency evacuation plan for each person. We were provided with assurances that staff understood the needs of people. The provider and managers had started making changes to people's care records to ensure they were comprehensive and provided

staff with the detail they needed to support people.

There were enough staff to support people who required assistance with their personal care. People were assigned staff who were familiar with their support needs and preferences. Staff from other departments had been trained in all areas of personal care which allowed the service to be flexible if there was a staff shortage or the demands of people's care needs increased. A duty manager was on call 24 hours a day and was available to provide additional support when required. A representative of the provider explained that they were continually reviewing the staffing levels to match the needs of people and changes in their well-being and were actively recruiting new staff.

People were kept safe from risk of abuse or harm as staff had received safeguarding training and were aware of the different types of abuse. Staff had access to the service's safeguarding and whistleblowing policies which provided them with the contact details of the local safeguarding agencies and CQC. The importance of safeguarding people and reporting concerns were reinforced with staff during their staff meeting and supervisions sessions. Staff told us they were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. People told us they felt safe amongst staff and valued their support and professionalism. They told us staff were respectful of their belongings and home and were reassured that staff were available at all times to support them if required.

Staff had been trained in infection control and their responsibility to use Personal Protection Equipment (PPE) such as gloves and aprons when supporting people with personal care. Staff usage of PPE was checked by the duty managers as part of their observations of the practices of staff.

At the time of our inspection, the service did not support anyone with prescribed oral medication. Risk assessments were in place for people who self-medicated and were regularly reviewed to assess people's ability to manage their own medicines. Staff had assisted one person to purchase an electronic medicines dispenser which allowed them to manage their own medicines safely. Staff supported one person to apply topical creams to their skin. Records of the application of the creams and body charts were in place and had been completed consistently and accurately.

Staff had been trained in safe medicines management and were knowledgeable about safe medicine practices. A robust medicines policy was in place to provide staff with the guidance they needed if people required support with their medicines.

## Is the service effective?

### Our findings

People felt that staff had the skills and knowledge they required to support them with their needs. Staff had been trained in online health and social care subjects such as food hygiene, medicines, infection control and safeguarding as part of their induction. They also received additional classroom based training in subjects such as first aid and manual handling. The skills and knowledge of staff to manage people's medicines were regularly checked.

The acting general manager confirmed that all newly employed staff received an induction which consisted of mandatory training and shadowing experienced staff. We were told that the induction eLearning course was mapped to the care certificate (expected national care standards) and plans were in place for staff to receive further training to update their skills. We discussed the training of staff with a representative of the provider who had plans in place to further develop the skills of the duty managers to assess new staff to ensure they met the expected care standards in line with the care certificate.

Staff told us they felt supported by the acting general manager, duty managers and the provider and could ask for any support or advice at any time. We were told that the managers often worked alongside staff which gave them the opportunity to monitor the staff performance and care practices. Records showed that staff had received regular supervision and professional development meetings. We were told that the restructure of the management team would allow the managers to improve the frequency of staff supervision meetings to be in line with the provider's staff development related policies. Staff received an appraisal of their role and to discuss their role and professional development needs.

Staff supported people to access health care services when required. There was good communication across the service to ensure staff had the information they needed to meet people's needs. Any changes in people's health or well-being were reported to their families or referred to their GP. The managers gave us examples of how they had worked closely with people's relatives and relevant health care professionals to ensure people's health and well-being needs were monitored and maintained. For example, staff worked alongside health care professional to monitor the wound of one person and reported any concerns.

Staff supported some people to plan, shop and prepare their meals as part of their care package and improve and maintain their levels of independence. Staff told us they always consulted with people about their food and meal choices and were aware of people's dietary needs and preferences.

People who received personal care from staff at Honeybourne Gate were able to consent and be involved in the planning of their care needs and support. People told us they were always informed of the care being provided or given choices about the support they received. The managers and staff were aware of the principles of the Mental Capacity Act (MCA) and had systems in place to lawfully support people who may not be able to consent to their care. MCA provides a legal framework for making 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. The acting general manager was in the process of identifying people who had appointed last power of attorneys to support them in any significant decisions about their care and finances.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring and passionate about their role. People praised the service and the staff who supported them with their personal care needs. Everyone we spoke with was highly complementary about the kindness of staff. One person told us they were very pleased with the support they received and said, "We are very happy with how they help us. They have got a good understanding of how we need to be supported. We work together to make sure my wife is OK." They went on to explain that they felt reassured that a staff member was on duty at all times and could be called on in an emergency. They said, "This is why we moved into a place like this, there is always someone on hand to help if we need some assistance." Another person said, "The staff here are very accommodating and kind to me. I call them anytime if I need some help."

The managers and staff knew people well and spoke positively about the care and support they delivered. They provided several examples of how they encouraged and prompted people to retain and improve their independence. Staff members told us they enjoyed working at Honeybourne Gate and felt they had a good understanding of people's needs and the support they required. One staff member told us the importance of observing changes in people's emotional well-being and adapting their approach accordingly. They also said, "I enjoy my job here. I feel good at the end of the day that I have helped people."

For example, staff supported some people to have trips into the community and go on holiday. People told us they enjoyed spending time with staff and liked to carry out activities away from their home. For example, staff supported one person to have lunch out and visit the local shops and park each week. They said, "I look forward to my trips out. It gives us all a break and I enjoy the company."

People were treated with dignity and respect at all times and without discrimination. Staff provided some examples of how they supported people with dignity and respect. For example, one staff member explained how they ensured one person's legs were always covered to hide their catheter bag. They told us how they supported people in a dignified manner when supporting them with their personal hygiene. People's preferences in the gender of staff who supported them was catered for.

People were empowered to make choices about their care provision. Their care needs were regularly reviewed which gave them an opportunity to express their views about the care and support they received. A check system had been implemented to monitor people from a distance and ensure people were at the minimum seen daily by staff. The representative of provider explained that it was important for people to live independently but the presence of staff in the building gave people and their families the added reassurance that people's well-being was being monitored.

The managers proactively supported people with their communication and were considering what reasonable adjustments could be made to ensure people with communication needs were not discriminated against. The acting general manager was considering the format of the literature and correspondence provided to people and had made an interim arrangement by providing a magnifying glass on the reception desk to help people magnify documents with small fonts.

## Is the service responsive?

### Our findings

People received a service which was personalised and tailored to their individual needs. People and their relatives had been involved in the assessment and planning of their care. Their preferences and routines were recorded and catered for by staff who were aware of people's individual support needs. Staff supported and enabled people to complete their personal care routines at their own pace as well as effectively monitoring them from a distance to ensure they were safe.

People's care plans provided staff with a summary of their personal and health backgrounds, communication needs and 'things you must know about me'. Records of people's personal care objectives and how they should be supported to achieve their objectives were documented. Staff told us they had the information they required to support people safely and to understand each person's levels of independence and support requirements. The acting general manager told us that people's care plans were a 'living document' and that more information about people's personal backgrounds and their diverse needs were added once people became more comfortable around staff and disclosed more information about themselves.

Some people were supported with social and leisure activities. One person told us staff had supported them to research and book several holidays and had accompanied them on the holidays and assisted them with their personal care needs and to enjoy holiday activities.

Systems were in place to inform and share information between the duty managers including accidents and incidents, checks that people had received their personal care, activities and disaster recovery information. Staff wrote a comprehensive account of how they supported people at the end of each visit. There was recorded evidence of health care professional referrals and the recommendations that they had made to help staff to support people to maintain their well-being.

People and their relatives told us their day to day concerns were explored and responded to in good time. They told us staff had responded quickly when they had raised minor concerns and were confident that any significant concerns raised with the managers would be addressed promptly. A duty manager was available 24 hours a day to address people's queries or concerns.

The representative from the provider told us that they had learnt from their mistakes when evaluating people's concerns and were making changes to drive improvement within the service. They said, "It is so important to us as managers and owners that we get this right for people. We are eager to learn and deliver the best possible care and service that we can. The owners here have bought into a lifestyle and we need to meet their expectations." The results of a recent customer survey carried out by the provider confirmed that people were positive about the service they received. For example, people praised the service for its friendliness, cleanliness and responsiveness. Any negative feedback had been actioned, for example the service had reviewed its menu and activities as a result of people's feedback.

At the time of our inspection, no one being supported by the staff at Honeybourne Gate was living at the

final stages of their life. The acting general manager and the representative of the provider explained that staff would be guided by the services end of life policies and procedures if a person chose to remain in their home during the final stages of their life. The providers website states "We aim to provide our residents with a 'home for life' thanks to the availability of appropriate, professional assistance and support." We were told the staff training and the services strategies in end of life care would be reviewed by the incoming manager to ensure people would be supported in line with national end of life care practices.

## Is the service well-led?

### Our findings

The provider had a clear vision for people to have access to good quality care and support with their personal care and daily living activities. People and staff told us they felt the management team were open and approachable. People praised the provider, managers and staff who supported them. Regular staff meetings were held to discuss concerns, share information and reinforce the service's policies and procedures. Staff told us they felt appreciated by the managers of the service. One staff member said, "I like working here. I feel valued and respected. They (the managers) are always approachable." Another staff member said, "You are treated as an equal here. I like that. I can talk to the managers here about anything."

No registered manager was in post at the time of the inspection. However, an acting general manager was in post to manage the regulated activity of personal care until the newly appointed manager started in their role on 2 July 2018. The new manager would be registering with the CQC to ensure the provider met their regulatory requirements.

A representative of the provider explained that they had reviewed the management posts at Honeybourne Gate and planned to implement a clear management structure to define the accountabilities and responsibilities of the managers. For example, the duty managers would be required to update and review people's care plans with them. They said, "The duty managers will have more responsibilities and have a more active role in managing the service. We are reviewing our procedures and systems to ensure that they are accessible to all the managers so everyone has a clear understanding of the how the service is run."

Since our last inspection, the provider had consulted with an independent health and social care consultant. The consultant had assisted the provider and managers in monitoring the service and provided them with direction and management support. The consultant's reports had been used to drive improvements. For example, the details of people's care plans had improved and provided staff with the guidance they required to support people. The action planned and taken by the provider to address shortfalls identified by the provider and the consultant assured us that in future any information about the service's shortfalls and the actions to be taken, by whom and the required timeframe would be recorded as part of their quality assurance process. The consultant told us the value of a clear action plan for all staff to work towards would be reinforced and implemented. The consultant told us they were also available for support and advice and had a clear vision on how to support the service moving forward.

Other systems were in place to monitor the quality of the service people received. Regular checks of the service were carried out to ensure that the service maintained current practices and expected standards. These included checks on staffing development and monitoring of the care being delivered. A duty manager was on duty 24 hours a day to provide support to staff and people and oversee the service being provided to all people who lived at Honeybourne Gate. A robust handover system was in place between the duty managers to ensure they were informed of any information relating to people and the service. The duty managers frequently worked alongside staff and spoke to people about the care they delivered. Any issues identified were acted on and shared with the other duty managers and the actions were cascaded to the staff team. The services policies and procedures were regularly reviewed and reflected the extra care model

to ensure people received safe quality care. The acting general manager said, "The service is really developing and evolving as staff understand their role and expectations of them. We are here to focus on the owners and their needs and support them if we can."