

Review of compliance

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Baker
Honiton Manor Nursing Home

Region:	South West
Location address:	Exeter Road Honiton Devon EX14 1AL
Type of service:	Care home service with nursing
Date of Publication:	August 2011
Overview of the service:	<p>Honiton Manor is registered to provide 24 hour nursing care for up to 22 people who have needs relating to 'older people'.</p> <p>The two-storey home is an older style building situated on the main road into, and quite close to, Honiton and the local amenities. It is on public transport</p>

	<p>routes.</p> <p>There are eleven single bedrooms and five double bedrooms situated on the ground and first floors. One of the double bedrooms has an en-suite bathroom. A passenger lift and a staircase link the floors.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Honiton Manor Nursing Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Honiton Manor Nursing Home had made improvements in relation to:

Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review to follow up on concerns that we had identified during a visit in February 2011.

We spoke to people living at the home about their care and about staffing numbers and whether they felt that their needs were met. We found that everyone using the service was well cared for and having their needs met. There was a calm atmosphere at the home and a good staff presence. There has been a change in how staff are used to ensure that people using the service have their needs met in an unhurried way. There are extra care staff hours to ensure that people have one to one time with staff who are taking appropriate break times that do not compromise care quality.

What we found about the standards we reviewed and how well Honiton Manor Nursing Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Good quality assessments and a thorough understanding of people's physical and mental well-being means that the people living at Honiton Manor are well cared for.

Outcome 13: There should be enough members of staff to keep people safe and

meet their health and welfare needs

Peoples' needs are met on an individual basis and in a person centred way by sufficient numbers of staff.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spent time observing how people were cared for and looked in all the rooms in the home which were clean and tidy. We found that everyone using the service was well cared for and having their needs met. There was a calm atmosphere at the home and a good staff presence. Staff were assisting people and answering calls for assistance in a timely way. We saw that the reception area had staff easily available when relatives arrived and we spoke to one relative who said that 'I would never fault them on care, it's marvellous' adding that 'the staff are a lovely lot here'.

We saw that people using the service were able to spend time as they chose. Some people were enjoying a quiz in the lounge which has been newly designed to allow for more intimate areas for socialising and relaxing and an area allowing for group activities or watching television. People told us that their opinion had been sought and they told us that it was a much better use of the space so that the television was not the focus.

Some people were relaxing in their rooms and we saw that staff popped in and out regularly to check that they were happy or to ask them if they would like a drink or cake at coffee time. Some people using the service find it difficult to use their call bell due to mobility restrictions and although staff did go in and out to check on them there was no checking system to ensure that this was regular. Some care plans described people as needing "hourly checks" no evidence was seen of these checks being recorded. However, one person who mainly stays in their room said that they had everything they needed.

Other people were having a lie down as they wished or being assisted to wash. The owners were present at the home as an addition to staff on the rota and they were spending time with people, chatting to relatives and later having lunch with one person who was enjoying their meal outside under the gazebo.

We saw that staff were able to spend time with people using the service to ensure that they're needs were met in a person centred way. We heard how people were not rushed when staff assisted them, they were asked about how they wanted their furniture positioned, what they wanted to drink and each person had easy access to a drink. We did not see pressure mats being used inappropriately and those used had been discussed with the person and multidisciplinary team to ensure that peoples' freedom was not compromised.

We looked at four plans of care in detail. We saw that each person living at the service has a plan of care which identifies their needs and how they are to be met. This included how people communicate, express their needs and thinking and deciding. One example being 'I need my spectacles on and sometimes I can give an unrealistic report of my abilities'.

In each room is a "carers plan" which gives good detailed information on all care required by the individual. For instance details how people liked to be washed, whether they use soap or just water etc or perfume. There is a clear key-worker allocation where staff are matched with someone using the service at the home. This meant that one named staff member would spend time with them, tidy up, maintain their clothes labels and be available if they needed anything specific. People told us that they knew about this system.

Care plans showed clear risk assessments such as those for falls including action and prevention and for preventative pressure area care. There were also updates when care needs had changed and detailed daily records showing how care had been delivered which related to the needs assessment.

We saw how the staff had cared for someone whose health had deteriorated rapidly and that pressure area care had been addressed and appropriate equipment used. Staff were able to tell us how that person had liked to be helped to sit in their chair or liked to lie on a particular side.

There were good risk assessments relating to nutritional needs. These were flexible depending on needs that are assessed very regularly, sometimes each meal. For example some people were able to assist themselves sometimes or may need help depending on how they were feeling. Changes to types of diets were recorded and monitored by carers as to how well people were managing their diet. People unable to take a normal diet were well catered for and interesting, alternatives ways of ensuring that they had a 'near to normal' diet were found such as a mousse type trifle if people could not manage regular cake at coffee time.

Attention has been paid to mouth-care and individual nutritional needs. In each room there were swabs and drinks for mouth care, gloves and, hand wash and in the lounge as some people needed assistance with mouth care after a meal. We spoke to staff who were knowledgeable about the home's policy to ensure that people are assisted to maintain good oral hygiene. We looked at one care plan in particular relating to this

area and found that the home had been proactive in asking for advice from the hospital and other professionals, recording fluid and nutritional intake for people when a risk was identified and using preventative measures such as natural yoghurt and pineapple juice. We saw an example where the home had made sure that a liquid medicine could be used for someone with swallowing difficulties or changed the medication to a gel in one instance. Information about swallowing difficulties and types of medication to avoid was displayed on the staff notice board along with a 'stop, think' sign reminding staff to complete fluid and nutrition charts, which were complete. When someone had had difficulty swallowing and coughing this had been referred appropriately and their intake monitored. One staff member knew details about one person using the service such as 'they are not keen on porridge as it tickles their throat'.

People have given some information about their social and personal history to the home to support care planning. We saw evidence to show that people are involved in their care plans for example one said "I may need help to make decisions and I may need to be reminded about events such as family birthdays". The home hire a minibus to enable people to visit places outside the home and ask people using the service to suggest destinations including going to Exeter clothes shopping.

The care that we saw being delivered was in accordance with the care recorded in the individuals plan, and we saw staff moving people and using equipment as the assessment had indicated.

One person we spoke to told us that "the staff are very good and look after me well", another said "the staff are very good, but I try to do as much as I can for myself as they are very busy". Another person using the service smiled and said 'I couldn't do without these lovely girls'.

Other evidence

The care plans contained information written by district nurses or doctors when they visited which helps to ensure staff at the home are clear about what had been discussed or treatment undertaken.

Our judgement

Good quality assessments and a thorough understanding of people's physical and mental well-being means that the people living at Honiton Manor are well cared for.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke to all the staff on duty during the visit and observed them providing care to people living at the home. As stated in outcome 4 we found that there was a calm atmosphere in the home and we saw that all the people living at the home were having their care needs met in an individualised, unhurried way by staff who were knowledgeable about their needs.

For example one staff member chatted to one person using the service who has complex needs saying that they had brought their tea in but that it was a bit hot so they would pop back in a minute or two to help them, which they did'.

One staff member said that they had been given extra hours with their role to chat to people using the service on a one to one basis.

At the time of our visit there was the acting manager on duty, the clinical nurse lead, four carers, domestic, cook and activities co-ordinator as well as three of the owners who were spending time with people using the service.

People we spoke to said that they felt that there were enough staff. There were plenty of staff visible throughout the visit who were able to assist people in a timely way. There are currently nine people using the service who need two carers at the same time to assist them and we saw that their needs were being met. The home showed us an up to date list of peoples' dependency which they use to check that staff can manage these needs. One relative we spoke to did not have any concerns about care in the

home and said that they visited on a regular basis and that staff were sensitive to their relatives needs.

Other evidence

We spoke to the clinical nurse lead which is a new role at the home. We found them to be professional and knowledgeable about peoples' care needs. Care records indicated that care needs are well documented, records are regularly and appropriately updated and that care is delivered as the care plans state with input from the carers.

Our judgement

Peoples' needs are met on an individual basis and in a person centred way by sufficient numbers of staff.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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