Inspection Report on

Honeyhome

HONEYHOME
MILFORD HAVEN
SA73 3UF

Date Inspection Completed

Date_Last_Inspection_Completed_Do_not_Delete
Description of the service
Honeyhome is registered to provide care to five people. The home is a detached property located a few miles from Milford Haven. Accommodation is provided over two floors. The responsible individual is Sharon Davies who is also the manager and is appropriately registered with Social Care Wales.

Summary of our findings

1. Overall assessment
People at Honeyhome live in a home which is clean and well run by a small team of motivated and committed staff. People can do things that matter to them and can be confident their physical health needs are effectively met.

2. Improvements
At the last inspection, on 07 March 2017 following recommendation was made:
- To improve the quality assurance process. During this inspection we saw the provider had sought the views of people and their relatives.

3. Requirements and recommendations
Section five of this report sets out our recommendations to improve the service.
1. Well-being

Our findings

The physical environment contributes positively to people’s comfort. The communal areas were light, clean and homely and people's bedrooms were well decorated and personalised with furnishings, photographs and ornaments. There was some pleasant outside space. The home was well maintained with just a couple of areas in need of some maintenance which had, already, been identified by the manager.
People live in a comfortable home which enhances their well-being.

There are processes in place to ensure people are protected from abuse and neglect. Staff knew their responsibilities in respect of safeguarding and felt able to raise any concerns, or ideas, with the manager and were confident the manager would take the correct and timely action. One person had an alarm they could use at night if they required assistance. People were treated with kindness, respect and patience. The home was well maintained and protected from unwanted visitors.
People are, therefore, safe and the potential for harm is minimised.

People's physical and social needs are effectively met as people are able to do things that matter to them. Care workers had an extensive knowledge of people and were able to recognise signs of illness and changes to their physical health. There was input from the local GP; physiotherapist, occupational therapist and other professionals. Care workers were able to assist people in an unhurried way and said they had the time to give to people individually. People's nutritional needs were effectively met and we saw people were able to exercise choice about their meals.
People living in the home enjoyed spending time with each other and had good relationships with care workers.
Therefore, people have things to do and are encouraged and assisted to do things that help them remain as active and healthy as possible.

People can enjoy a sense of belonging within the home due to the relationships they enjoy with staff. All of the care workers we spoke with positively about their work and felt both valued and motivated. Staff were appointed following a safe recruitment process and received the training they needed to safely and effectively carry out their allocated duties. However, care workers did not always receive supervision in accord with regulations. People were wholly positive about the care workers they appeared to feel relaxed and confident in their care.
People’s well-being is enhanced by the quality of the care workers employed to meet their needs.
2. Care and Support

Our findings

There are effective mechanisms in place to safeguard vulnerable people and to ensure their privacy and dignity needs are met. All of the care workers we spoke with told us the action they would take if they suspected a person was at risk or was being abused. All were confident their manager would respond to any concerns raised in a robust and timely way to ensure people were safeguarded.

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Care workers were able to articulate the practical ways they maintained people’s privacy and dignity when assisting them with their personal care. We were told there were adequate supplies of personal protective equipment (PPE) to help maintain effective infection control and good hygiene.

We observed some friendly and warm interactions between people and those caring for them. One person told us one of the care workers was their “best friend” and another person described one of the other people living in the home as their “best friend”. We saw two people happily engaged in an activity with one supporting and encouraging the other. There was also clear evidence of banter between people and care workers with a lot of laughter, humour and respect.

We found people can be confident their care and support needs are met by care workers who are committed to maintaining their safety and to promoting their well-being.

There are safe systems in place to ensure people’s physical health care needs are met. During the inspection one person was being reviewed by a GP due to some concerns raised by care workers. The GP commented favourably about the standard of care the person was receiving. We saw people’s weight was recorded regularly but noted the records were kept in the person’s individual diary which meant it was not easy to see if the person had lost or gained weight. We discussed this with the manager who agreed to review the way they record people’s weight to be able to easily identify any changes. People had appointments booked for their annual health checks and some people told us they had seen a dentist and an optician. We saw there were gaps in the recording of appointments and the manager, during the inspection, showed us the revised recording forms they would use to ensure all care was clearly recorded.

One person’s mobility was impaired and we saw equipment was used to reduce the risk of the person developing any pressure sores. We were told the person’s skin was intact and staff demonstrated a good understanding of the importance of assisting the person to reposition.

People told us they were assisted to ensure their oral hygiene needs were met and we saw people’s personal care needs were effectively met with assistance from care workers.

From our observations together with the information provided, we consider people can be confident staff have the skills and resources needed to meet their range of healthcare needs.

People can be confident care workers have a good knowledge of their needs, as well as who and what is important to them. Most of the staff team had supported the people living at Honeyhome for many years and had a good knowledge of them. Care workers described people as “like family”. They demonstrated a good knowledge of their personal and family history. Care plans had been written some time ago but had been reviewed annually. We found care records to be difficult to navigate with a lot of historical and non-current information in them. We discussed this with the manager who agreed to review the records to ensure they are a useful and easily accessible resource for care workers. We also spoke about the importance of having easy access to up to date personal
emergency evacuation plans (PEEPs) and the manager told us she was in the process of compiling those.
Daily entries were detailed and person centred and gave a clear account of how the person spent their time; how their dietary and personal care needs were met as well as a descriptor of their mood.
We consider people can be confident care workers know people’s care and support needs but improvements in the way care files are maintained would mean care records are more up to date and relevant.

People are able to do things that are important to them. One person liked trains and we saw they often visited a local railway and took short train journeys. During the inspection, some people were attending a day centre and one person enjoyed a trip out with a care worker. Two people had a holiday booked for the following week and one person had spent a few days away with a care worker visiting a safari park and staying in a hotel. We saw care workers painting one person’s nails. Care records showed people were able to take part in a range of activities including bowling; swimming; picnics; dancing and colouring.
People’s well-being is enhanced due to the care workers commitment to enabling them to do the things which matter to them.
3. Environment

Our findings

People are cared for in a clean, safe and welcoming environment. The home is a large detached property with car parking available just outside the home. Care workers told us they were responsible for cleaning the home and we saw that was done to a high standard. Care workers also told us they had time to carry out their cleaning duties. We saw cleaning products were stored in an unlocked cupboard in the kitchen. We discussed this with the manager who agreed to arrange a lock to be fitted to the cupboard immediately following the inspection.

We saw people had personalised their bedrooms and one person was proud to show us their new furniture and bedding. Bathrooms were clean and easily accessible for people.

There was a large lounge and dining area which was light; airy and comfortably furnished. We saw people using that area, both watching television and doing activities.

Most of the home was in a good state of décor and maintenance, but we noted some wear to an area of the carpet and also one of the kitchen cupboard doors was worn. We were told of plans to replace the worn carpet imminently.

Hallways were clear of any clutter and meant people could move freely throughout their home. Some people’s mobility was impaired and we noted they were able to mobilise throughout the home safely. The physical environment contributes to people’s well-being.

The provider identifies and mitigates risk to people’s health and safety within the home. One of the care workers was responsible for the day to day maintenance of the home and we were told local trades people were brought in as necessary.

We saw equipment and services were in good working order and window restrictors were in place as required by health and safety legislation.

There was evidence checks were carried out on a range of equipment and services including:

- Fridge and freezer temperatures;
- Fire safety equipment;
- Electrical safety;
- Hoists & other lifting equipment and
- Portable Appliance Testing (PAT)

Therefore, people live in a home where there are good systems in place in ensuring unnecessary risks have been identified and, as far as possible, eliminated.
4. Leadership and Management

Our findings

There are some governance arrangements to monitor quality within the home. We saw views had been sought from people and their relatives.

People were asked for their views about a range of quality indicators including:

- Are you satisfied with the food;
- Do you feel safe;
- Do staff respect you and
- Do you know how to complain

All of the responses received were positive with people’s ratings being excellent and very good. One relative was also complimentary about the quality of care and responded “the care X gets is very good…. X is very happy”.

The manager was very visible within the home and care workers told us they felt able to raise any ideas or concerns with her and were confident of receiving a timely and helpful response.

We saw, from the interactions people had with the manager, that a good rapport had been built and people felt a level of confidence in the management of the home.

People can be confident they are supported by a manager who understands the importance of monitoring quality.

People are cared for by staff who are appropriately recruited and trained, but do not always receive supervision in accord with regulation.

We saw the required references had been obtained and the appropriate checks had been carried out. However we saw there was a possible gaps in one care workers employment as only the years of previous employment were recorded and not the months. Care workers told us they met regularly with their manager and had daily opportunities to discuss their work as well as any ideas or concerns they had. However, the records showed formal supervision was not carried out every three months as set out as a requirement of regulation. We discussed this with the manager who agreed to ensure a more robust supervision process for care workers.

Care workers told us they received the training they needed to carry out their duties and training records showed most staff were up to date with the training. Care workers told us they were not asked to carry out any duties for which they did not feel appropriately skilled nor trained. Some care workers told us they would value some dementia care training in order to meet people’s potential changing needs as those they cared for aged. We discussed this with the manager who had already identified this as a training need and was arranging such suitable training.

People can be confident their needs are met by care workers who are effectively led; trained and valued by their manager but greater rigor is needed to ensure care workers are appropriately supervised.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections
None

5.2 Recommendations for improvement
We recommend:

- Remedial work to further enhance the environment is carried out in respect of the carpets.

- PEEPso to be written for each person and are stored safely but are accessible in the event of an emergency.

- COSHH products to be safely and securely stored

- Care records to be reviewed to ensure people’s current care and support plans are easily accessible for care workers.

- Care workers to receive supervision in accord with Regulation. A notice has not been issued on this occasion as there was no adverse impact for people.

- To ensure services are available to people who speak Welsh
6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 01 October 2019 between 08:30hrs and 14:00hrs. The following methods were used:

- We viewed the home’s indoor and outdoor areas;
- We spoke with people living in the home and observed their interactions with staff;
- We spoke to staff and the manager.
- We viewed two people’s care records;
- We viewed the records of four members of staff, including records related to recruitment, training and formal supervision;
- We looked at a range of other documents, such as the home’s Statement of Purpose; quality monitoring procedures and maintenance records.

Further information about what we do can be found on our website: www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<tbody>
<tr>
<td>Service Provider</td>
<td>Sharon Davies</td>
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<tr>
<td>Manager</td>
<td>Sharon Davies</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>5</td>
</tr>
<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>07/03/2017</td>
</tr>
<tr>
<td>Dates of this Inspection visit(s)</td>
<td>01/10/2019</td>
</tr>
<tr>
<td>Operating Language of the service</td>
<td>English</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>No. This is a service that does not provide an ‘Active Offer’ of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use the service. We recommend the service provider considers Welsh Government’s ‘More Than Just Words follow on strategic guidance for Welsh Language in social care.’</td>
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**Additional Information:**

**Date Published** 25/11/2019