Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Honiton Manor Nursing Home

Exeter Road, Honiton, EX14 1AL

Tel: 0140445204

Date of Inspection: 14 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr H N & Mrs S J M Dennis & Mr D M & Mrs A M Baker
Registered Manager	Ms. Anu Mathew
Overview of the service	Honiton Manor is registered to provide accommodation for 23 people who require nursing and personal care. The home is situated in Honiton, Devon.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of the inspection there were 21 people living at the service; we met with or saw the majority of people. We spoke in depth with five people to hear about their experiences. People told us they were happy with the level of care and attention they received and that they felt safe at Honiton Manor. Comments included, "The owners are brilliant, nothing is too much trouble and we see the same staff", "The staff chat with us all the time, it's a lively home" and "I like all the activities, today we are playing bingo with prizes!".

We also spoke with three providers, the supporting manager, cook, activities co-ordinator, domestic, deputy manager and two care workers. People were cared for and had their needs assessed and reviewed so that they could be met in a personalised way. This included one to one meetings with people to ensure that they were happy with their care. The home was clean and odour free. There was on-going maintenance which was outlined in a maintenance programme to ensure that actions were completed in a timely way.

We found that Honiton Manor was meeting all five of the outcomes we inspected.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them and were treated in a respectful way. We spoke to five people who told us that staff had spent time with them finding out what their needs were. They told us they felt involved in their care planning and this was reflected in the care plans and assessments we looked at. We saw and were told about many examples of how people living at the home were involved in their care. For example, staff ensured that they spoke with people who chose to spend most of their time in their rooms to make sure that they were happy. Staff also asked whether they would like one to one time with staff in their rooms or offer any activities that suited them. These conversations were documented for reference and comments acted upon.

We saw people enjoying spending time in the lounge. The room was laid out in smaller areas, there were comfortable chairs and it was warm. People had foot stools, blankets and items that they needed to hand such as the television remote control. There were fresh flowers throughout the home. People told us that there was always something to do and that they could choose whether to join in or not. Some people said that they liked to watch; others were playing bingo with the activities co-ordinator and word games. We saw care workers spending time with people, ensuring that they had a drink or snack and helping them play games.

Care workers were very attentive to people's needs, especially looking out for body language signs by those people with dementia or limited communication skills that indicated that they needed assistance. For example, care workers ensured that people were assisted to the toilet or helped to drink their tea. Care workers were visible throughout the day and the home had a lively atmosphere, with activities going on, people chatting and coming and going, using their rooms, lounge, spacious hallway and quiet area. One person had chosen to and was able to spend much of the day outside under the pagoda. When we looked at the laundry area we saw that people's items were treated with

care and people's clothing was carefully washed and sorted into individually named boxes before being tidied away carefully.

We saw staff were caring for people respectfully, maintaining people's privacy and dignity. For example, care workers knocked on people's doors and waited for a response before entering. Staff told us that some people preferred to stay in their rooms and that they checked on them regularly, especially if people were unable to use a call bell. Records in these people's rooms showed that these checks were carried out and we saw people were well looked after and had everything that they needed. We saw how people's rooms were personalised so that people could put their belongings around them as they wished. One person told us that staff had made sure that they were able to continue with their hobby.

People's independence was promoted, with care workers assisting only as necessary and discreetly. For example, people who were independently mobile were able to move around the home as they wished. People's rooms were labelled to ensure that individuals could find their rooms without confusion therefore promoting independence and privacy. We saw care workers asking people throughout the day if they were ok or was there anything they would like to do. We were told by the provider that one person enjoyed spending time in the kitchen so this had been arranged in a safe way.

Some people liked meals in their rooms or had particular preferences. We saw the cook spend time with one person with a small appetite, offering various small meals and choices to encourage the person to eat. They said that they did this every day and knew what meals the person might fancy. Other people had particular routines which we saw staff respecting, such as a later breakfast. We saw that information about behaviour that could be challenging for staff was detailed in the care plans and when we spoke to staff they were aware about how to manage the person's care to minimise any distress. This showed that staff were knowledgeable about people's needs, which were reflected in clear, up to date care plans.

People expressed their views and were involved in making decisions about their care and treatment. Care records were detailed and written in a respectful way; ensuring that staff knew how to meet people's needs in an individual way. People told us they were very happy with the care provided. People were also involved in residents' meetings if they wished or met with staff on an individual basis and were involved in decisions about the running of the home generally. For example, people had been able to choose material swatches and paint samples to have input into décor decisions. We saw the provider updating one person on the progress of an order for their specialist equipment and future plans as they knew that the person could become anxious.

Any arrangements to protect people's safety that could be seen as restrictive to people's independence were discussed with the person and recorded. For example, we saw individual risk assessments had been completed for the use of pressure mats or bed rails to minimise falls with the person's involvement.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five people who lived at the home to hear their views on the service provided. People told us they were happy with the care and support they received. Comments included, "The owners are brilliant, nothing is too much trouble and we see the same staff", "The staff chat with us all the time, it's a lively home" and "I like all the activities, today we are playing bingo with prizes!". These comments indicated people were satisfied with the care and support they received.

We spent time in the lounge observing the care and support provided as several people were unable to tell us about their experiences due to dementia. We saw that staff were respectful and kind in their approach and assistance was unrushed. For example, where people were anxious or restless staff were patient, providing repeated information until they were clear the person understood and appeared reassured.

Staff spoken with were knowledgeable about the care and support needs of the people living at the home. They were able to describe the needs, risks and preferences of the people they cared for. They told us the care records contained detailed information for them to follow. They were able to describe the actions to take should a person's care need change, including discussing with senior staff, the family and health professionals.

We looked at care records for four people using the service. We found that records included pre-admission assessments, which showed that people's health, personal and social care needs had been assessed prior to people moving into the home to ensure their needs could be met.

Care plans sampled contained a variety of information to guide staff to ensure people's needs and preferences were met. For example, information about their personal care needs; nutritional requirements, mobility and skin care. The information also included details about people's likes and dislikes; preferred routines, what they could manage independently and what assistance they needed from staff. Care records reflected on people's cognitive abilities and described the interventions staff should take to meet people's needs should they become confused, distressed or if they displayed behaviour that could be challenging for other people. We also saw that a summary of people's care

needs was kept updated in people's rooms to further ensure that staff were aware of how people's needs were to be met.

We saw evidence in care records that people and/or their representative/relatives had been involved in the care planning process. Care records had been signed by the individual or their representative to indicate their involvement and agreement and included people's views and choices about end of life care. Care records had been reviewed monthly and any changes had been noted. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Records showed that people had access to a variety of health professionals (such as GP, community nurses, physiotherapist, dentist and optician) to ensure their health needs were monitored and met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. A number of risk assessments and screening tools were used by the service to identify areas of concern. For example, the risk of pressure sores; falls; moving and handling risks and nutritional screening had been considered. We saw that where risks had been identified action had been taken to reduce the risk. For example, we saw that pressure relieving equipment, such as mattresses and cushions were in place to reduce the risk of skin tissue damage. Other people had comprehensive nutritional action plans which had been shared with the cook, for example about specific dietary needs. The cook used a "traffic light" tray system where each special diet was served from a colour coded, individually named tray. This meant that staff were alerted to people's needs and risks such as choking were minimised. We looked at the lunch provision and menu and saw that this offered a nutritious, balanced menu using mainly home cooked meals. For example home-made scotch eggs served with fresh vegetables and freshly baked cake on the day of our inspection. This all helped to ensure that staff were able to provide consistent and safe care to people.

We found that people's social interests and beliefs had been recorded in their individual care plans. Organised or spontaneous activities were regularly offered to people, covering a wide range of choices and were inclusive and personalised to meet individual needs. People were also able to access books, magazines and music. For example, care workers told us that one person was much more settled if they had a magazine to look at and we saw this happening. People were able to access the outside space which was accessible and stimulating; we saw there were raised flower beds, ducks and a patio area with seating.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean and hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People were cared for in a clean, hygienic environment. All the people we spoke with told us that the home was kept clean and there were no offensive odours. People were satisfied with the general cleanliness of the home. They said the home was clean and tidy and how their rooms were vacuumed and the bathrooms and toilets cleaned each day; which we saw the domestic doing. We visited all rooms and all communal bathrooms and toilets in the home. The home appeared clean, tidy and odour free throughout our inspection.

People were protected from the risk of infection because appropriate guidance had been followed. The home had infection control policies and procedures and we saw that these were implemented in practice. We saw there were written cleaning procedures about cleaning materials used and that chemicals were kept securely stored. This was in accordance with current hygiene and infection control guidance. We looked at staff infection control training records and saw that although these were not up to date, there had been a recent audit where this had been identified and the supporting manager was organising training dates. They said that they would send us this information once dates were finalised.

We saw appropriate hand washing and drying facilities available for people and staff in all areas of the home. We saw that aprons, gloves and personal items were kept discreetly in people's rooms to preserve privacy and dignity. We observed staff used personal protective equipment such as gloves and aprons when helping people with their personal care. We saw staff changing their aprons appropriately when assisting with mealtimes. We spoke to care workers who demonstrated they had a good understanding of their responsibilities in relation to infection control. This ensured all appropriate precautions were taken to prevent cross infection risks.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We had a tour of the home and saw that each room was personalised with input from the person living at the home. Rooms were easily accessible for those people with poor mobility and staff constantly ensured that trip of slip hazards were removed. We saw that the home was secure with outside doors locked to prevent access from people without staff being aware they were visiting.

The provider told us about some rooms that required updating and there were plans to do these when there were rooms free for people to move to temporarily. We saw that these plans were included in the maintenance programme document.

The property is an older style building over two floors. We could see that there had been investment and that there was on-going maintenance work reflecting the general age of the building. At the time of the inspection there was scaffolding work on-going as the exterior was being painted and freshened up. The provider showed us an up to date maintenance programme. This also included smaller issues such as, fitting curtain rails, new sink, re-fit care plan holder etc. with timescales and issues signed off when completed. We saw there had been new laundry equipment and machines, for example. This showed that maintenance was being monitored and completed in a timely way with as little disruption to people living at the home as possible. The communal areas including the spacious hall entrance and a quiet area had recently been re-decorated and the home was generally clean and fresh. People told us that they liked the home and that they had no issues with the décor or maintenance.

The provider told us they had plans to fence in a caravan and an old bath waiting for disposal kept in the grounds, which was looking unsightly but this had been noted as an issue prior to our inspection. The provider said that they would do this as soon as possible as it created a poor impression of the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at this outcome as we had received a complaint about the service directly to CQC which had not been raised with the home. During our inspection we could not see any evidence and had no issues raised with us that supported the concerns raised. We discussed the issues with the provider who was knowledgeable about peoples' needs and how the issue may be have been interpreted. We will not be taking any further any related to this concern.

People were made aware of the complaints system which was included in the home brochure and statement of purpose. The information in the complaints procedure on the notice board was up to date showing people exactly how to escalate a complaint and who to contact. The provider told us that they would also be enlarging the print as they had noticed that it was quite small to read easily.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. All the people we spoke to said that they would never have to make a formal complaint as any issues were dealt with immediately by staff. Comments included "The staff are lovely, I don't have any complaints, they just sort out things if they come up".

The provider said that they had not had any formal complaints and that there was an "open door" policy meaning that residents, relatives and staff were encouraged to speak to the person on duty if they had any concerns. There was also a policy stating that people using the service were welcome to see their records at any time and that the home encouraged people to maintain contact with their friends and family as they wished.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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