

## C & K Healthcare Limited

# Honister

### 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

Honister is residential care home providing personal and nursing care to 18 people at the time of the inspection. The service can support up to 19 people in 1 adapted building.

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

There had been improvements since the last inspection. Work had been completed to minimise risks and use governance systems more robustly. Good progress had been made with embedding this practice. Risk management and fire safety was more effective.

People and their relatives told us they were happy with the care provided and living at the service. They told us they felt safe. Infection control was promoted, and medicines were managed well.

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 were supported to eat and drink well and choose how they spent their days. People's bedrooms were personalised, and people were using the communal areas.

Activities were available and people told us they enjoyed these. There were systems in place to aid communication between people and staff.

Complaints systems were used, and people and their relatives told us they could speak up. There were meetings and contact with people, relatives and staff to get their views. Feedback was collated and shared.

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 The last rating for this service was requires improvement (published 23 October 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Honister on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Honister

## 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 Care Act 2014.

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 1 inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives and friends about their experience of the care provided. We spoke with, and received feedback from, 7 members of staff including the registered manager, deputy manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 2 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Staff were able to tell us how they would recognise and report abuse.
- Information about abuse and whistleblowing was displayed. The registered manager reported any concerns appropriately.

Assessing risk, safety monitoring and management

- People had their individual risk assessments in place. Staff were seen working in accordance with these assessments.
- Safety checks, including fire drills, were completed.
- The management team maintained an overview of accidents, incidents, and skin condition for example, to help ensure people's safety was being promoted.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A person said, "They come when you need them."
- Staff told us there were enough of them to give people the care and support they needed. A staff member said, "We have enough staff to meet people's needs, senior in charge will organise the shift and I will be getting back to the senior if any concerns on the shift."
- We observed staff attend people's requests in a timely way and the low number of accidents and incidents indicated this was done consistently.
- Staff were recruited with a robust recruitment process which helped ensured they were suitable to work in a care setting. This included criminal record checks and references.

Using medicines safely

- People received their medicines in accordance with the prescriber's instructions.
- We observed staff administer medicines and this was done safely.
- We checked a random sample of medicines and records and found these were all correct.
- Staff had received training and regular audits were completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visitors in care homes

- People's friends and families were able to visit without restrictions.

#### Learning lessons when things go wrong

- The management team shared events, incidents and complaints with the staff team, including any action needed, to help prevent any recurrence.
- Events and incidents were also shared with people and their relatives.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had their needs assessed before moving into the service. The team worked with health and social care professionals to help ensure the move was appropriate. There was ongoing contact where people's needs changed.
- People had their medical needs met and staff supported people to attend appointments. This included routine blood tests, chiropody and health checks.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were trained for their roles.
- Staff felt they had enough training and support. A staff member told us, "I am supported with my training and my line manager will do regular supervisions at least once in 2 months or when needed. I can go anytime to [registered manager] and [deputy manager] when I need support."
- We saw staff had received training in the required areas. This included moving and handling, dementia care, health and safety and safeguarding adults.
- Staff were seen to be working in accordance with their training.

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

- People told us they enjoyed the food. They told us they had enough choice.
- Alternatives were available and 2 main meal choices were offered on the day of our visit. People were asked their preference at the mealtime.
- Drinks and snacks were offered through the day. Staff were aware of any dietary needs.
- The management team monitored people's weight. Where needed, people had meals fortified to help encourage a higher calorific intake.

Adapting service, design, decoration to meet people's needs

- The service was a repurposed house. Bedrooms were on all floors, with communal lounges and dining room on the ground floor.
- Bedrooms were personalised with people's belongings.
- Decoration was colourful and bedroom doors were different colours to help people identify their rooms. There was some signage to help orientation, however, there were a lot of posters displayed which can make

the building less homely. We discussed this with the manager to see if there were other areas they could be displayed or if they could be reduced. They told us they had already started removing the posters and finding more suitable places to display them such as the medicines room and staff changing room.

#### 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 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to choose how they wanted to spend their day. Staff gave people choice and listened to their response.
- Where needed, people had capacity assessments and best interest decisions recorded, to manage risks safely and receive care needed.
- DoLs applications were made in accordance with people's needs and there was a tracker for monitoring their progress.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us the staff were kind, friendly and helpful. A person said, "It is harmony here." Another person said, "All the staff are nice."
- We saw staff knew people well and were polite and courteous when supporting them. For example, we heard staff tell people it was their pleasure when they were thanked for supporting a person.
- Most people were able to express their views verbally about the care and support they received. However, for others we observed how they lived and how staff supported them. Our observations found that people felt at home and were comfortable with the staff team.
- Relatives and friends were positive about the care and support provided. A visitor told us, "It's lovely here, staff are great, [person] is so much better and happier."
- Staff knew people well and had developed positive relationships which enabled them to support people well. People were supported to celebrate events that were important to them.

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

- People were involved in decisions about their care. We observed staff explaining things, choices and plans to people to get them involved in their daily decisions. All interaction observed were done so patiently and in a way that worked for the person they were supporting.
- Care plans showed that people had participated, and their views were reflected. Relatives and people's friends said care was being provided as agreed.
- The key worker had been allocated based on people's choices and which staff member they wanted to work with.

Respecting and promoting people's privacy, dignity and independence

- Staff closed people's doors when they were providing care, or if people were in bed. Staff spoke discreetly with people when offering support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us their needs were met in a way they chose. A person said, "They [staff] motivate you to live a better life, they remind you to take a shower." A relative told us, "Staff always seem attentive and [person] looks well."
- We saw that in most cases care needs were met. However, we did observe an instance of a person in need of personal care was being escorted to the dining room and needed to bring it to the staff member's attention. We also need to prompt the cleaning of the armchair which had been soiled. We discussed this with the deputy manager who spoke with the staff member and gave assurance awareness of checking if people need to use the bathroom before meals was raised. In addition, further training and supervision was provided.
- Care plans included information to help ensure staff had all information needed to support people. The plans were detailed and reflected people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When the care plan was developed at the start of supporting a person, any specific need or preference in communication was explored. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and relatives told us that staff communicated well and in a way that met people's needs. We saw people's care plans included the communication needs for people and how staff should support people to aid effective communication. The deputy manager was able to converse with a person in their first language. They told us, "It helps [person] feel more at home."

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

- People told us they had enough to do. We saw photos of people enjoying events and activities.
- People joined in with a quiz on the day of inspection. The staff member really encouraged everyone involved and everyone was enjoying it. Some people were colouring, others were listening to music.
- An activities staff member worked 3 days a week, the remaining days, care staff provided activities. We reviewed the activity schedule and found there were mixed activities available. This included days out, celebrations and baking.

- The manager was meeting with other local homes and arranging to share events to help people build new relationships and have a variety of things to do. There were dates scheduled for people to participate in if they wished.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would be confident to raise concerns if the need arose.
- There was a system in place to record and respond to complaints.

End of life care and support

- At times the service supported people at the end of their lives. Staff had received training to ensure they had the right skills to care for people if this was needed. The manager had arranged for additional training from the local hospice.

- Care plans detailed what support would be needed, and people's preferences.
- Feedback from people's relatives who had been cared for at the end of their lives was positive.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had made improvements since our last inspection. We found the management team had made good progress with completing actions and embedding the changes. There had been an improvement in the use of governance systems. A person told us, "Things are good here." A relative told us, "They get in touch if there is something I need to know."
- The registered manager was leaving the service during this inspection. Feedback from people, relatives, staff and professionals was that they were sad to see them go. The deputy manager was being supported to take the handover of the home and there were plans for them to register with the CQC. The deputy manager became acting manager during the course of this inspection. They told us about changes they had made to further improve people's experience and actions they had planned.
- Our observations showed that people were familiar with the management team and able to speak freely with them. Staff were positive about their leadership. A staff member said, "I feel the care home runs smoothly, [Registered manager] will come and do spot checks, talk with residents. [Deputy manager] will talk to staff and residents will ensure residents are engaged in activities, always remind us to give choice to residents in day to day needs and will also remind us to do 1 on 1 communication with residents."
- The management team was clear about what was required of them. They had systems in place to monitor the service and address any shortfalls.
- Audits and quality checks were completed and signed off.

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 management team communicated about events and incidents in the service with people, relatives and professionals.
- The registered manager reported relevant events to external agencies as required.

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

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. A person said, "We have monthly resident's meetings where they ask questions about how things are and if you need anything."
- People's feedback was sought through regular meetings. feedback was collated so any actions could be

developed.

- Staff had regular meetings so they could share their views. A staff member said, "Management will always take staff suggestions into account and also talk to residents one to one to ensure they are happy and will take their reviews."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team. A staff member said, "When any policies and procedures change, management will inform us, and usually [deputy manager] will circulate lesson learnt through complaints and will discuss with staff in meetings, handovers and remind us, seniors will also talk to us in the handover."
- The management team were working on ways to sustain improvements the service. The registered manager worked with various external professionals to extend theirs and the staff team's knowledge to ensure they were equipped for different needs and events in the home.

Working in partnership with others

- There was effective working between the team at Honister and health and social care professionals. This approach helped to ensure better outcomes for people.