

Manorcourt Care (Norfolk) Limited

# Honey Tree Court

## 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

What life is like for people using this service:

The service had a team of staff who were skilled and competent in meeting people's individual needs. Staff and the registered manager showed a genuine motivation and passion to deliver personalised care based on people's preferences and likes.

Support was planned and delivered in a structured way to ensure people's safety and welfare. The service met people's assessed needs and outcomes. Staff had access to information about how to support people effectively.

Staff had an excellent understanding of people's needs and provided person centred care which put people at the heart of the service. Staff ensured people's wellbeing, safety and security were protected.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that were challenging to others.

Staff were compassionate, kind and caring and had developed good relationships supporting them to stay as independent as possible.

This met the characteristics of good. More information is in the full report.

Rating at last inspection: Good (19 April 2016)

About the service: Honey Tree Court is a service which provides personal care and support to adults in their own homes. 79 people were receiving a service at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

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

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Honey Tree Court

## Detailed findings

### Background to this inspection

**The 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.

**Inspection team:** One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, they had experience of residential care.

**Service and service type:** This service provides care to people living in specialist 'extra care' housing. Extra care housing is an adapted single household accommodation in a shared site or building. The accommodation is 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 service. People using the service lived in a number of flats in a single building in multi-occupation shared by people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced. The inspection site visit activity was carried out on the 11/12/18. We visited the office location to meet the registered manager and office staff; and to inspect care records and policies and procedures.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We asked for feedback from professionals who had worked with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 10 people to ask about their experience of the care provided. The

inspection was informed by feedback from questionnaires completed by a number of people who had used the service.

We spoke with seven members of staff including the registered manager. We also sought feedback from health professionals and commissioners who had funded people and monitored the service. Where feedback has been provided this has been included within the report.

We reviewed the information from completed CQC surveys from people who used the service, which had been obtained prior to the inspection.

We reviewed a range of records. This included five people's care plans and medication records. We looked at four staff files and records relating to the recruitment, training and supervision of staff. We looked at audits and quality assurance procedures relating to the running of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People's relatives and representative's told us they were confident their relative was safe and trusted staff to do the right thing.
- Systems were in place to promote people's safety and safeguarding procedures were followed. One person said, "I feel very safe with the staff. They treat me so well. I am never rushed by anyone. They do everything I want them to."
- Staff attended training and were knowledgeable about identifying abuse.
- Staff and the registered manager were aware of their responsibility and knew how to report concerns in the right way.
- Staff told us they were confident the registered manager would act to deal with any safeguarding concerns that were raised with them.

### Assessing risk, safety monitoring and management

- Detailed assessments identified risks to safety and wellbeing.
- Care plans had individual risk assessments which provided guidance for staff to know how to work in a safe way. For example, there was detailed information for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers.

### Staffing levels

- Recruitment practices were found to be of a good quality and appropriate recruitment checks had been carried out.
- People told us staff arrived on time, and had regular, consistent staff. One person said, "When I first started, I suggested a time for my calls. I don't think they have ever been more than five minutes late for my calls." Another person said, "Staff usually come at the same time each day and I nearly always know who will be coming."
- Missed visits had occurred on five occasions over the last year. When this had occurred, the registered manager carried out an investigation to look at the reasons and what action could be taken to prevent it from happening in future.

### Using medicines safely

- Most people managed their own medicines, but when help was needed, arrangements were in place to support people safely.
- People told us they were given medicines at the right time and in the right way.
- Staff had been trained in medicines. The registered manager carried out regular spot checks to make sure they were competent.

### Preventing and controlling infection

- The staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.

### Learning lessons when things go wrong

- The registered manager had systems in place so that learning was cascaded to staff, when things had gone wrong.
- Records of accidents and incidents were of good quality and overseen by the registered manager who took preventative action when this was needed.
- One staff member said, "We have team meetings. When something has gone wrong they use this because they want everyone to know, so no one else makes the same mistake."

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were good, and feedback confirmed this.

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

- Assessments had been carried out. Expected outcomes were identified and care had been regularly reviewed.
- Where people's health had deteriorated or their needs had changed, the registered manager had sought a formal review of their care needs.

Staff skills, knowledge and experience

- Records showed that people had been supported to develop their skills and, had attended training sessions which consisted of face to face and on line learning sessions.
- An effective induction programme was in place, which included the shadowing of more experienced staff.
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service. One person said, "All the carers who come to me are very well trained and it helps me be more confident to do things."
- Support was provided, through a programme of supervision and appraisals which had been carried out at various stages throughout the year.

Supporting people to eat and drink enough with choice in a balanced diet

- When it was in line with people's assessed needs, people told us that staff encouraged and supported them to have a nutritionally balanced diet.
- Staff respected people's rights to make their own decisions and choices at meal times.
- Staff had received training in food safety and nutrition.
- Care plans showed how people needed to be supported with meals and drinks.
- Staff were aware of people's specific dietary requirements and any associated risks. They could tell us how they supported people's assessed needs, to ensure they helped people to eat and drink in a safe way.

Staff providing consistent, effective, timely care

- Important records relating to people's health needs had been retained within people's care plans.
- The registered manager and staff supported people to access healthcare services, if this was in line with their assessed needs.
- The registered manager and staff had worked with a range of healthcare professionals, such as social workers, and GPs.
- One professional said, "My client had been very involved in the care planning process. They have been extremely helpful when they moved in and they continue to support them with their needs."

Adapting service, design, decoration to meet people's needs

- Honey Tree Court is an adapted single household accommodation in a shared site or building.
- People have separate contractual rental agreements with a land lord that is not connected to this provider of personal care.
- The people using the service lived in a number of flats in a single building shared by people.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Staff had received training about the MCA and understood how it should be applied in practice.
- Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- Staff obtained people's consent before care and support was provided.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Staff treated people with kindness. This was reflected in the feedback from people who use the service. The service provided sufficient time for staff to develop trusting relationships with people, in line with their assessed needs.

Ensuring people are well treated and supported

- People told us that staff respected them, their homes and their possessions. One person said, "I have used the service for two years now. I been treated with the utmost respect by everyone I have had dealings with."
- People's back ground histories were recorded. This detailed information, helped staff to get to know people and to build positive relationships.
- Staff knew people's preferences and used this knowledge to care for them in the way they liked.
- When people were unable to express their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Confidentiality continued to be well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure and treated with respect.
- When required, staff signposted people and their relatives to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the staff working with them. Staff told us when they went into people's houses staff asked if the person wanted them to take their shoes off. One person said, "The staff couldn't be kinder to me. No matter what I ask them to help me with, it is done with a big smile on their face."
- Staff showed genuine concern for people and were keen to ensure their rights were upheld and that they were not discriminated against in any way.
- People told us staff treated them with dignity and respect and provided compassionate support in an individualised way.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

End of life care and support

- People continued to receive care that met their individual needs, choices, and preferences. The registered provider was developing their approach toward end of life care.
- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The service had previously supported one person, and helped them to carry out their wishes to die at home. Staff had worked closely with family members and other professionals.
- Policies and procedures relating to end of life care were being developed.
- Two staff members had been trained. Additional sessions for other staff had been arranged.

We recommend the registered provider continues to develop their approach to end of life care, in line with best practice guidance.

How people's needs are met

- Care plans had referral information from local authority commissioners, and included a breakdown of people's care and support needs.
- Assessments were in place which covered a wide range of topics, from moving and handling, to people's spiritual and cultural needs.
- People's care plans described how each person should be supported. One person said, "I have a care plan. It has got everything I could possibly need to tell me about myself and what I need. It is reviewed once a year."
- Staff had an in-depth knowledge of the people they were supporting and could describe things that were important to them.
- People told us that positive and trusting relationships had formed between people and the staff that supported them.

Personalised care

- People continued to be involved in decisions about their care, and about the support they were provided with.
- Care plans explored people's needs, and considered people's interests, hobbies, and likes and dislikes.
- People were asked if they wished to receive personal care from staff of the same gender and their wishes were carried out.
- People and their relatives had been involved in the planning and review of their care.

Improving care quality in response to complaints or concerns

- People were given information about how to raise concerns or make a complaint, when they started using

the service. They felt confident they would be listened to and that action would be taken.

- The registered manager carried out a robust investigation when complaints had been received and provided apologies when this was needed.
- Compliments about the service had been received. One said, "Thank you so much from the bottom of our hearts, your love, care and dedication was very obvious in all you did for [Name], and also the support you gave to [Name] at this very sad time."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- The registered manager planned and promoted person-centred, and support people to meet their assessed outcomes.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way.
- Staff consistently told us of the positive management structure in place.
- Staff described the registered manager as supportive, knowledgeable and approachable.
- People spoke positively about the registered manager. One person said, "[Name of registered manager] rang the other day just to make sure that everything was alright with my care."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager completed spot checks on a wide range of areas relating to service provision.
- Systems were in place to ensure that effective communication with staff, so that they were kept up to date with any changes to the service provision.
- The vision and values of the service were displayed on the website and through the statement of purpose.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a defined governance and management structure in place, which provided clear lines of responsibility and authority for decision making about the management, and direction of the service. Staff had defined roles and were aware of the importance of their role within the team.
- The registered manager continued to carry out a range of audits, which looked at key areas and checked the quality of the service.

Engaging and involving people using the service, the public and staff

- People continued to speak positively about the management and leadership of the service. They told us they were confident in the way the agency was managed and actively encouraged to share their views and provide feedback about the service.
- People had the opportunity to express their views and be listened to in the annual management and monitoring review. We saw that this included people's views on all aspects of the service and was analysed to look for any areas that needed improvement.
- One person said, "I have filled a couple of survey's in since I started. It asks me things like am I happy with

what the company does for me."

#### Continuous learning and improving care

- The registered manager was very clear about the importance of using examples to help staff understand how they could all improve the service.
- Staff had regular team meetings, and learning circles took place to promote learning and development.
- Meetings were used to share information and look at ways they could work in a better way.
- The registered manager was continually reviewing and learning where possible, and was looking at how they could develop the well-being of their staff.

#### Working in partnership with others

- The registered manager worked in partnership with other organisations and had taken part in good practice initiatives designed to develop the service. For example, they had recently completed the 'My Home Life' leadership course, provided by the local authority.