Honey Crown Bee Limited

Harp House

Inspection report

16 Helmore Road
Barking
Essex
IG11 9PH

Tel: 07951000678
Website: www.honeycrownbee.co.uk

Date of inspection visit:
08 June 2018

Date of publication:
17 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 8 June 2018 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission in March 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and adults with physical disabilities. It specialises in providing support to people who require palliative care, although not exclusively so. At the time of our inspection four people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have made one recommendation in this report. This was because staff did not receive formal one to one supervision from a senior staff member.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Although the service did not support anyone with medicines at the time of our inspection, systems were in place to do this in a safe manner if required.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine of it was a suitable care provider for each individual. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training to help them develop relevant skills and knowledge. Where people required support with meal preparation they were able to choose what they ate and drank. The service operated within the principles of the Mental Capacity Act 2005. It supported people to access health care professionals and staff were aware of what to do if a person faced a medical emergency.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. During the inspection we found care plans did not cover end of life care, but these were reviewed in the following week to cover this information. The service worked closely with other agencies to meet people's needs in relation to end of life care. The service had a complaints procedure in place and people

knew how to make a complaint.

People and staff spoke positively about the registered manager. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service. The registered manager networked with other agencies to help develop their knowledge and to improve the quality of support provided to people.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner.

Systems were in place to reduce the risk of the spread of infection. Although no one was supported to take medicines, systems had been established for this if required.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service. However, staff did not receive regular one to one supervision.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

The service supported people to access relevant heath care services.

Is the service caring?

Good

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

People told us they were treated with respect by staff and that staff were friendly and caring.

Systems had been established to ensure confidentiality was maintained.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Staff had a good understanding of people's individual needs and how to support them.

The service had a complaints procedure in place and complaints were dealt with appropriately in line with the procedure.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views people using the service.

Harp House

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 the 8 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and notifications of significant incidents they had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection site visit we spoke with two staff, the registered manager and the administrator. After the inspection we spoke by telephone with two further staff, both care assistants. We also spoke with one person who used the service by telephone. We reviewed two sets of records relating to people, including their care plans and risk assessments. We checked four sets of staff recruitment and training records. We examined various policies and procedures and checked the quality assurance and monitoring systems that were in place. We looked at minutes of staff meetings.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person replied, "Oh yeah" when asked if they felt safe.

The service had taken steps to protect people from the risk of abuse. Policies and procedures were in place about this including safeguarding adults and whistle blowing policies. The safeguarding policy made clear the service's responsibility to report any safeguarding allegations to the local authority and the Care Quality Commission (CQC). The registered manager told us there had been one allegation of abuse since they were registered, which did not involve staff from the service. Records confirmed the allegation had been referred to the local authority but not CQC. The registered manager told us this was an oversight on their part and they sent us the notification of the allegation the next working day after our inspection. Staff were aware of their responsibility for reporting any allegations of abuse. One member of staff said, "If somebody has been abused the normal thing is to tell the manager and report it."

The service had policies and practices in place to help protect people from financial abuse. These prohibited staff from been involved in making wills for people. Where it was part of a person's assessed need that they required support with shopping, staff carried out this function. A policy covered this which said records had to be maintained of any spending carried out by staff, and both the staff member and person had to sign off on those. We saw these records were in place and a person confirmed staff always recorded whatever they spent the person's money on.

Risk assessments were in place for people. These included information about the individual risks people faced and guidance about how to mitigate those risks. Assessments covered risks associated with moving and handling, fire safety, finances and the physical environment. This looked at what risks there were in the person's home, such as if the premises were adequately lit, if there was enough space to carry out tasks safely and if there were any slip or trip hazards.

The registered manager told us none of the people using the service at the time of inspection exhibited behaviours that challenged the service. They added that the service did not use any form of physical restraint when working with people and staff confirmed this.

People told us staff were usually punctual and that they stayed for the full amount of time allocated. Staff said they had enough time to carry out their duties. One staff member said, "Yeah, I have enough time." One staff member said one person they had worked with required a greater degree of support then they had time to provide. They said they raised this with the registered manager who arranged for extra support for the person and it was fine now.

The registered manager told us there had been one missed call. This was due to a staff member been stuck in traffic. They said they negotiated with the person and they agreed on that day they would be able to manage with just three visits instead of the regular four. The registered manager said since then they had signed up with an agency who would be able to provide staff cover at short notice if a similar situation arose again. The registered manager was able to monitor that staff arrived on time for appointments through

electronic monitoring. Staff were expected to sign in through the use of a phone at the beginning and end of every visit and this was checked daily by the administrator. Where there were incidents of staff lateness we saw this was addressed with staff in team meetings.

We checked staff recruitment records. References, proof of identification, employment histories and evidence of the right to work in the UK were in place for all the staff we checked. Disclosure and Barring Service (DBS) checks had been carried out on staff. For most staff these had been done by the provider. We saw for one staff member the provider had accepted a DBS check from their previous employer, dated 26 February 2018. Although this was an enhanced check, it did not cover whether or not the person was on any list that barred them from working with vulnerable adults, rather, it included information about the list related to working with children. This service only supports adults. We discussed this with the registered manager. In the week following our inspection they sent us confirmation that they had applied for a new DBS check which covered the list relating to working with vulnerable adults. The DBS is a service that provides information to employers about if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults or children.

The registered manager told us where people required support with medicines this was done by the district nursing service. They told us they would be able to provide support with medicines if needed. There was a medicine policy in place which covered the administering, recording and disposal of medicines. The service had a medicine administration form which included space for the name, strength, dose and time of each medicine to be administered and for staff to sign after they had administered the medicine.

Systems were operated to reduce the risk of the spread of infection. The registered manager said, "We have gloves and aprons and even foot protectors, staff come to collect them." Staff confirmed they wore protective clothing such as gloves and aprons to help prevent the spread of infection. One staff member said, "We have all our aprons and gloves, we use them every time we go to a service user." People confirmed staff wore protective clothing, one person told us, "They do wear that [gloves and aprons]." However, the service did not have a policy in place covering infection control. We discussed this with the registered manager who told us they would produce a relevant policy within a week of our inspection. This was done and they sent us a copy of the policy.

The registered manager told us there had not been any significant incidents or accidents since the service was registered. There was a form in place to record any such incidents which included a section for evaluating and reviewing the incident to help prevent further such occurrences. The registered manager told us they sought to improve where things did not work well. For example, they addressed staff lateness during team meetings and minutes of these meetings confirmed this.

Good

Is the service effective?

Our findings

People told us the service was effective in meeting their needs. One person said, "They are brilliant, they are first class, I can't fault them at all. I've got one [staff member], they do all the running around for me."

The registered manager told us that after receiving an initial referral they carried out an assessment of a person's needs before they commenced providing care. This was to determine what the person's needs were and if the service was able to meet those needs. The registered manager said, "They [the hospital] will send us a plan, but at times this is not enough. So we always go in and do an assessment." They said the assessment process involved the person, their family and professionals they had worked with to help get a full a picture as possible of the person's needs. The registered manager told us, "Some of them may not be able to talk so they have their family around [for the assessment]." The assessment covered needs associated with communication, hearing, sight, personal hygiene, dressing/undressing, bath/shower, eating and drinking, footcare, skin care and continence. It also looked at needs related equality and diversity issues such as ethnicity and religion. Records confirmed that assessments were carried out.

Staff received training to develop skills and knowledge to support them in their role. On commencing work at the service staff undertook an induction training programme. This involved classroom based training, shadowing experienced staff as they carried out their duties and completion of the Care Certificate. This is a training programme designed specifically for staff who are new to working in the care sector. The registered manager told us, "When we get new staff we send them for induction training. This includes doing the Care Certificate. If they don't have level two or three in Health and Social Care we register them for this. When they have done all the training they will shadow with another carer."

Staff told us and records confirmed that they had access to regular on-going training. One member of staff said, "They gave me an induction when I started. We went to the office and they told us what we were going to be doing and I shadowed with somebody." They added, "I've been to moving and handling, communication, duty of care, understanding your role, health and safety and safeguarding (training)." Records confirmed staff undertook this training.

The registered manager told us they did not have formal one to one supervision meetings with staff. They said they addressed issues of staff performance through regular spot checks and staff meetings. In addition, they told us staff had an annual review of their performance and records confirmed this. They also said staff were able to talk with them any time and they had regular contact with staff when they came to the office and staff confirmed this was the case. However, regular one to one meetings would present staff and management the opportunity to have a thorough and comprehensive discussion about relevant issues and we recommend that this is introduced.

The registered manager told us the service did not support anyone with eating or drinking but did prepare meals for one person. This person they were able to choose what meals were prepared, telling us, "They say 'what would you like?' They always ask me what I would like [to eat and drink]."

Most of the people supported were receiving palliative care and the registered manager told us they worked closely with the NHS to support people. Records confirmed this. For most people, professional care duties were divided between the service and the district nursing service and we saw they worked closely together to support people. Where there was a clinical need for nursing support records showed the service made swift referrals to the district nursing service. The registered manager told us the district nursing service were the first point of contact for all health professionals (excluding GP's). For example, a person required support from the occupational therapy team, the service referred this to the district nursing team who made the appropriate referral to occupational therapy. The registered manager told us they involved professionals in the initial assessment process, saying, "I make sure everything is in place. They [people] may need pads or a mattress protector and we have to go to the district nurse." In this way the service was able to support people to access relevant health care professionals.

Staff were knowledgeable about what to do if there was a health emergency. One staff member said, "If somebody has a fall I'm not allowed to pick them up. If this happened I would need to call an ambulance." Care plans included contact details of people's relatives and GPs which meant they could be contacted if necessary.

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.

The registered manager told us the service did not carry out mental capacity assessments on people. They told us all the people who were supported with palliative care were supported by relatives who helped them to make decisions. The other person currently supported had full capacity to make decisions. This person told us staff enabled them to make choices about their daily lives. Staff understood how to support people to make choices, for example in relation to their personal care or what clothes they wore. A staff member explained, "We take two or three things from the wardrobe and they will tell us what they want."

Good

Is the service caring?

Our findings

People told us they were treated in a kind and caring way by staff. One person said, "They are just like brothers and sisters, just like family. We have a laugh and a joke." The same person also told us how staff supported them to be independent. They said, "I said to them let me shower myself. I wash myself and they stand behind the curtain and they pass in whatever I need, the soap and shampoo. The only thing I need them to do is wash my back. I rinse and dry myself."

Care plans stressed the need for promoting dignity in the provision of care. For example, the care plan for one person stated, "Ensure privacy and dignity while personal care is given." Care plans also included details of what the person preferred to be called which helped to promote their dignity. Staff understood the importance of this and how to deliver dignity and privacy. One member of staff said, "When we go in we knock on the room where the service user is, we say hello and say why we are here." The same staff member also said, "We always make sure we close the curtains. When we wash from the head we cover them down below and the door is always closed. We always tell them what we want to do as we go along." Another staff member said, "In the first place I need to close the curtains, so people can't see what I'm doing and make sure the door is closed."

Staff told us how they supported people to be as independent as possible. One member of staff said, "When [person] has a wash in the bath, the carer goes out and they wash themselves. They then call the carer in and they will do their back." Another member of staff said, "We ask them if they are able to do it. They want their independence so we let them do things for themselves."

Care plans covered needs associated with communication. The registered manager told us that staff were able to speak a shared language with all the people they supported. They added that there had been a person who they were unable to communicate effectively with due to language barriers and they relinquished this care package as a result of this. This meant the service sought to work with people in a way where they were able to communicate effectively with them.

The registered manager told us they sought to provide continuity of care to people by sending the same regular care staff. They said, "We try to keep the same people they work with." They added that all of the people supported need two staff support at each visit, so it was possible they always had at least one staff member who had worked regularly with them. In addition, when a staff member was unable to work, the registered manager always sought to replace them with a staff member who had worked with the person in question previously. This enabled people and staff to get to know each other and to build up trusting relationships.

The service had a policy about confidentiality. This made clear staff had a responsibility to protect people's confidentiality and not to disclose information about them unless authorised to do so. It went on to say that any breaches of this may lead to disciplinary proceedings with the possibility of dismissal from the service's employment. Records showed that staff signed a confidentiality agreement to confirm they, "Accept the responsibility to maintain the confidentiality of information you are entrusted with." Staff were aware of the

need for confidentiality. One staff member said, Confidentiality is very important. Maybe [person] will say something to me and I will not disclose it to other people." Confidential records held by the service were stored securely. This meant steps had been taken to promote people's right to privacy and confidentiality.

The registered manager explained how they sought to meet needs in relation to equality and diversity issues. Assessments captured information about people's ethnicity and religion. They did not cover sexuality but the registered manager said, "We don't discriminate, whatever the sexuality is, we respect it." They said they changed the time of a visit to a person at their request due to religious reasons and said, "We had two [specified religion] people so we always made sure staff wore shoe covers." Foot protectors were provided to staff which enabled them to provide care in people's home in a way that was both safe and culturally appropriate.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "They have a great crew at the moment. I can't fault them at all."

Care plans were in place for people which set out how to meet their assessed needs. These covered needs associated with personal care, communication, skin care and nutrition. Care plans included personalised information about how to support individuals. Staff told us they read care plans and demonstrated a good understanding of people's needs and how to support them. Care plans were subject to on-going review. Daily records were maintained of care provided at each visit. This meant it was possible to monitor the care that was given on an on-going basis.

People or their relatives were involved in developing care plans. One person said, "Yes, I have a document that explains what they are doing." The registered manager said, "I will give the family the support plan to read through to see if they are happy with it and they will sign it." We saw that care plans had been signed by relatives.

People knew who they could complain to, although they said they had had no need to. One person said, "I would mention it to [registered manager]."

The service had a complaints procedure in place. This included time sales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The complaints procedure was included within the Service User Guide and each person using the service was provided with their own copy of this. This helped to make it more accessible to people.

Records were maintained of complaints received. These showed complaints had been dealt with in line with the policy and where possible to the satisfaction of the complainant. For example, one person complained they were not happy with one of the care staff and this staff was replaced. Another person said they liked their staff but were unhappy with their time management. We saw the service took steps to address this.

Although the service specialised in providing palliative care to people it did not have policies in place on end of life care or on the death of a service user. We discussed this with the registered manager who said they would develop relevant policies in this area. They sent us copies of these policies in the week following our inspection. Care plans did not specifically cover end of life care or after death arrangements. The registered manager showed us a new care plan form they had developed which included a section for end of life care. Although these had not yet been implemented at the time of inspection, the service sent us revised care plan shortly afterwards which include this information. The service worked with other agencies, including the district nursing service, to help meet people's needs in relation to end of life care.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager. One person said, "I get on very well with [registered manager]." A member of staff told us, "They [registered manager] have been absolutely great. Anything we experience with the service users, [registered manager] always tells us we can talk about." The same staff member also had good things to say about the working atmosphere at the service, telling, "Yes, the teamwork is so great. We make sure we communicate with each other." A second staff member said, "They are a good manager because they explain to me what things mean. I can call them anytime." They added, "I am really happy with this work. It is a good company to work for."

The service had a set of policies and procedures, but these were not comprehensive. There were no policies on infection control, end of life care or death of a service user. The administrator said, "I know we are not done yet with all the policies." We discussed this with the registered manager who said they would prioritise developing these policies. This was done and the registered manager sent us copies of these new policies in the week following our inspection.

The registered manager was aware of their regulatory responsibilities. With the one exception of the safeguarding notification discussed in the safe section of this report they had sent other notifications to the Care Quality Commission as appropriate.

Staff were provided with a copy of their job description which helped to provide clarity on what their role was and what was the expectation the provider had of them. Staff were also provided with a copy of the Staff Handbook which included information about the service and the role of staff. For example, in relation to health and safety issues and staff codes of conduct.

The registered manager said they actively welcomed the views of people, saying, "I always tell them nothing is too small to report." People confirmed this was the case. One person said, "[Registered manager] pops in from time to time. They ask if I have any complaints and if I'm dissatisfied with anything." To help gain people's views an annual survey was carried out of people and their relatives. We viewed completed survey forms which contained positive feedback. One person wrote on their survey form, "I am very happy with the service I am getting." Another person wrote, "[Staff member] has been very kind to me, always smiling." A third person wrote, "Carers are absolutely marvellous."

Team meetings were held. The registered manager told us, "We want to have a team meeting once every three months." Staff confirmed they attended team meetings. One staff member said, "Last month we had a meeting, all the employees attended." Another member of staff said, "Team meetings we have we talk about lateness and that we should not be late. We talk about the work we do with service users." Records confirmed team meetings took place. These gave staff and management the opportunity to raise issues of importance to them. We saw minutes of team meetings which included discussions about infection control, punctuality, team work and record keeping.

An annual staff survey was carried out to seek the views of staff on the running of the service. Staff were

asked for their opinions about the training provided, if they were happy working at the service, if they received sufficient support from senior staff, if they felt listened to and if they felt able to approach their manager. We reviewed completed staff survey forms and found they contained positive feedback.

The registered manager told us they carried out unannounced spot checks of staff to make sure they provided support that was appropriate. Records of these spot checks were maintained which showed they included a check to make sure staff were dressed appropriately, that all required tasks were completed and that they communicated with the person in a friendly manner.

The registered manager said they worked with other agencies. They told us they worked closely with the NHS and local authorities in assessing people's needs and providing on-going support. They were also signed up to Skills for Care and received information from them in addition to attending their meetings. The registered manager said they had provided helpful information, for example, in relation to staff recruitment and training.