

Towertrend Limited

Honey Lane Care Home

Inspection report

Honey Lane
Waltham Abbey
Essex
EN9 3BA

Tel: 02088796550

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Honey Lane is care home providing accommodation and personal care to up to 41 people who have needs associated with dementia. At the time of our inspection there were 33 people using the service.

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

Staff had received training for safeguarding, and this was updated regularly. Risk assessments were in place to manage potential risks within people's lives. Concerns had been raised as monitoring charts used to mitigate risks to people were not always completed effectively. However, the provider had appointed a new manager and oversight of risk monitoring had recently improved. Minor improvements were needed to medicine processes. Staffing numbers had increased to keep people safe and the provider followed the established recruitment procedures to ensure staff employed were suitable for their role.

People received personalised care and participated in activities, hobbies and events they enjoyed. People told us they knew who to complain to and would feel confident in doing so. We made a recommendation about the review of care plans.

The provider had recognised some aspects of the quality assurance processes had not always been consistent in recognising shortfalls. This had now been addressed and oversight of the service had improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, staffing and risk. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see safe section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Honey Lane Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Honey Lane is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection a new manager had been appointed who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, the manager, senior staff and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We spoke with a further relative following the inspection. We requested additional information related to governance processes in the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The local authority had identified in a series of visits that controls to mitigate risks to people had not always been recorded to reduce the risk of harm.
- Repositioning charts to reduce the risk of skin pressure damage had not been completed in a timely manner. We looked at charts for two people in 2021 and there were significant gaps identified in repositioning charts.
- The manager had not been in post long and had already made an impact in assessing risk and monitoring the controls needed to reduce those risks. All recent repositioning charts we looked at had improved and the manager had delivered additional training for staff in this area.
- Staff told us they had gone through a difficult period where agency staff usage had increased, and this had impacted on the care delivery. One staff member told us, "It is better now, but was hard recently as we lost staff that were not vaccinated. Now we have had a recruitment drive the morale has improved and we can definitely meet people's needs."
- The manager told us, "Since these concerns were identified we have now recruited additional staff, increased staffing levels and delivered some additional training to senior staff."
- We spoke with a health professional who told us, "I have been coming here since October 2021 and staff are very helpful, they listen to my advice and alert us quickly about any concerns."
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises safely, in the event of an emergency.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there.
- The manager analysed accidents and incidents which helped identify any triggers and trends to help reduce re-occurrence.

Staffing and recruitment

- Concerns had been raised about staffing levels at the service. However, as a response, the provider had increased staffing levels for both day and night. A staff member told us, "There is enough now, it has got much better."
- During the inspection our observations showed there were sufficient staff to support people safely. A relative said, "There is always someone around and always staff in the lounge."
- The provider understood their responsibilities to ensure suitable staff were employed in the service. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

Using medicines safely

- The provider used an electronic medicine system which alerted staff if medicines were not administered as prescribed.
- Whilst regular checks were carried out on the medicine system it was difficult to reconcile as return medicines needed to be removed from the system. An acting deputy had just started at the service and responded immediately to ensure this process was completed prior to staff reconciling the stock.
- The deputy also responded immediately to our concerns not all liquid medicine had opening dates within the fridge. Whilst the manager told us they were able to track the opening dates using the system, they agreed bottles should contain an opening date to ensure they were only used within prescribed timescales.

Systems and processes to safeguard people from the risk of abuse

- Concerns had been identified by the local authority in relation to a number of safeguarding incidents. These were currently being investigated by the relevant safeguarding authority.
- Staff understood how to recognise and respond to concerns of abuse and told us what actions they took to keep people safe from harm.
- People and their relatives told us they felt safe. One person told us, "They are kind to me." A relative said, "Staff do communicate well and my [family member] has never been in distress. The staff are wonderful."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current guidance in respect to visiting arrangements at the service.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- The service used an electronic care planning system. Whilst risk assessments we looked at had been reviewed this information had not always been used to review all parts of the care plan. For example, one person's mobility care plan had been updated but in their activity care plan still reflected their previous abilities for their mobility. The manager told us they were in the process of reviewing all care plans and sent us some examples of full care reviews held with relatives.
- Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop the care plan. A relative told us, "They did assess [family member] before they were admitted, and I passed them information about all my [family member's] preferences."
- Daily handovers took place between staff to ensure they had the latest information on people.
- Staff knew people at the service well and during the inspection the interaction was positive. One staff member chatted to a person and then put on their favourite film. This elevated the person's mood who was then singing along to the music.
- A relative told us, "There always seems to be familiar faces around. They know my family member and I have seen their care plan; they talk to me about any changes."

We recommend the provider consider current best practice guidance in relation to reviewing care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information for staff to follow to ensure effective communication. A staff member told us, "[Person] can forget to use English, so we have some signs and a translation book to refer to if we need it."
- The provider complied with the Accessible Information Standard (AIS). This is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities such as afternoon tea parties, knitting, baking, aromatherapy events, games, movies and outside entertainers.
- People were supported to maintain the hobbies and interests they previously enjoyed. For example, one person enjoyed dance, so staff were able to find a dance show their daughter had been in and play it to the person which generated conversation about the dance event.
- One person was supported to maintain their links with their culture. A relative told us, "They [staff] try really hard with [person's] culture, any special festivals they ask me about and try to incorporate this into their activities." Another relative said, "We get a weekly activity schedule sent to us and there seems like a lot is going on, they do go out every week usually as well."
- During our inspection people were provided with things to occupy them which included music, doll therapy and things to touch, pick up and feel.

Improving care quality in response to complaints or concerns

- People, their relatives and staff knew how to raise a complaint. They felt confident that their concerns would be taken seriously and responded to by management. One relative told us, "I have not had need to complain but I would talk with [named senior staff] if I had a concern."
- A complaints process was in place that ensured complaints were investigated and responded to

End of life care and support

- We were informed about one person who was at the end of their life during the inspection. However, when we reviewed their care plan not all parts of their care plan reflected this information. For example, their profile information did not include any reference to the person receiving end of life care. Following the inspection, the manager sent us an updated end of life care plan for this person.
- Care plans recorded whether people had a Do Not Attend Cardio-Pulmonary Resuscitation decision (DNACPR) in place. The purpose of a DNACPR decision is to provide immediate guidance on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. However, two DNACPR documents required review. Following the inspection, the manager sent us information the reviews had been requested.
- The service liaised with health professionals in relation to people's end of life care when required.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The inspection was carried out following concerns raised by the local authority. Concerns raised were in relation to safeguarding, staffing and risk management. Following the visits from the local authority the provider had responded to their findings.
- A new manager had been recruited at the service and they and their senior team had made significant improvements to address the concerns. Staffing levels had been increased and more effective oversight was now in place.
- The manager had delivered additional training to senior staff following the concerns raised.
- There were now clear lines of responsibility and accountability within the service. The manager was supported by their senior management team and a core staff team. A staff member told us, "It has been hard, and this has been my third manager, but things are much better now."
- A clinical risk management plan was in place to ensure all updates and progress were recorded.
- The provider and management team were committed to continuous learning to maintain and improve standards.

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

- People and relatives we spoke with were happy with the support they received. One person told us, "I cannot fault this place." A relative said, "I am really pleased with the care and staff are very kind." Another relative said, "I have a lot of contact with the home. Staff are wonderful and they are like another family."
- Throughout the inspection the staff interactions with people that used the service were positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- Regular meetings or conversations took place with people, relatives and staff to seek feedback on how the service was run. Relatives we spoke with told us communication was good.

- A daily meeting was held with all senior staff to discuss any updates or concerns. Staff told us they felt supported by senior staff.

Working in partnership with others

- There were good relationships with local health and social care professionals.
- A visiting healthcare professional confirmed the manager and staff team brought any concerns, issues or queries to their attention promptly.