S R Barber and T J Gosling

Holmesley Nursing Home

Inspection report

Fortescue Road
Sidford
Sidmouth
Devon
EX10 9QG
Tel: 01395 513961
Website:

Date of inspection visit: 18 & 19 February 2016
Date of publication: 13/05/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Holmesley Nursing Home is registered to provide accommodation for 52 people who require nursing and personal care. The service is intended for older people, who may be living with a physical disability, mental health needs or a dementia type illness.

This inspection took place on 18 and 19 February 2016 and was unannounced. There were 50 people living at the home at the time of the inspection.

We last inspected this service on the 29 April 2014 and found that the service was meeting the requirements of the regulations we inspected at that time.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew them well and positive relationships had been formed. Staff were kind, caring and patient. They treated people with respect and promoted people's dignity. One person said, "All carers are exceptionally kind, especially the overseas staff. I couldn't fault them." Another said, "The staff are wonderful…they cheer me up…" End of life care was provided by staff who were skilled and competent and ensured effective pain and symptom management. A palliative care specialist said, "…everyone (staff) wants to do the best for patients...trying to improve their experience…they (staff) add extra touches, which shows a caring attitude."

People using the service, their relatives and visiting professionals said they felt the service was safe. Comments included, "I wouldn't be anywhere else…" (Person using the service); "This is the best home in the area…" (Relative) and "…it is a well organised nursing home" (professional). People were supported in a way that ensured their safety and welfare. Risks to people's health and wellbeing had been identified and staff understood how to keep people safe. Sufficient numbers of well trained and supported staff had been safely recruited to meet people's assessed needs.

There were safe systems in place for receiving, administering, storing and disposing of medicines. People received their medicines as prescribed. People's dietary needs and preferences had been assessed and catered for. People were supported to have enough food and drink to meet their needs. Everyone spoke highly of the quality and variety of food available and mealtimes were unrushed. People were supported to maintain their health. They received treatment and support from a variety of external health professionals. The service worked well with other professionals. Health and social care professionals expressed their confidence in the service.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

There was a varied activities programme in place and people participated in activities of their choosing. Families and friends were made to feel welcome and people were able to receive their visitors at any time.

People were able to express their views and opinions. If they made suggestions for improvements these were listened to and implemented where possible. People knew how to raise a concern or complaint and were confident that their concerns would be listened to and acted upon.

The service was well led and promoted a culture that cared for and valued people, including staff. People, their relatives and external professionals said the home was well run and they expressed confidence in the registered manager and staff team. There were effective systems in place to monitor the quality of the service. There were arrangements in place to obtain people's views of the service. The registered manager a clear view about how to continue to develop and improve the quality of the service, over the next 12 months.

Summary of findings

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

Risks to people's health and wellbeing were managed well to ensure their safety and effective action was taken to reduce the risk of injury through accidents or incidents.

People were protected from the risk of harm or abuse. Staff were knowledgeable about how to safeguard people. People's medicines were managed safely.

There was sufficient, skilled and qualified staff to meet people's assessed needs. Recruitment records demonstrated only people suitable to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective.

People were involved in decision making and consent to their care was sought. Staff acted in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration. There was a varied and nutritious menu available daily for people to choose from. People had access to a variety of health of professionals. External professionals' advice was sought when needed and incorporated into care plans.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff provided care in a dignified manner and respected people's right to privacy. The staff knew people well and understood their care and support needs.

People were supported to maintain important relationships. Staff supported people to meet with family and friends outside of the home.

People were supported effectively and compassionately by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive.

A great deal of care and thought was put into helping people move and settle in to the service. Taster days were organised to help people decide if Holmesley was for them. People received personalised care and were regularly consulted about the care and support they received.

Summary of findings

People were supported to participate in a range of activities, which took into account people's hobbies, interests and abilities.

People could raise any concerns and felt confident these would be addressed promptly by the registered manager.

Is the service well-led?

Good

The service was well led.

The registered manager was an experienced nurse manager. She had continued her professional development and provided a strong role model for the staff team. There was an open and learning culture amongst the staff team. The staff team said morale was good.

There was an effective quality assurance system in place to monitor the service and to initiate improvements. People were able to provide feedback about the service to influence future developments and improvements. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations.

Holmesley Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 18 and 19 February 2016 and was undertaken by two CQC inspectors.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with 12 people using the service, and 6 relatives of people who lived there. We also spoke with 11 staff, including the registered manager; the providers; nursing staff, care staff; ancillary staff and activities staff. We received feedback from eight health and social professionals who visited the service regularly, including two GPs; a speech and language therapist (SALT); a tissue viability nurse specialist; two community nurses; a hospiscare specialist and a social work manager.

We reviewed the care records of seven people and a range of other documents, including medication records, three staff recruitment files and staff training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People and their relatives said they felt the service was a safe place. One person said, "I have no worries whatsoever. It's as good as you can get in Sidmouth." Health and social care professionals also expressed their confidence in the service saying they had no concerns about people's safety. One nurse specialist said, "This is a really good home…equipment is used appropriately and staff understand people's risks and needs…" another said, "The service is as safe as anywhere…they forward plan and address any (health) problems…"

People were protected from the risk of abuse. Staff had received training relating to safeguarding and they had a good knowledge and understanding of safeguarding issues. Staff were able to explain what they should do if they had any concerns about poor practice or if a person disclosed information about potential abuse. One said, "We need to be vigilant…" There were policies and procedures in relation to safeguarding issues, to guide staff. The registered manager and other senior staff were aware of their responsibility to report any safeguarding concerns to the local authority safeguarding team. Where the registered manager had identified safeguarding concerns they had acted appropriately by reporting them to the local authority safeguarding team, who take a lead in investigating safeguarding concerns. One social care professional said, "They (the registered manager) raised a recent safeguarding concern appropriately so we were able to intervene…" Visiting professionals said they had never seen any practice which had concerned them.

Risks to people's personal health, wellbeing and safety had been assessed. Risk assessments and care plans were in place and described what staff should do to reduce the risks. These included areas such as falls, pressure damage, choking, and nutrition. Where people were at risk of pressure damage, pressure relieving equipment was available such as mattresses and seat cushions. A nurse specialist said staff ensured equipment was used correctly and mattress settings were appropriate. If a person had been identified as having a risk of choking, a referral had been made to the speech and language therapist (SALT). Their recommendations had been recorded and were followed by staff. A speech and language therapist said, "They are proactive and contact me appropriately. Their practice is good. I have no concerns or issues…" Another visiting professional said, "They are recognising risk and advocating for service users…they are doing the right things…we have no concerns about the care provided…"

People's medicines were safely managed. Staff responsible for the ordering, receipt and administration of medicines had received training to do so. Appropriate policies were in place to guide staff in relation to medicine management. Most medicines were stored safely, securely, and at appropriate temperatures. There were suitable arrangements for the storage and recording medicines which required additional safe storage. An oxygen cylinder in a bedroom was not stored securely, which presented a risk that it could fall over causing injury. Once brought to the attention of the registered manager, they took immediate steps to remove the empty cylinder and reduce this risk. The registered manager said they would ensure that the safe storing of oxygen was included in future regular medicines audits.

Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Where medicines had not been administered the reasons why this had happened, for example the person declining the medicine, was recorded. Where medicines were prescribed "as required" there were clear instructions about when these should be used and records of what had been given, when and why. Some people were prescribed topical creams and records showed these had been used as prescribed. People said they received their medicines regularly as prescribed and on time. We observed that medicines were safely dispensed to people and they were given support in an unrushed way to take them.

Accidents and incidents were reported and reviewed by the registered manager and senior staff to identify ways to reduce risks as much as possible. Records showed action was taken to explore why the accident happened. Referrals were made where necessary to the GP in order to review medicines. In some cases, where infection was thought to be a contributor, specimens were obtained and sent for analysis. Where one person had experienced a number of falls (although no serious injury had been sustained), the registered manager had liaised with the commissioning team to enable the person to have one to one support. This had reduced the number of falls the person experienced.

Good

Is the service safe?

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. People received care and support in a timely way and staff had time to engage people in conversation and activities. People we spoke with told us that most of the time their bells were answered with-in four or five minutes. One person said 'other people' could wait for more than 10 or 15 minutes for attention. We looked at a sample of the call bell times. Most calls were answered within five minutes and calls were rarely responded to over 10 minutes.

Effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The provider and registered manager had ensured people were cared for in a safe environment. The building was secure and the premises were clean throughout, free from offensive odours and well maintained. Required safety and maintenance check were completed by external contractors where necessary. For example, electrical safety, hoists and passenger lift. Fire safety checks were undertaken regularly. A number of staff received Fire Warden and First Aid at Work training and at least one of these members of staff were on duty for each shift, to ensure any emergencies of this nature were dealt with effectively. Care records reviewed contained a Personal Emergency Evacuation Plan (PEEP). This provided staff and emergency services staff with information about each person' mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies.

Staff adhered to good practice guidance in relation to infection control. Staff used disposable aprons and gloves before commencing personal care. We also noted staff washed their hands before assisting people with their meals. The laundry was clean and well organised. There were systems in place to protect staff when dealing with any soiled linen.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 confirmed their wishes and choices were respected. People said they had choices about their care and daily routines. People said staff sought their agreement before providing care. This included support regarding what time they got up in the morning; where they spent their time, and what activities they participated with. Throughout the inspection we observed staff consulting with people, offering choices and responding to people's decisions.

Staff had received training and showed an understanding of the MCA. Addition training was planned. Staff were aware of their responsibilities in relation to obtaining consent from people when delivering care and support. Throughout the inspection staff respected people's choices and obtained consent from them before delivering care and support. Such as assisting them with moving, with personal care or supporting them to eat. Staff understood that people's capacity to make decisions could vary depending on the decision to be made. One gave the example of a person being able to decide what they ate but said they would need support with more complex decisions about health care treatments.

Where restrictions were in place, consideration of people's wishes and clinical needs had been documented. For example a person's desire to join in communal activities versa their physical need to remain in their bed, as advised by external professionals. We spoke with the person about this and they said "Oh I know it is in my best interests to rest in bed." They went on to explain that if they really needed to do something "I think they'd give me a long lecture, but let me go… it's only for my own good, it's not them being difficult…" The person knew and understood the issues and had recognised and accepted the professional advice that they had been given and had chosen to act upon that advice.

We spoke to a person who used bedrails, which could be considered as restrictive. They said, "They make me feel safe…When they move me I can hold onto them rather than grabbing a carer! They get lowered if I am getting out of bed. So far as I am concerned they make me feel secure, that I am not going to roll over the edge." Where another person lacked capacity to consent to the use of bed rails, a best interest decision had been taken involving their next of kin.

One person was receiving their medication covertly. This is where a medicine is given in food or drink to disguise it. Their care records contained a letter from the GP stating that the person needed their medication to be given covertly. The home had not completed a mental capacity assessment or subsequent Best Interest meeting to decide upon this action. However, by the second day of the inspection, a mental capacity assessment and Best Interest meeting had been completed and the outcome recorded. Another person's care records showed their capacity had changed and they now lacked mental capacity. Records showed the consent to treatment needed to be signed by their relative/lasting power of attorney. However this had not been done. By the second day of the inspection this had been addressed.

Some people had Treatment Escalation Plans (TEP) in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. The completion of the TEP forms was the responsibility of the GP. We found that not all forms had been completed appropriately with the involvement of the person or their relative. The registered manager said she would contact the GPs in these cases and ask for a review of the TEP immediately.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed whether people required DoLS and made the applications to the appropriate authority as necessary.

People using the service, their relatives and visiting professionals expressed their confidence in the staff team. Comments included, "The staff are friendly and professional. I can approach them about anything…"; "I have been so impressed by the staff…" and "The staff are well trained…this is one of the best homes in the area…"

Good

Is the service effective?

The provider and registered manager were committed to developing a skilled staff team. Staff told us about the development and progression opportunities they had. They spoke very highly of the training and support offered to them. One said, "We get lots of help and support…I am never afraid to ask stupid questions…it is such a good home." Another said, "I have had more training here than anywhere else. I have progressed to be a senior. This is a good place to work; we have a good manager and good owners…" These comments were echoed by all staff spoken with.

New staff received a comprehensive induction to help ensure they worked safely with people and understood their needs. The induction training was completed over 12 weeks and included shadowing senior staff for two weeks as a supernumerary member of staff. The induction training followed the core modules of the Care Certificate, which is a national induction programme for care staff. There was an on-going training programme for all staff to develop their skills and knowledge, including access to national recognised care qualifications. The provider information return confirmed that 70% of staff had obtained or where working towards a nationally recognised care qualification. Staff were also supported through regular support and meetings where they were able to discuss any issues of concern. Annual appraisals were completed so staff received constructive feedback about their performance.

People were supported to have sufficient to eat and drink to maintain a healthy balanced diet. A designated 'Nutritional Assistant' oversaw the dining room and individuals that required one to one assistance to ensure that their nutritional and fluid intake needs were met. A speech and language therapist said this person was particularly skilled and aware of people's needs in relation to their dietary needs.

We observed breakfast, lunch time and supper time over two days. People were offered pre-lunch and supper drinks daily. There was a choice of alcohol, such as wine or beer. Mealtimes were a sociable occasion, they were not rushed and people received the one to one support they needed. Staff engaged with the people they supported and support was offered at a pace which suited the individual. A person described how they needed assistance with eating they said "I cope with drinking out of these (covered mugs with two handles) but I have to be fed by a carer… They have to stay and feed me, there's no begrudging, it works very well and they're very kind." We observed this person starting their lunch. Before starting the staff member asked if they would prefer a spoon or a fork. They told the person what the meal consisted of and then told them what was on each mouthful Each time the carer offered the food they said "when you're ready."

Breakfast was served on a rolling basis as people arrived. Toast was freshly made to order and was served with a little bowl of butter and marmalade so that people could prepare their toast as they wished. Some people were eating a variety of different cooked breakfasts while others chose yoghurts, fruit or cereals. Staff in the dining room were attentive to people's needs. For example, one person was trying to eat yoghurt with their fingers. A member of staff noticed this and unobtrusively went and sat next to the person in order to offer assistance. This was done is a kindly manner which maintained the person's dignity.

There were a variety of options for the main meal, served at lunchtime and meals suitable for people on special diets were available. The kitchen staff were knowledgeable about people's needs and likes and dislikes. People were able to choose what they ate at each mealtime. Meals were served from a hot counter in the dining room, which formed a focal point for people, which stimulated senses as it was visual and the smells were appetising. People entering the dining room could peruse the choices on their way to their tables. A dessert fridge displayed a selection of homemade desserts and there was a hot pudding on offer. Where people required a soft or pureed meal, these were attractively presented. Between mealtimes hot and cold drinks and snacks, such as sandwiches, biscuits and homemade cakes, were served. People said they enjoyed the food. Comments included, "The food is excellent…"; "The food is very good. There is always a good choice…" and "The food really is excellent. Today the chef kept me an Eaton Mess, that's my favorite!"

Records showed nutritional needs had been considered and that nutritional assessments were reviewed regularly. This helped staff identify people who may be at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. Staff had sought advice from health care professionals such as the GP, speech and language therapy and dietician where concerns were identified. Professional advice had been incorporated into people's care plans. A speech and language therapist said the service was

Good

Is the service effective?

"proactive"; that appropriate referrals were made to them and that staff promoted good practice where risks presented. They added, "They listen to our advice and act on it…"

People had access to a variety of healthcare services to maintain their well-being. People told us they had regular access to healthcare professionals such as, the GP, community nurses, chiropodists, opticians and dentists. The records confirmed that other specialist health professions were involved in people's care, for example, palliative care nurse specialists; tissue viability specialist; and mental health professionals. One health professional said the service managed people's risk of skin damage "very well…" They added, "The service has and uses the correct equipment; pressure relieving mattresses are set appropriately and referrals are made appropriately…" Another health care professional said, "Patients are safe. Staff know them well and they involve us appropriately." All professionals contacted said the service contacted them appropriately and in a timely way. A GP told us, "They (the service) do so much well." A relative said, "I am very very pleased. I think the nursing standard is very very high. I visit every day and there is not one of the staff that I would not want dealing with my (partner)."

Is the service caring?

Our findings

People said staff were caring, kind and respectful. This was universally echoed by relatives and professionals. One person using the service said, "I find them (staff) all very pleasant." Another commented, "I wouldn't want to be anywhere else. People are so kind and caring. I would recommend this place…" Another commented, "I wouldn't want to be anywhere else…people are so caring and kind. I would recommend this place…I feel absolutely safe…" A fourth said, "This is a real family here…" Relatives were equally positive about the overall standard of care and staff attitude. Comments included, "This is the best home in Sidmouth…we have a good rapport with the staff…"; "Staff are respectful and gentle…(name of person) is well looked after…"; "I leave confident that (person) is safe and well cared for…this is excellent in everyway…I never leave with a worry…"; "I cannot speak highly enough of all aspects of this home…it is a home from home…" and "It is a lovely approachable team…we couldn't ask for better care…"

The service recognised the importance of people's relationships. The service had a wheelchair accessible car which could be booked free of charge by individuals' for social outings with family or friends. One relative expressed how much they appreciated this service as it enabled their partner to meet them at the cinema for the first time in years. This service also supported people to attend family occasions in the local community, such as meals out. The car could also be booked by relatives who wished to take their family member out but whose own car may not be wheelchair accessible. The transport service extended to people attending 'taster days' and considering a move to the home. The registered manager explained the service was also happy to collect people and their relatives who wished to view the home and were unable to get there easily.

An existing resident was designated as the 'welcomer'. The registered manager said this person's role was 'fundamental in assisting new residents to settle into the home'. It meant that people moving in had a 'buddy' and were supported to meet other residents and staff and shown around the service. A person who had moved in more recently said, "I settled well after a week. I found everyone very very helpful…staff are lovely." A relative said they had looked at several services and chose Holmesley as it was "…highly recommended locally and we liked the relaxed and happy team…this is excellent in every way…"

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

The registered manager and other senior staff had completed specialist training in end of life care and worked closely with the local palliative care team. A palliative care specialist said referrals to their service were timely and appropriate and their advice was acted upon. They said staff were skilled and competent in relation to end of life care. This would include effective pain and symptom management, and use of equipment. They added, "The staff are very helpful…everyone wants to do the best for patients...trying to improve their experience…they (staff) add extra touches, which shows a caring attitude." A speech and language therapist said comfort nutrition and mouth care was managed well when people were cared for at the end of their life. They added, "Staff are always incredibly friendly and caring towards service users." The PIR showed the service had received 45 thank you/ compliment cards or notes. Many of these were from relatives expressing their gratitude for the care and attention provided to their loved one, especially in relation to end of life care and support. A visiting GP said, "The staff care about and know their patients…I wouldn't feel anxious about having a relative of mine there…"

The service was participating in a research study relating to 'Palliative Care for Older People' in care homes in Europe. The aim was to measure outcomes such as the quality of end of life care and staff knowledge and attitudes towards palliative care. The registered manager described how important it was for the service to continue to develop and improve staff's practice and knowledge to benefit people's experiences. The service provided help and support to families visiting their relatives at the end of their life. Such as free accommodation and facilities for families to stay overnight. Wakes were organised and hosted without

Is the service caring?

charge by the service, if this was the families wish. A GP said the service "…have the care of people at heart…they have staff who care about and know their patients…" The registered manager and the deputy manager had planned to implement the 'Gold Service Framework for End of Life Care' within the next 12 months. This framework is nationally recognised systematic, evidence based approach to optimising care for people approaching the end of life.

Staff treated people with respect and in a kind and caring way. Staff spent time with people, talking with them and showing an interest in them. When in conversation with people, staff knelt down to ensure good eye contact; they took time to listen to people and responded to people's questions and requests.

Staff understood how some people's mental health conditions may affect them and the support they needed. Staff displayed compassion and understanding towards people. For example, when people became distressed and anxious, staff listened to their concerns and provided reassurance, which reduced the level of anxiety. This often resulted in a smile from the person.

Staff had a tactile approach. On another occasion a person was being escorted by staff; the person was holding the staff member affectionately, laughing and chatting and moving at their pace. When people were being assisted to move with equipment, staff ensured the person understood what was happening; staff were reassuring, unrushed and gentle in their approach. One person said, "They (staff) are always jolly, never miserable faces…they are easy to get on with and they are very generous with what they do for me…nothing is too much bother for them…"

Staff were attentive to people's needs and ensured their privacy and dignity was maintained. People looked well cared for in their appearance. They were dressed appropriately for the weather and clothes were clean and co-ordinated, with many people wearing pieces of jewellery. People said how much they enjoyed the regular visits from a hairdresser; several said they felt 'better' after these visits. Some female residents said they enjoyed the pamper sessions and some had their nails painted. One said, "Well, it is a touch of former glamour!" A relative commented, "(Relative) always looks clean and smart – just as he would want…" Another said, "The standard of care is excellent. I have never seen (relative) look anything other than clean and well cared. Always nicely shaved…real attention to detail. It shows they care…"

Personal care was delivered in private. Staff spoke discreetly to people about their personal care needs in communal areas, so that other people could not hear them. Where staff saw a person's dignity may be compromised they took action to assist the person in a sensitive and respect way. For example, where a person had got in difficulty at the lunch table.

Staff addressed people in a polite and professional manner throughout the inspection. People said this was always the case. Staff knew everyone's name and greeted people personally. One person's full title appeared on their bedroom door. Their relative said they had been very proud but modest about their past occupation. The mark of respect for the person's past occupation was described as 'touching.' One person said, "Some staff are exceptionally good. I am happy with all of them…they are all kind…" Another said, "You can have a laugh with them (staff)…I like spending time with them…you can talk to them…"

Staff had identified the risks to people who were unable to use the call bell. The registered manager had introduced 'intentional rounding' to ensure the needs of people who remained in their room were monitored and met. Intentional rounding involves staff carrying out regular checks with individuals at set intervals to ensure they received attention on a regular basis. Research suggests this systematic approach can improve peoples' experience of care, build their trust, and ensure care is safe and reliable. One relative described how staff had been creative in trying to enable their relative to use the call bell independently. They added, "The staff are particularly caring, including the maintenance staff."

People were supported to enjoy previous interests and pastimes. One person had brought their beloved birds with them when they moved to the service. The birds were taken care of by the staff. The person obviously took tremendous pleasure from having their birds with them. Another person had been supported to purchase birds, which staff helped to care for. The service had supported the person and their family to fit a bird nesting box outside of their room, which held a camera. This enabled the person to watch the birds nest and hatch on their TV.

Outstanding ☆

Is the service caring?

It was evident that staff had developed positive relationships with people using the service and their families. People said visiting times were flexible. Visitors were offered refreshments and meals to enable them to spend sociable time with their loved ones. Visitors said they visited regularly at various times and were always made to feel to welcome. They said staff always had time to speak with them and answer any questions they might have. One said, "There are no restrictions…it is a home from home…" Another commented they could "…treat the place like home…I can help myself to coffee…I spend a lot of time here…" Another relative said, "The whole family are welcome here…grandchildren and even dogs!"

People said they were involved in making decisions in relation to their care and about how they spent their day; what they wore and what they ate. We observed people were supported to spend their day where and how they preferred. The service employed a high number of male carers. People confirmed they had been asked about their preferences regarding the gender of staff providing their personal care. Some people had expressed a wish for intimate personal care to be provided by females, and this was respected. Others stated they had no gender preference and were happy with the standard of care provided by all staff. People who could take part in the care planning process had done so. Relatives said they had also been involved in panning care where appropriate and that their knowledge of the person had been respected. One relative said, "I am invited to care reviews…I am impressed at how well they (staff) know (person's name)."

People were kept informed of what was going on in the service. Throughout the service there were notice boards advertising upcoming activities and events or photographs of past events. The weekly activities programme was delivered to people's rooms if preferred. The daily menu was advertised so people knew in advance what was on offer.

Good

Is the service responsive?

Our findings

People received personalised care that aimed to meet their individual needs. Before people moved the service a comprehensive assessment was undertaken of their needs and preferences to ensure they could be met. The registered manager and staff understood the difficult decisions people made when giving up their own home and moving to a care home. 'Taster days' were arranged for people to help them decide if the service was right for them. People were invited for meals and to take part in activities as part of the 'taster days'. One person said, "I chose this home for a combination of reasons…it is the best home in the area and was a good choice for me." One relative explained their partner had spent time at the service for respite prior to moving in. They added, "This made it easier as staff knew (relative) and he knew them…I knew (person) would be well cared for." Where a person moved from another service, a member of staff visited them daily for five days to get to know them and assist with their daily care needs. The aim was to promote a smooth transition to Holmesley and begin to build a relationship with the person. This reduced the person's anxiety about the move.

People's care records contained information about their health and social care needs; considered their mental capacity; their life histories, and preferences about how people wished to receive their care. There was clear guidance for staff on how to support people, including how to promote people's independence. Care plans were reviewed regularly to reflect people's changing needs. Staff said they had the information they needed to provide person centred care; they had time to read care plans and all were knowledgeable of people's needs and preferences. Without exception, people said they were happy with the care and support they received. One person said, "I really could not fault anything here. It is first class." Another said, "…nowhere better than this place…you can't criticise anything here…" One person explained they were at the service for respite, following a fall at home. They said they were enjoying their stay. They added, "I am getting the help I need and my confidence is growing. I am looking forward to going home…"

People had access to a range of activities to suit their preferences and abilities. People said they enjoyed the range of activities and events that took place at the service. Comments included, "I like the exercise classes, music sessions and show time events…" Another person said, "There is always something going on – always something to do here or a trip out…"A relative explained their family member could not fully participate with all activities but they enjoyed being involved. They said staff ensured they were always included, which they said kept their relative's mind occupied and meant they were not isolated.

There were three activity coordinators employed at the service. Activities were provided over a seven day period and a programme of planned activities was displayed. This included arts and crafts, quizzes, board games, discussion groups, film club, visiting entertainers and religious services. Pampering sessions, including manicures, were on offer four times a week. This was a popular activity for several people. The programme was designed with input from people who lived at the service.

Activities were also designed to ensure people were able to maintain links with the community. The service owned a wheelchair accessible minibus and two trips a week were organised to local places of interest, such as shops, cafes, garden centres and the beach. The destination for the trip was decided by people using the service. The activities co-ordinator said they ensured that everyone was given the opportunity to go on the regular trips, regardless of their support needs. There were sufficient staff to support people during the outings.

Some people said they preferred to spend time with staff one to one or on their own. Staff encouraged people to join in with activities; however people's wishes were respected where they declined. One to one time was allocated to those people who chose not to take part in group activities or for those people unable to join in. Staff spent time with people chatting, reading, giving manicures and hand massage. Records showed that people spending time in their room had daily social contact with staff. One person enjoyed helping staff with household tasks, which was supported by staff. Another person had been supported by staff to spend a weekend in a sea-side resort which held many fond memories for them. They said how much they had enjoyed the trip and would like to plan another. The registered manager and senior staff were happy to consider supporting the person's plans. Internet access had been

Good

Is the service responsive?

installed throughout the building so people could use the Wi-Fi. One family particularly enjoyed the Wi-Fi saying it enabled them to show their relative photos; news items and other things of interest.

People were supported to follow their faith. Staff supported some people to visit their preferred place of worship. A local minister visited the service regularly.

People's bedrooms were personalised and people had brought special items from home, including pieces of furniture; paintings; photos and other important personal items. This meant they could still enjoy their belongings and personal memories. Several people said how much they appreciated being able to have personal items around them. One person said, "My room is comfortable and I have my things around me…I am happy with how my room is." Another said, "I have been able to do what I want here, within reason…"

People told us how much they enjoyed the 'beautiful' gardens in the fine weather. There were several bird feeders around the gardens, and several people said how much they enjoyed watching the wild life. One person said, "I love to walk in the garden…" A relative said, "The gardens are magnificent. We can sit outside in the garden during the summer." The garden was wheelchair accessible with several quiet spaces to sit.

The service had a complaints policy in place which was on display on the notice board and also made available to people and their relatives. People said they were able to express their opinions and that they would be happy to speak with the registered manager or other staff if they had any concerns or complaints. They said they were confident any concerns would be listened to. Comments included, "I definitely feel listened too…" Another said, "I have no complaints but would speak with the matron (registered manager) or staff. They listen to my suggestions…" The service had received five complaints in the past 12 months. People's complaints had been investigated, addressed and responded to in an open way and were resolved to people's satisfaction. Where necessary an apology was made. One relative who had raised a concern said "Everything has been fine since…"

Good

Is the service well-led?

Our findings

The service was well led by the registered manager and senior nurses and lead care staff. The registered manager had been in post for a number of years and demonstrated strong leadership skills. The registered manager continued their professional development by attending training events. They had completed specialist courses such as the dementia care; end of life care; leadership and management and a teaching certificate. The registered manager acted as a 'mentor' for nursing students from Plymouth University and spoke about the positive impact of this, including reflecting on the practices at the home.

People using the service, their relatives and visiting professionals expressed their confidence in the management of the service. One person said, "This is the best home in the area. All the staff, from the manager to the laundry and maintenance staff are wonderful…" A relative said, "The home is well managed. The whole team works very well together. There is an excellent structure…we are very very happy." Another relative commented, "The management is excellent. The nurses are 100%.....The manager listens…...The staff understand my position with (my partner)." A health professional echoed this by saying, "This is a well organised nursing home…they do so much well." Another professional said, "The manager has her finger on the pulse. She has a really good oversight of the service and a presence there…it would be lovely if more homes could be like this home."

There was an ethos of caring at this service. People described a caring approach from nursing and care staff and also from maintenance and kitchen staff. People said 'nothing was too much trouble' for the staff. Staff also felt valued and cared for by the registered manager and providers. They gave several examples of how the service valued and helped them, both professionally and personally. Staff said they enjoyed working at the service and that morale was good. They demonstrated commitment and motivation in ensuring people received a caring and person centred service.

The registered manager was visible within the service and people, relatives and staff knew they could speak to her at any time. The office was located near to the reception area and the door was always open. People frequently visited the registered manager in her office during the inspection to have a chat, or have their queries answered.

The service was well supported by the management structures. There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours. Senior staff offered support and guidance to new and less experienced staff. Comments from staff included, "They have helped me so much…all the training is free, and there is lots of support from the senior staff. It is such a good home…" Another said, "This is a good place to work; we have a good manager and owner. The training is excellent…" An agency worker told us they visited lots of care homes in their role; they said "This is the best…they are very well organised, there is always enough staff and there is good communication…"

The registered manager had an inclusive and collaborative approach. She had taken steps to ensure all staff were aware of the five domains that the Care Quality Commission inspects against. A notice board for staff included an easy read synopsis of the five domains. The aim was to help staff reflect on the care delivered and how it could be improved. One member of staff said this had helped them to understand the inspection process. The PIR showed the registered manager and deputy manager had also developed a training package for nurses and care leads about 'Duty of Candour'. The intention was to ensure staff were open and transparent with people and their relatives in relation to care and treatment; providing truthful information and an apology if/when things go wrong.

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff felt able to make suggestions to improve people's care or the service. A daily handovers took place for staff to ensure important information about peoples care or the running of the service was shared.

There were a range of systems in place to monitor the quality of the service provided. Regular satisfaction surveys were sent to people using the service to obtain their views and ideas. The results from the 2015 surveys showed high satisfaction levels. Where people had made a suggestion for improvement, this was followed up by the registered manager. Staff surveys were used to obtain their feedback; results shared with us from the last survey completed in 2015 were positive and showed staff felt valued and involved in the development of the service. The registered

Good

Is the service well-led?

manager and provider listened to and acted on people's feedback. For example, as a result of mixed feedback about the use of chilled meals, the provider and registered manager made the decision to bring the catering in house. This had been very successful with only positive comments received about the food now being served.

Regular audits were completed by the registered manager or other senior staff to monitor the quality of service. These included audits relating health and safety, infection control, medication, care plans and premises checks. Where any shortfalls had been identified there was an action plan in place to address them. Where the service had identified medicines errors, staff were alerted so lessons could be learnt. The service was open about any errors; they informed the person, the GP and the family if appropriate.

The registered manager had a clear vision about how to continue to develop and improve the quality of the service, over the next 12 months. This included implementing the 'Gold Standards Framework for end of life care; and providing support and additional training for registered nurses in order for them to meet the standards which govern them.

Accidents and incidents had been analysed in a way that allowed trends to be identified. When patterns were found prompt action was taken and outcomes were monitored. This included referral to health professionals, such as getting medicines reviewed by the GP, or working with the person to reduce risks, or increasing staff as necessary where a person was at a high risk of falls.

Staff were encouraged to attend regular team meetings, where they could discuss ways in which the service could be improved or raise any concerns directly with management. Recent discussions had included the 'new' CQC inspection process; the fundamental standards and the duty of candour policy. This meant staff were aware of the regulatory framework and what was expected of the service.

Records we reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date; all records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.

People benefitted from the partnership working established with other professionals This ensured people received appropriate support to meet their health care needs. Professionals contacted as part of the inspection said the service made appropriate referral and always acted on their advice or recommendations. Comments included, "This is a really good home. They provide brilliant support for me when I visit. The records are good and demonstrate they follow people's care plans." Another said, "The staff are proactive, they recognise people's changing needs. We have a good relationship with them…" Another commented, "We have a good professional relationship with the service…we have not had any issues of concern. Staff know people well…"

The registered manager also worked with other homes in the area and hosted a regular local 'managers' forum. Managers from other care homes within a 20 mile radius were invited to join the meetings to share any information or good practice gained from workshops, training or seminars. Outside speakers were also invited and to date the 'falls team' had attended to provide up-dates about good practice. A member of the hospice team was booked for the meeting in March and the safeguarding team were invited for the meeting in June. The registered manager said she would be sharing her experience of the inspection process with colleagues.

The registered manager submitted statutory notifications to CQC as required by law, relating events at the service, such as deaths or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.