

Mrs J I Mirjah

# Halwill Manor Nursing Home

## Inspection report

Halwill  
Beaworthy  
Devon  
EX21 5UH

Tel: 01409221233  
Website: [www.halwillmanor.co.uk](http://www.halwillmanor.co.uk)

Date of inspection visit:  
12 November 2019

Date of publication:  
24 December 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Halwill Manor Nursing Home is registered to provide nursing and personal care for up to 25 older people. This includes people who are living with dementia. The home has been run by the same providers for 30 years and is an adapted building with facilities over two floors. At the time of the inspection, 22 people were in residence but placements were already arranged for two further people.

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

People received a safe service. Staff received safeguarding training and knew what to do if they suspected people were at risk of harm. Other risks to people's health and welfare were well managed. Risks were assessed and plans put in place to keep people safe. The numbers of staff on duty for each shift were based upon the collective care and support needs of each person in residence. This ensured the staff team could safely provide care and support to each person. Pre-recruitment checks carried out before new staff worked at the home ensured they were suitable to work with vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

People received an effective service which met their care and support needs. Staff training ensured they had the relevant skills to meet people's care and support needs. Staff were regularly supervised to ensure they worked well. People had access to the healthcare support they needed. This included their GP, district nurses, speech and language therapists (SALT) and other allied healthcare professionals. People were provided with a healthy, balanced diet that met their own individual preferences.

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 service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People received a service that was caring and centred around their own specific needs. People were relaxed and comfortable in their home. Health care professionals and one relative gave us positive feedback about the way people were looked after. The staff team had a good understanding of each person's individuals' needs. People were treated in a warm and respectful manner at all times.

The service was responsive to people's health and social care needs. Their care plans were regularly reviewed and adjusted to take account of any changes in their care and support needs and health status. The nursing staff ensured referrals were made to appropriate health and social care professionals as needed. The service continued to look after people who developed end of life and palliative care needs. The nurses were able to look after people who became very ill and endeavoured to prevent hospital admissions. The service would work in partnership with family and healthcare professionals to achieve this.

People were able to participate in a range of meaningful activities that were based upon their activity profile. The staff took time to find out about people's life history, their occupation and interests and hobbies. People and their families were encouraged to make their views known about all aspects of the service and were listened to, the service making changes where appropriate.

The service continued to be well led. The registered manager, nurses and team leaders provided good leadership for the staff team. There was a clear focus on continually seeking to improve the service people received. Links had been forged with other services for example the Alzheimer's Society and the National Activity Providers Association to ensure they remained up to date with best practice.

The service had good quality assurance systems in place with regular audits being undertaken. These identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Halwill 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered provider is also the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who lived at the service and one relative who was visiting the service. Because a significant number of people had varying degrees of dementia, we spent a period of time observing how they were looked after, how they spent their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. We spoke with seven members of staff, as well as the registered manager.

We looked at people's electronic care records with the nurses, and other records relating to the running of the service. This included policies and procedures, complaints, audits and quality assurance reports. We spoke with one social care professional during the inspection and contacted five others by email after the inspection and asked them for their views of the service. We have included their feedback in the main body of the report

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ Staff received safeguarding training and understood their responsibility in protecting people in their care from harm. They knew what to do if they suspected an incident or event had occurred that may constitute abuse.
- ☐ People were looked after by staff who had been safely recruited. Pre-employment checks included written references that were validated and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.
- ☐ Staffing numbers per shift were based upon the collective care and support needs of each person. This meant everyone's needs were met. A team leader covered every shift as well as at least one qualified nurse. At the time of the inspection there were five care staff allocated in the morning, three for the afternoon shift plus one 'twilight' shift (5-10pm). In addition, there were two dietary support assistants in the morning and one on a late shift.
- ☐ The registered manager and nurses reviewed the dependency needs of each person monthly and staffing levels were adjusted as needed.

Assessing risk, safety monitoring and management

- ☐ As part of assessment and care planning arrangements, any risks to people's health were identified and their care plan stated how that risk was to be avoided or reduced. For each person the risk assessments included moving and handling, skin integrity and pressure damage, the likelihood of falls, weight loss and choking. The plans were reviewed at least monthly to ensure the risk was still mitigated.
- ☐ Staff were trained how to use moving and handling equipment safely.
- ☐ A personal emergency evacuation plan was in place for each person. These detailed the level of support the person would need in the event of a fire.
- ☐ Health and safety checks of the premises ensured people lived in a safe service. These included fire safety checks, water checks, checks of the fabric of the home, servicing and maintenance of all equipment.

Using medicines safely

- ☐ The arrangements for the management of medicines were safe. Nurses administered medicines to people but there were plans for senior care staff/team leaders to be trained to support people with their medicines.
- ☐ There were safe processes for the ordering, receipt, and storage of all medicines.
- ☐ Where a person required their medicines to be concealed in food or drink, best interest decisions had been recorded and agreed by the GP and family members.

- The supplying pharmacy had recently undertaken a medication audit and minor issues had already been addressed.
- Nurses were trained to administer end of life medicines when these were prescribed and required. They ensured these had been obtained prior to being needed. This meant they were available should a person with palliative care needs suddenly deteriorate.

#### Preventing and controlling infection

- People lived in a home that was clean and tidy. Domestic staff worked each day to maintain the cleanliness of the home. Care staff and domestic staff attended to people's laundry.
- Staff received training in the prevention and control of infection and had access to personal protective equipment such as disposable gloves, aprons and hand sanitising gels. There was a plentiful supply of cleaning materials and these were safely stored when not in use.

#### Learning lessons when things go wrong

- Any accidents, incidents or near-misses were reported to the nurses and registered manager. Written reports detailed what had happened, immediate action had been taken and any follow up action.
- The registered manager analysed all events, looking for any trends so that lessons could be learnt and further incidences prevented.
- The service had made improvements to how they managed staff personnel files. This was because previously some documents had been missing from a staff members file. One member of staff had been given delegated responsibility for ensuring staff personnel files were complete.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Pre-admission assessments were completed prior to placement being offered to any person. Most placements were via a brokerage system and funded by the local authority. The provider, the registered manager or the management assistant tended to do the assessment. This ensured that any prospective person's care and support needs could be met, the staff had the relevant skills and the service was suitable.
- ☐ People's care and support was then reviewed and evaluated monthly to ensure they continued to receive support that was effective, and person centred.

Staff support: induction, training, skills and experience

- ☐ The staff team received the training and support they needed to meet people's care and support needs. The provider had a refresher training programme for all staff and records evidenced the team were up to date.
- ☐ New staff had an induction training programme to complete at the start of their employment. The programme was in line with Care Certificate, a set of national minimum standards, all health and social care staff were expected to work to. The management assistant supported the new recruit whilst they were working through the programme. Two newer care staff confirmed these arrangements.
- ☐ Regular training sessions were scheduled throughout the year. Training was delivered via computer-based programmes, face to face training or delivered by external trainers.
- ☐ The qualified nurses were supported to maintain their skills and knowledge, necessary to continue their nursing registration.
- ☐ There was a cascade system of staff supervision in place and those staff spoken to confirm these arrangements. All staff had supervision meeting with a senior member of staff. This enabled discussions about what was going well and where things could improve. Any training was identified during this meeting.

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

- ☐ People told us the meals were good and they were given a choice in what they could eat. One relative said they had seen meals being served and they looked good.
- ☐ Sufficient food and drink to meet people's individual needs was provided and different dietary requirements were catered for. For example, soft or pureed diet, diabetic diet and a high fibre diet. Drinks and snacks were readily available throughout the day.
- ☐ People chose where they wished to eat their meals but were encouraged to take their meals in the dining room where possible. Others ate their meals in the lounge or their bedrooms.
- ☐ Where people needed to be assisted with their meals this was done sensitively and not rushed. We

observed the care staff sitting with people and gently prompting them to eat their meal or assisting them in an unrushed manner.

- Each person's body weight was checked monthly. Where people had lost weight this was increased to weekly and their care plan amended, detailing the action the care team were required to take.
- Referrals were made to the GP, dieticians, speech and language therapists (SALT), where they were swallowing concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other healthcare professionals to ensure people's health care needs were met. This included GPs, district nurses, occupational therapists and physiotherapist, mental health services and hospital services.
- At the time of inspection people were registered with two local GP practices. On the whole there was a weekly visit by a GP to the home plus as-and-when requests when people were unwell. Records evidenced that people were seen by their GP when necessary.
- Health and social care professionals who responded to our request for feedback about Halwill Manor were complimentary about the service. They said, "The GP and myself find the staff refer and request visits in a timely manner and are always appropriate" and "They respond to their residents needs and if at any time they feel that they are failing to do so have no hesitation in contacting me to give support and advice and are more than willing to work collaboratively with me to ensure an effective treatment plan is in place".
- 

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

- Halwill Manor Nursing home is an adapted older building. One area of the home was currently undergoing refurbishment by the maintenance team.
- The home was decorated in a homely manner throughout and there was a continual programme of refurbishment of bedrooms and communal facilities.
- The service used a recognised dementia design audit tool when making any changes to the home, ensuring best possible outcomes for people living with dementia.
- The service had a number of shared bedrooms. Privacy screens were available to maintain people's dignity when personal care was being delivered. The person, or their representative would have given agreement to sharing a room.
- There were enough communal assisted bathrooms or shower rooms to meet people's needs.
- A range of different beds, mattresses, cushions and armchairs, were provided to aid peoples comfort.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All staff completed a basic MCA and DoLS course but the registered manager had attended an in-depth course run by Devon County Council. The registered manager maintained a spreadsheet in respect of DoLS applications made.
- At the time of the inspection there were four DoLS authorisations in place and 16 other applications were waiting to be processed.
- Staff encouraged people to make choices and gained their consent before delivering any care and support. This practice was consistent throughout our inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People looked relaxed in their home environment and we observed a lot of friendly, caring interactions, with positive outcomes for people. Because the majority of people had a mental impairment, they were unable to tell us how they were treated. However, our observations throughout the inspection concluded people were well looked after and treated respectfully.
- ☐ The service had received many cards and letters from family and friends. Comments included, "All the care staff are angels", "Care has been excellent", "Kindness and care in abundance" and "Not only did the staff look after X but also her husband who was very emotional at times".
- ☐ One health care professional commented, "I have always found the staff to be extremely caring and willing to go the "extra mile" to ensure their residents are treated with dignity and respect using a person-centred approach".
- ☐ All staff demonstrated great kindness and genuine empathy for the people they were looking after. When they were telling us about their work it was evident they really cared.
- ☐ The registered manager and nurses had a hands-on approach to care. They had plenty of contact with people and monitored the care team to ensure high standards of care delivery.

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

- ☐ People were encouraged to be involved in decision making wherever possible, despite living with dementia. Because people could not tell us about their care, we watched the interactions between them and the care team. People were always offered choices and the care team respected these. For example, one person chose where they wanted to sit in the dining room and another chose tea when offered a hot drink.
- ☐ Resident meetings were held monthly. People were encouraged to share their views and make suggestions on how to improve the service. Relatives were also encouraged to share their views and make suggestions about the service.
- ☐ People's care plans were reviewed monthly and where possible they were asked to have a say about their care. Family, where agreed upon, and healthcare professionals were involved in these review meetings where appropriate.

Respecting and promoting people's privacy, dignity and independence

- ☐ Those people who were able to tell us, said they were treated with respect and dignity, and their privacy was maintained. People looked well cared for, were dressed nicely, clean and tidy.
- ☐ From our observations made during the inspection we found that people were treated well, the care staff

were respectful towards them at all times and their dignity was maintained.

- ☐ People were encouraged to be as independent as they were able, and to mobilise within their own limitations.
- ☐ One relative said, "The family chose this home because when we were looking around for a place for Mum we got a lovely feel about Halwill Manor. We felt the staff were kind and respectful".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ People received personalised that met all their care and support needs. The staff were attentive and assisted people in a timely manner. We observed people being attended to in a kindly manner.
- ☐ Since the last inspection the service had introduced a person-centred software package and all care records were kept electronically. The care staff used a programme (an app) on their work phones to record the care and support they had delivered. The sophisticated system was able to alert the nurses if a care need had been overlooked. For example, if a person had not been given any fluids for a while, the nurses, acting on the alert could address this with the care staff.
- ☐ Where possible people were involved in developing their care plans and in subsequent reviews. One relative told us they had contributed to their loved ones review because "Mum isn't able to".
- ☐ In our discussions with staff it was evident they were familiar with people's individual preferences and knew how they like to be cared for.

Meeting people's communication needs

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

- ☐ Information was shared with people in line with the Accessible Information Standard. The home's brochure was available in written format and issued on admission to the home. Information regarding the service and the facilities at Halwill Manor Nursing Home were displayed on the provider's website.
- ☐ Where a person was unable to communicate verbally information was included in their care plan regarding other ways to communicate to ensure their needs were met.

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

- ☐ The service firmly believed that meaningful activities for people were essential to maintaining well-being. A profile was prepared for each person based on their life history, occupation and interests.
- ☐ People were offered and provided with a range of activities. The activity plan was flexible because the majority of people were living with dementia. The activity staff and care staff ensured their activity engagement was creative and was what people would like to do at that particular time. Some activities were for groups of people and planned whilst others were ad-hoc. There was no demarcation between care staff and the activity team, they all worked together for people.

- One of the activity staff had started making Christmas cards with a group of people and Christmas entertainment was organised for December. Armistice Day had been celebrated the day before the inspection.
- Staff supported one person to visit their daughter, took them for walks locally and called in to the church opposite.
- Previously people have had trips to the theatre, garden centres and pubs for meals.
- The staff helped people keep in touch with friends and family. During the inspection staff telephoned one person's relative so the person could speak to them. This was because the person was getting anxious and this had a calming effect upon them. The staff member told us this happened most days and was beneficial to their well-being.
- Visitors to the home were welcome at any time.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure and a copy of this was displayed in the porch area. The service had not received any formal complaints in the previous 12 months. CQC have not received any complaints regarding this service in the last 12 months.
- One relative said they had not needed to raise any concerns but felt if they did, they would be listened to.
- People and their family were encouraged to express their views during care plan reviews and relative's meetings.

#### End of life care and support

- People remained at Halwill Manor Nursing Home when they required end of life care. The nursing care staff had the necessary skills and knowledge to deliver end of life care. The staff team would work in partnership with the person's GP and palliative care nurses to keep people comfortable.
- At the time of the inspection the service were looking after two people who had end of life care needs. All necessary equipment to aid the person's comfort, and medicines were available. Visitors were welcome at all times and were "looked after" by the staff as well.
- One staff member told us they had received end of life training and it was "very rewarding and a privilege to be able to look after people until their passing". They added, "We really do look after people very well here".

# 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 promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had been at the home for six years and the management assistant for three years. They both provided good leadership for the whole staff team. The team of nurses consisted of long-term staff and one newly appointed, nurse. Nurses had supernumerary hours where they could monitor the care staff and work performance.
- ☐ The staff team had a person-centred approach to care. The management ensured people were treated as individuals.
- ☐ One relative told us, "We chose this home. When we visited to look around we were impressed with the manager and the dedication of the staff". One person told us, "Everything is top-notch".
- ☐ Feedback we received from health and social care professionals was positive, supporting the view that people benefitted from a good service.

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 service communicated well with relatives and informed them of any events. One relative said the family was always told about a change with their loved ones health or an event affecting their family member.
- ☐ The registered manager was fully aware of the duty of candour and was open, honest and transparent. The service looked for lessons that could be learnt and improvements that could be made if things did not go well.
- ☐ No issues have been raised with CQC prior to this inspection.

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

- ☐ There was a staffing structure in place with the registered manager and management assistant being supported by qualified nurses and team leaders. Staff were clear about their role and they all worked well as a team.
- ☐ The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- ☐ The service had good systems in place to monitor and evaluate services provided in the home. The provider had a programme of checks in place to monitor the quality and safety of the service.
- ☐ Any accidents, incidents or near-misses were recorded, reviewed and analysed to identify trends. This



enabled the service to prevent re-occurrences and improve quality.

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

- People and their families were encouraged to express their views about care and the way in which they were looked after. There were good relationships between the staff and people/families and they were encouraged to have a say. Where agreed upon, families were involved in care plan review meetings.
- Staff received a handover report at the start of a shift so that they were aware of any changes for people in their care. The registered manager and nurses had a visible presence in the home and were always available.
- Staff meetings were held regularly and family meetings were scheduled monthly. In these meetings there was the opportunity to express views and opinions.

Working in partnership with others

- The service worked with health and social care professionals. They had effective working relationships with outside agencies such as the local authority, district nurses, the GP practice, the safeguarding and DoLS teams.
- The provider had formed links with the North Devon Care Homes team, a National Activities Provider and with the Alzheimer's Society. They received their bulletins and used their resources to enable them to remain up to date with all current best practice.
- The service had recently enrolled on to a dementia research project. This would ensure people received the best possible care and the staff used the current best practice for people living with dementia.