

Honeydew Healthcare Limited

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Inspection report

Hartham Park
Corsham
Wiltshire
SN13 0RP

Tel: 01249691354

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Honeydew Healthcare Ltd is a domiciliary care agency providing personal care to people in their own homes. They provide this either in the form of regular visits to people or live in staff. People had a range of needs and some were more complex. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and those important to them had mixed feedback about how well supported they were by staff. Some felt that they had very supportive, kind and caring staff led by a strong registered manager. However, others with more complex needs were less positive about their experiences.

Shortfalls were found with medicine administration and management including the lack of guidance for 'as required' medicine. Improvements were required to risk assessments to ensure consistent care in line with current best practice. Learning was starting to happen from things that went wrong, and systems were being developed.

Staff had a range of training and there was a drive to promote continual professional development. However, staff lacked skills to support people with more complex needs. This was reflected in gaps in training which could potentially lead to poor and unsafe practices by staff. Care plans often lacked the details and guidance for staff leading to a potential risk of inconsistent care and support being delivered.

People were supported to have choice and control of their lives. However, records did not always demonstrate how people were supported in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The registered manager had a clear vision for the service and wanted to ensure people received the best care possible. However, systems to monitor the support being delivered not consistent and improvements were made during the inspection. This placed people at risk of harm and poor care.

End of life care plans had not been considered for every person receiving care at the service. Although, when people had expressed a wish not to talk about this it had been respected.

Following the inspection, the provider updated us on improvements that had already been made since the inspection.

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

Rating at last inspection and update

This service was registered with us on 23 December 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received following the outcome of a safeguarding investigation by the local authority safeguarding team. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, recruitment and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made a recommendation around decision making for people lacking capacity.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Honeydew Healthcare Ltd

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 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

This inspection was carried out by two inspectors and one member of the medicine team onsite. An Expert by Experience made phone calls to people and those important to them during the 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 June 2022 and ended on 29 July 2022. We visited the location's office on 27 June 2022 and 5 and 20 July 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with two people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager. We reviewed a range of records. This included seven people's care records and seven people's medication records and related care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People with complex health needs were not always safe because risks had not been assessed or mitigated effectively. Guidance was lacking for staff to ensure consistency in the support. Neither had current best practice for certain health conditions or practices been considered. For example, for people with catheters there was limited detail about how to prevent infections spreading.
- People who were at risk of pressure ulcers did not have clear guidance to mitigate risks. No information was in place about how frequently repositioning should happen. There were no records to demonstrate it was being monitored and the registered manager was unable to tell us about any. Neither did staff have guidance about the settings which specialist air mattresses should be on and what to do if they went wrong. For example, one person's care plan stated, "Carers to make sure the air pressure mattress is inflated and on the right settings..." No information was present about what these settings should be.
- People who were at risk of falls did not have details within their care plans to inform staff of ways to mitigate the risks. No guidance was in place about what risks there are in relation to falls either. One person's care plan said, "Carers to make sure the [Person's] needs are met according to [their] support plan." There was no accompanying guidance to instruct staff how to mitigate the risks of having falls.
- The management and staff had not recognised that one practice being carried out by them was placing a person at risk of injury because it should be overseen by a nurse. During the inspection this practice was reviewed and contact with the person's GP and district nurses had been organised.

Systems were not always effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us updated, more detailed care plans for people who had complex health needs as examples of the improvements they had already made. Additionally, they sent us records of improved repositioning records for people.
- Environmental risks had been assessed prior to delivering care in people's homes. This was included as part of the initial assessment the management team completed.
- People who required equipment to help them during transfers had clear guidance and risks assessed in line with current best practice. It included the type of sling and how to safely attach it to the hoist.

Using medicines safely

- Medicines were not managed safely. Medicines which were 'as required' lacked clear guidance to ensure consistent administration. One person with a complex health condition had staff who were not familiar with

how to administer their emergency medicine safely when their health declined. Reliance was placed on the person being able to direct staff. This placed them at risk of potential harm.

- People's initial assessments contained details about the level of support they required. However, information was not always available for people using the service to ascertain who was responsible for ordering, transporting or returning medicines to the community pharmacy. This meant there was a risk people could run out or have inappropriate medicines at home.
- Care plans were not always in place or updated to help guide staff to support the medical and health needs of people using the service. For example, one person was prescribed blood thinners; no guidance was in place to help staff monitor and manage their side effects. This placed people at risk of injury or harm.

Systems were not in place to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service around medicine management and administration. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not always supported by staff who had been through a recruitment system to keep them safe from potential abuse. No start dates could be provided for staff files we checked. Therefore, it could not be determined who had criminal record checks and references prior to starting work with people.
- References from previous employers did not always match declared places of employment on application forms. Neither were they from previous care providers a member of staff had worked for. Received references had no system to prove it was from the company who had previously employed the member of staff.
- No systems were in place to check a criminal record check was still valid for a member of staff who had a break from working for the provider. This meant early checks may not still be valid.
- Gaps in employment were present even if the person had also supplied their CV. No questions had been asked to follow this up despite it being part of the interview process.

Recruitment systems were not in line with current legislation or the provider's policy to keep people safe from inappropriate staff working with them. This placed people at risk of potential abuse. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to complete criminal record checks for staff who were recently moving to the UK.
- People were supported by enough staff to keep them safe and meet their needs. Comments received told us staff levels were what was required. Most people had regular staff supporting them and preferences were considered. Additionally, if a member of staff was not developing a positive relationship with someone, they supported then it was rectified.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were somewhat assured that the provider was using PPE effectively and safely. Some relatives raised concerns that staff had not always worn PPE correctly during visits. This had also been identified on the managements spot checks. Action was taken when this was found.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise potential abuse. People and those important to them told us they felt safe. They commented on the positive amount of training staff had received to understand their needs.
- Systems were in place to keep people safe and the registered manager was aware of their responsibilities. They were continuing to learn. A recent safeguarding case had highlighted some issues they were working to improve. Changes were starting to be seen during the inspection about the learning.

Learning lessons when things go wrong

- The registered manager showed us the system they were developing to demonstrate they were learning when things went wrong. This highlighted situations they had already taken action to demonstrate they were learning. For example, how staff members new to working with people introduced themselves and use of PPE consistently on visits.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care when they were able to be. Those important to them confirmed they had been involved when the person was unable to make informed decisions.
- Staff and the registered manager were able to talk to us about when people had fluctuating capacity or lacked capacity to make decisions for themselves. However, paperwork was not reflecting conversations we had. Examples were seen when people's health had declined, and no capacity assessments or best interest decisions had been completed for any decisions.

We recommend the provider consider current guidance and legislation on making decisions for people who lack capacity or have fluctuating capacity and take action to update their practice accordingly.

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

- People were not supported by a service which was aware of all the guidance, standards and laws they should be working within. This meant there was limited information within care plans for staff which could lead to inconsistent care. Examples were seen when risk assessments for health conditions were not in line with current best practice.
- People had their needs assessed by the registered manager or their senior team prior to starting work with them. The registered manager was proactive and met with new people and followed this up with further visits. Compliments were received about their positive communication to others.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained in a range of areas. This included completing training in safeguarding, infection control and food hygiene. Additionally, there were courses to introduce awareness to epilepsy and supporting people with learning disabilities.
- However, people with more complex needs did not always have staff who understood their needs or have adequate training. Examples were seen in the safe key question when staff were not always aware of how to mitigate risks to people with complex health needs and concerns around pressure care.
- The registered manager and senior staff were assessing competency around medicine administration and moving and handling using equipment. They had not completed higher level training to ensure they were following current best practice. During the inspection the registered manager reviewed this and sourced additional training.
- The registered manager promoted personal development. They were passionate about staff being able to develop whilst working for them. This included completing specialist qualifications in health and social care. Some staff had moved on to qualify as nurses and social workers. They remained as care staff whilst completing their qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support to prepare meals in their own homes and support with eating and drinking had systems in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see other health and social care professionals when their health declined. One person had recently had more falls and there had been multiple inputs from other health professionals to ensure everything was being done to reduce the number of falls.
- People commented on how well the service worked with others when there were multiple agencies involved in people's care.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. Comments explained that care staff do not rush people, are very friendly and really care about people's well-being. The registered manager and senior staff led by example. They were positively named during discussions had with people and those important to them.
- Compliments to the service reflected people's and relatives' views of the staff. They read, "I will never be able to thank you enough for all your kindness and compassion" and, "I would like to express my own personal thanks to [the registered manager] and the team for their incredible care, compassion, kindness and sensitivity in providing the necessary services for my [relative]."
- Staff were regularly supported by senior staff and the registered manager during the calls to monitor the quality of care and support delivered. If any issues were found these were rectified promptly.
- Respect was shown by staff to people's diversity and they were treated as equals. One person explained a live-in carer regularly took them to church even though it was a differing belief for the member of staff.

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

- People and those important to them were supported to express their views and being involved in decisions about their care. Preferences could be made about the gender of staff who supported people, and this was respected.
- However, there were some people with more complex needs who felt being involved and given choices was inconsistent. The registered manager was aware and working hard to ensure the right staff supported the right people.
- Limited thought had been put into different communication methods for people who struggled to verbally express themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to protect people's privacy and dignity. They would greet people when arriving at their home and respect when people were having intimate care.
- People who wanted to remain as independent as possible was valued by staff and the management. One relative told us that the staff regularly support their family member to go out.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met or at risk of being inconsistently delivered by staff.

End of life care and support

- People had not had their end of life plans considered other than legal requirements completed by health professionals. The registered manager told us they had different plans for when someone comes to them requiring specific end of life plan which we were told had been used in the past. No examples were shown during this inspection. The registered manager told us they would take this forward when improving the care plans for everyone else.
- Following the inspection, the provider shared examples of end of life wishes added to people's care plans.

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

- People had care plans which were personalised to them. There was a life history for each person providing some background. Different care plans were used if the person was receiving end of life care. People and those important to them confirmed they had been involved in discussions about them.
- However, care plans lacked details and guidance for staff in some areas to ensure consistent care. This was reflected by some staff not having the level of understanding required to support people with complex needs. Examples found included a lack of explicit step by step instructions for how to support people with their health conditions in line with best practice. Other care plans had identified needs of a person and then lacked any guidance for staff to follow.
- The registered manager shared they were moving to a new format which would contain more details. An example they shared during the inspection still required improvement. Following the inspection, they shared they had also introduced a 'pen profile' as an overview document for new staff working with a person.

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 had communication considered as part of their care plan. Other health professionals had been involved. No information about specific adaptations to communication were present in people's care plans.

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

- Staff respected and supported people to access the community or meet with friends.

Improving care quality in response to complaints or concerns

- Systems were in place to manage concerns and complaints from people. Records showed, and people informed us, that action was taken in relation to these. The registered manager was responsive to any concerns raised to them during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were not in place and embedded into practice to ensure people were receiving safe and high-quality care. Examples were found throughout the inspection of shortfalls which the quality systems had not recognised.
- Staff and the registered manager were not always following their own policies and procedures. For example, around medicine management, recruitment and training.
- The management was not fully embedding current guidance, legislation and standards into the support for people. Examples were seen because staff lacked training in line with people's complex needs and risks to people had not always been mitigated.
- A wide range of concerns had been found during the inspection leading to multiple breaches of the regulations and a recommendation.

Systems were not established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection, the registered manager was willing to learn and improve the service. They shared updates around a range of concerns that were raised including 'as required' medicine guidance and improvements they would make to recruitment.
- Following the inspection, the registered manager shared improvements they had already made. This included care plan and medicine audits to improve their systems of monitoring the care and safety of people.
- The registered manager also managed another service. They explained to us how the learning from this inspection was going to be applied to the other service. This was to ensure support for people was safe and high quality.
- People were being supported by a service that had a culture of placing people at the centre of their care. Feedback included, "The staff are very friendly and appear to really care about people's well-being in general."

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 registered manager knew their responsibility to apologise when things went wrong. Examples were seen where accidents had happened the registered manager was open with people and the relatives.

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

- People and those important to them were positive about the engagement they received from the registered manager. All except one relative confirmed they received regular visits and/or phone calls from the registered manager. This was to check how things were going and if any improvements were required.
- Staff were positive about the support they received from the management which was reflected in the level of retention. They felt supported and could speak with the registered manager at any time.

Working in partnership with others

- People were supported in a service that worked well in partnership with other health and social care professionals. This included when people received care from multiple providers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not always effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established to monitor the people received safe and effective care in line with their needs.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure people were being supported and kept safe by staff who had been through a safe recruitment process.