

Honey Crown Bee Limited

# Honey Crown Bee Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Honey Crown Bee Limited is a domiciliary care agency providing the regulated activity of personal care. The service provides support to older people and people with physical disabilities and sensory impairments. At the time of our inspection there were 3 people using the service who received support with personal care. 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

Pre-care assessments of people's needs were carried out before they started using the service to see if the provider could meet these needs. However, this was not done using standardised documentation and we have made a recommendation about this.

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Staff received training and supervision to support them in their role. People were able to make choices about what they ate and drank. The service sought to promote healthy lifestyles for people and worked with other agencies to ensure people's healthcare needs were met.

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

People told us that staff were kind and caring and treated them well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and

The last rating for this service was good (published 17 July 2018).

Why we inspected

We had not inspected this service for over 5 years and we needed to check the care was still of a good standard.

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Honey Crown Bee Limited

## 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.

#### Inspection team

The inspection was carried out by 1 inspector.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 1 person who used the service and 3 staff: the registered manager, administrator and a care assistant. We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us there had not been any allegations of abuse in the past 12 months.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse to their manager. A member of staff said, "I would talk to my manager about it."
- The service handled people's money by doing shopping for them, and there were systems to reduce the risk of financial abuse occurring. Records were kept of what had been spent by staff, which people signed, and people were provided with receipts. A person told us, "I write what I need from them. They bring the receipt, even if its only eggs."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments were person-centred, based around the needs of individuals.
- Assessments covered risks including the physical environment, moving and handling and fire safety. Assessments were regularly reviewed. This meant they were able to reflect the risks people faced as they changed over time.
- People told us they felt safe using the service. A person said, "Yes, I am safe with them. They are very nice."

Staffing and recruitment

- There were enough staff to meet people's needs. At the time of inspection there were only 2 staff employed who supported people with personal care. The registered manager said they also provided cover with personal care where needed.
- People told us staff were punctual and they had not experienced any missed visits. A person said, "They [staff] come on time. They have not disrespected me by not turning up."
- Systems were in place to help ensure only suitable staff were recruited. Various checks were carried out on prospective staff, including criminal record checks, employment references and proof of identification.

Using medicines safely

- The registered manager told us that at the time of inspection they did not support anyone with taking medicines. They said they could provide this service if required. There was a medicines policy and procedure in place to provide guidance about this if needed.

### Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. They had a policy on this to help guide staff and staff had undertaken relevant training. Staff were knowledgeable about infection control issues and told us they wore PPE when providing support with personal care to people.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy to guide staff about dealing with accidents and incidents. The registered manager told us there had been 1 accident 12 months. We saw this had been dealt with appropriately, with learning to help reduce the risk of a similar accident or incident occurring again in the future.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us they carried out an assessment of people's needs prior to the provision of care, and people confirmed this. A person said, "They had a meeting with me and my daughter [to carry out an assessment]."
- However, the registered manager did not use any form of standardised documentation for carrying out assessments, rather, they were recorded in a notebook. This increased the possibility that important information may not be covered in the assessment process.

We recommend that the provider follows best practice and uses a standardised system for the carrying out and recording of pre-care assessments with people.

Staff support: induction, training, skills and experience

- Staff received support and training to help them carry out their role. On commencing work at the service staff undertook an induction, this included shadowing experienced staff to learn how to meet the needs of individuals. New staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Ongoing training included first aid, health and safety, infection control and safeguarding adults.
- Staff received regular 1 to 1 supervision from their manager. This gave both parties the opportunity to discuss issues of relevance to them. Records showed supervision included discussions about how staff worked with people, communication and understanding of their role.

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

- The service provided support with preparing food and drink for people, although people did not require any support with eating and drinking. People's food preferences were covered in their care plans and they were able to choose what they ate and drank. People told us they were able to choose what they ate. A person said, "I tell them [staff] what to microwave."

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

- The service had worked with other agencies to promote people's health. Where required, staff had supported people to attend medical appointments. The provider had also made referrals to the local authority where it judged people had additional support needs, for example, a need for input from the occupational therapy team.

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.

- Care plans covered people's mental capacity. The registered manager told us, and care plans confirmed, that people had the capacity to make decisions for themselves. Staff were aware of the importance of supporting people to make their own decisions about their care. People told us they were able to make decisions about how they were supported. A person told us, "They [staff] do what I tell them."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well treated by staff. To help ensure continuity of care, people had the same regular care staff. This enabled them to build relations with the staff and staff told us they took time to chat with people to get to know them.
- Information about equality and diversity was covered in people's care plans and staff had undertaken training about this. People's needs were met in relation to equality and diversity, for example by clothing worn in people's homes by staff, the preparing of food that reflected people's culture and people being able to choose the gender of staff who worked with them.
- People told us staff treated them well. A person told us, "The carers are very good and understanding. They treat me with respect." The same person added, "I don't have any problems with them. I am satisfied with them, with everything they do."

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

- People were supported to express their views and be involved in making decisions about their care. People and relatives were involved in pre-care assessments and developing care plans. People had signed care plans to indicate their agreement with their contents.
- Staff supported people to make choices and told us people had the capacity to make decisions for themselves, for example, about what to wear or eat. A staff member said, "They [people] always choose their own clothes to wear." Another staff member said, "Sometimes I help [person] cook, we do it together. They choose what we cook."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted and respected. Care plans included information about what people could do for themselves and what they required support with during personal care.
- Staff told us how they provided personal care to people in a way that promoted their privacy, dignity and independence. A member of staff told us, "When [person] is in the bathroom, I close the door. [Person] just needs help with their back and feet, they can wash the rest themselves. We just help where needed." Another staff member said, "I shut the door in the bathroom. I keep [person] covered as much as possible."
- Staff understood the importance of respecting people's right to confidentiality and were aware of their responsibility to only share information about people when authorised to do so. On commencing work at the service they had signed confidentiality agreements. Confidential records were stored securely on password protected computers and in lockable filing cabinets.

# 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 good. The rating for this key question has remained 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

- Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred, based around the needs of the individual and covered needs including eating and drinking, personal care and housework.
- Plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. Care plans were drawn up with the involvement of the person and their relatives where appropriate, who had signed the 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 communication needs were met. The registered manager told us that all the people who used the service at the time of inspection were able to speak and understand English. Their communication needs were covered in their 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

- At the time of inspection the service did not provide support to people with activities. They did support people to access the community, for example, with going shopping. Where appropriate, the service worked with relatives to help meet people's needs.

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had been one complaint made within the past 12 months. Records showed this had been dealt with in line with the policy.
- People we spoke with told us they had not had to make a complaint, but were aware of how they could do so if required. A person told us, "If I had any complaints I could call [registered manager] and they would respond."

## End of life care and support

- At the time of inspection, no one was supported with end of life care. There was an end of life policy and procedure in place to provide guidance to staff about this issue, if 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. 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.

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

- The provider promoted a positive and inclusive culture. The registered manager told us that they were happy for people or staff to call them anytime. Staff spoke positively about the registered manager. A member of staff said, "[Registered manager] knows the job. They are up to date with things." Another staff member said, "[Registered manager] is very good. They go into details with things."
- There was a culture of person-centred care. This was shown through care plans that were personalised and staff who had a good understanding of the needs of individuals.

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 understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide clarity about their role.
- The registered manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and staff. Regular staff meetings were held which gave staff the opportunity to raise matters of importance to them. Equality characteristics were considered. For example, care plans covered needs related to equality and diversity and staff recruitment was carried out in line with good practice in relation to equality and diversity.
- The provider worked with other agencies to help share knowledge and develop best practice. For example, they were a member of a professional body, which, according to the registered manager, provided

support with keeping up with the regulatory field. The registered manager also attended a provider forum run by the local authority which gave the opportunity to share knowledge and develop best practice with other local care providers.

#### Continuous learning and improving care

- Systems were in place for continuous learning and improving care. The registered manager carried out unannounced spot checks on staff. These looked at punctuality, staff knowledge of the role and how they interacted with people. A person said of the spot checks, "[Registered manager] comes and inspects what the carer does."
- Surveys were carried out with staff and people to gain their feedback about the service. Completed surveys contained mostly positive feedback. For example, a person had written, "Everything is according to plan. I am satisfied with the support I get." The registered manager regularly phoned people to see how they were getting on with the service. A person told us, "[Registered manager] always calls me, the ask if I am all right, am I ok."