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Honiton Manor Nursing Home

Inspection report

Exeter Road
Honiton
Devon
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Date of inspection visit:
12 October 2023
16 October 2023

Date of publication:
01 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Honiton Manor provides accommodation with nursing care and support for up to 22 older people. There were 16 people using the service at the beginning of our inspection.

The service is in the town of Honiton and is a detached period property. The home consists of two floors with a passenger lift providing access to each floor. There is a main communal lounge and dining area where people could spend their time as they chose. Improvements have been made so people had access to a safe outside area.

People's experience of using this service and what we found
Systems in place safeguarded people from the risk of abuse and neglect.

People's individual risks were assessed, managed, and monitored. Where improvements were needed these were acted upon.

Environmental risks were managed well which protected people from the risk of harm. A few areas for improvement were identified regarding fire safety at the home. The registered manager acted upon these promptly to ensure people would be safe in the event of a fire.

There were enough suitably trained staff to safely meet people's needs. Staff were recruited safely.

Medicines were managed safely. Staff completed training in medicine administration and had their competency assessed.

Lessons were learnt when things went wrong. People were protected from the risk of infection, as the home had robust infection prevention control processes in place.

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 positive about the care and support they received and told us staff were friendly, kind and knowledgeable about them and their support needs.

The registered manager and senior team ensured the service was homely, person centred, open and inclusive. They understood their responsibility to be open and honest with people and had acted when things went wrong.

Effective systems and processes were in place to continually improve and develop the quality of care provided.

People were kept informed and involved in developing the service. The management team worked well with the GP and health and social care partners to improve the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Honiton Manor Nursing Home

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 2 inspectors.

Service and service type

Honiton Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Honiton Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced.

What we did before the inspection

We reviewed information we had received about the service. 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 10 staff members including the registered manager, lead nurse, clinical lead, registered nurse, senior care staff, care staff, the cook and housekeeper.

We met everybody at the home and spoke with 6 people who could tell us about their views of the home, and a visiting relative. We also spoke with the GP who was undertaking their weekly visit to the home.

Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people in the communal lounge, dining room and some who were being supported with their lunch in their rooms.

We reviewed a range of records. This included 7 people's care records on the providers electronic care system and medicine records on a different electronic medicine system. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including, policies, audits, accidents and incidents and maintenance records.

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 in place safeguarded people from the risk of abuse and neglect.
- People said they felt safe living at the service. People were positive about the care and support they received and told us staff were friendly, kind and knowledgeable about them and their support needs. One person told us, they found things "Very good...the staff are really lovely, we have a good relationship...they know what to do. I trust them." Another said they had no concerns or worries, "Everything is alright here... They are all pleasant and they come when I ring my bell".
- There was a warm, friendly, and relaxed atmosphere at the service. It was clear that people were comfortable; and they had positive relationships with staff members.
- Staff received training in safeguarding and had knowledge in how to protect people from the risk of abuse and neglect. Staff told us, they were confident if they reported any safeguarding concerns the registered manager would act upon any concerns without delay.
- The registered manager reported safeguarding incidents to the local authority safeguarding team and CQC without delay.

Assessing risk, safety monitoring and management

- Risks were assessed, managed, and monitored.
- People's individual risks overall were managed safely. For example, if a person was at risk of skin breakdown, suitable equipment was in place to reduce the risk. However, we were not assured all staff recognised the risk associated with the required positioning of one person having their meals in bed. We discussed this with the registered manager, who took steps to ensure the person was safe. They assured us staff would be updated about individual's risks and how to ensure their safety.
- Risk assessments were reviewed monthly or as people's needs changed. For example, a person who had lost weight had their risk assessment updated immediately, detailing the risk reduction measures implemented.
- Where people required modified diets to reduce the risk of choking, this was documented and shared with the catering staff. We saw people received meals as described in their care plans to suit their needs and preferences.
- A few areas for improvements were identified regarding fire safety at the home. The registered manager acted upon these promptly to ensure fire safety was safe. This included ensuring personal emergency evacuation plans (PEEPS) were in place for people and fire risk assessments identified possible risks. This meant staff and emergency services had the information required to safely evacuate people in the event of an emergency.
- Environmental risks to people were managed safely. Staff recorded maintenance issues which were

reviewed by the maintenance person, and repairs were undertaken.

- Water temperatures were monitored to ensure people were protected from the risk of burns and scalds and windows were restricted in line with government guidance.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment.

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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful.
- Staff had received training in the MCA and DoLS.

Staffing and recruitment

- There were enough suitably trained staff to safely meet people's needs.
- People said staff were available when needed. They confirmed staff responded quickly when they required assistance. One person commented, "They come when I need them. There are no delays."
- People who chose to spend time in the bedrooms said staff regularly popped in to ensure they were comfortable.
- Staff were visible, and we observed they responded quickly to requests for support.
- Staff said staffing levels were good and that care and support was not rushed. The registered manager said they closely monitored and reviewed staffing levels to ensure people's needs continued to be met in a timely manner.
- The service provided nursing care. It was raised with us that there was not always a registered nurse on duty. The registered manager discussed the challenges of recruiting registered nurses. They told us that one night a week an experienced staff member with a nurse qualification from another country was in charge of the shift. They could call for assistance at any time and if necessary, the registered manager or deputy manager stayed at the home to be called upon. The registered manager assured us that the commissioners were aware of this situation.
- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Records were in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were managed safely.
- Nurses were responsible for administering medicines and had received training and an annual competency check to ensure safe practice.
- Medicines were stored safely and there was not an excess of stock. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Regular audits were carried out by the deputy manager, and where issues were identified action was taken.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider facilitated visiting in line with current guidance. There were no restrictions in place and people received visits from friends and relatives as and when they wanted.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accidents and incidents were recorded, reviewed and monitored. The registered manager confirmed that accidents were "few and far between".

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 registered manager and senior team ensured the service was homely, person centred, open and inclusive. One person confirmed this, saying, "We all get along".
- Staff told us they enjoyed working at the home and that they felt supported. Comments included, "The (registered manager) is very nice...you can speak with her...a very supportive person", "People here seem happy and comfortable. It's a lovely staff team everyone is really supportive" and, "Very happy working here. Good team. Good manager."
- Staff were confident the registered manager would address any issues raised with them immediately.

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 registered manager understood their responsibility to be open and honest with people and had acted when things went wrong.
- The registered manager was open, and willing to listen and act on any concerns. A relative told us, "(The registered manager) is amazing". They explained how they could contact the registered manager at any time and get a response and were confident staff would keep them informed of any changes. Where another relative raised concerns about communication, we got assurances from the persons' spouse, who was full of praise for the staff and the care at the home.
- The provider had displayed their Care Quality Commission (CQC) assessment rating on their website and at the premises.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their legal requirement to inform CQC of certain incidents.
- The provider had effective systems and processes in place to continually improve and develop the quality of care provided. A comprehensive monthly program of audits were completed to ensure the high quality of care was maintained. This included audits for catering and cleaning, risk assessments, wheelchair and bedrail audits.
- The registered manager had developed a service improvement plan (SIP) which they regularly updated, setting out areas for improvement and how they would be completed.
- All accidents and incidents were monitored and analysed by the management team to identify trends and any further action needed to keep people safe.

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

- The registered manager had developed an open culture at the service, which meant people, health professionals and staff felt able to share any concerns. One person told us, "They are easy to talk to. I have no concerns at the moment."
- The registered manager knew people well and their communication needs. They went around daily to get feedback from people using the service and changes were made where required.
- Residents' meetings were held regularly, and people were given the opportunity to discuss changes at the home. For example, the August 2023 meeting discussed the paint colour choices for the lounge, which had been taken into account.
- People and those important to them were kept informed of events at the home by a monthly newsletter. For example, the October 2023 edition had information about the harvest festival service, Halloween activities and important dates.
- The provider used annual satisfaction surveys to seek feedback from relatives and friends, staff and health care professionals. The 2023 responses were positive and complimentary. We discussed with the registered manager sharing the findings from the surveys with people, and any actions taken in response.
- Staff reported feeling well supported by the registered manager and senior management team.
- Staff meetings were held to give staff the opportunity to raise issues and share ideas. The registered manager attended daily handovers and worked alongside staff so there was good communication within the staff group. All staff had received an appraisal and supervision sessions.
- Staff received training in equality and diversity. The registered manager ensured staff diversities and cultures were supported. This included ensuring staff were allocated time off for religious events and information guides were translated to aid their learning.

Working in partnership with others

- The registered manager and senior team worked well with health and social care partners to improve the care provided. A designated GP visited the service weekly. They told us they were contacted promptly and appropriately, and staff listened and acted upon their advice.
- Records showed that staff contacted external healthcare professionals promptly when needed. For example, the mental health team, falls team and the speech and language team (SALT). The registered manager recorded in the provider information return, 'Tissue Viability are contacted as required and any visits and dressing regime set by them is followed.'