Mr H N & Mrs S J M Dennis & Mr D M & Mrs A M Baker

Honiton Manor Nursing Home

Inspection report

Exeter Road
Honiton
Devon
EX14 1AL

Tel: 0140445204

Date of inspection visit:
03 April 2018

Date of publication:
10 May 2018

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

This unannounced comprehensive inspection took place on 3 April 2018.

Honiton Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Honiton Manor provides accommodation with nursing care and support for up to 22 older people. There were 17 people using the service at the beginning of our inspection. The service is located 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.

At our last comprehensive inspection in February 2017 the service was rated requires improvement overall. We issued the provider with two requirements. These were because the provider had not ensured all staff had received appropriate supervision and appraisal to enable them to carry out the duties they were employed to perform. They had not supported registered nurses employed at the service to demonstrate to their regulator that they continued to meet professional standards required in order to practice.

The provider did not also have systems and processes which were effective to ensure the safety of the service provided. At the last inspection, we asked the provider to take action to make improvements and this action had been completed. For example the registered manager had taken action to put in place systems to ensure all the registered nurses had received regular supervisions and appraisals. They had ensured nurses had training in the management of medicines and completed competency assessments on the nurses. The provider had decided during the last inspection to have thermostatic mixing valves (TMVs) on all hot water outlets accessible to vulnerable people. We received confirmation after the inspection from the registered manager that TMV's had been fitted. Hot water temperatures were checked weekly to ensure people were not at risk of scalding and actions taken if concerns were found. Relevant information from people's archived care plans had been added to the new system and reflected people's needs.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered 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. They led by example and was supported by a deputy manager. They both had a high level of expectation of the staff to deliver good quality care.

People said they felt safe and cared for in the home. There were sufficient, suitably qualified staff to meet people's needs. The registered manager had been addressing staff sickness which had improved staff attendance. There were robust recruitment checks in place.

People were protected from the risks of abuse as staff understood and carried out what they needed to do when they identified a concern.

There was a safe system to ensure the safe management of medicines at the service. Medicines were administered by registered nurses who had been trained regarding medicine management and had their competency checked.

People's needs and risks were assessed before they were first admitted to the home and these were reviewed on a regular basis and when a change in their needs was identified. There were environmental risk assessments which ensured the premises were safe.

Staff had the skills and knowledge to support people appropriately. They received regular supervision and appraisals to support them with their performance and future development. New staff undertook a thorough induction when they started working at the service. The registered manager undertook relevant professional registration checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments were undertaken and best interest decisions were being recorded.

People were supported to have a balanced and variable diet. Where people had specific dietary requirements these were catered for.

People had access to health professionals. A GP undertook a weekly visit to the home on a Wednesday to support people. They said they had a good working relationship with the staff and the system worked well.

Staff were caring and kind. They treated people with respect and dignity. There was a friendly atmosphere at the home and a strong ethos from the registered manager and all staff regarding it being a family and people's home.

There was a designated activity staff member to support people to engage in activities that they were interested in, on an individual and group basis.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team. There had been one complaint since our last inspection which had been responded to in line with the provider's policy.

The registered manager had several assurance systems in place to assure themselves the service was running safely. They spoke regularly with the provider to keep them informed about the running of the service.

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 had improved and is safe.

Potential risks to people's health and well-being had been assessed and plans put in place to keep risks to a minimum.

Medicines were safely managed.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

There were sufficient staff on duty to meet people's needs.

People were protected by a safe recruitment process which ensured only suitable staff were employed.

Accidents and incidents were safely managed.

Infection control processes were in place.

Is the service effective?

Good

The service had improved and is effective.

All staff received regular training, supervision and appraisals.

Staff asked for consent before they carried out any personal care. The Mental Capacity Act (2005) was followed.

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

People enjoyed a varied and nutritious diet.

Is the service caring?

Good

The service remains good.

People were happy with the care they received. Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff treated people with dignity and promoted independence wherever possible.

Is the service responsive?

Good

The service had improved and is responsive.

Care plans contained information to help staff support people in a person-centred way.

People experienced end of life care in an individualised and dignified way.

People's social needs were met and they were encouraged to follow their interests.

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Good

The service had improved and is well led.

The registered manager and deputy manager had worked to develop a positive and open culture. Staff understood their roles and responsibilities and felt supported by the registered manager and deputy.

Feedback was sought from people using the service and their relatives and any issues identified were acted upon.

Staff meetings took place regularly and staff felt able to discuss any issues with the registered manager.

There were audits and surveys in place to assess the quality and safety of the service people received.

Honiton Manor 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.

This comprehensive inspection took place on 3 April 2018. This unannounced inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local Healthwatch team to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We met most of the people using the service and spoke with seven people to ask their views. We spoke with three visiting relatives and looked at three peoples' care records. Our observations around the home enabled us to see how staff interacted with people and how care was provided. A number of people using the service were unable to provide detailed feedback about their experience of life at the home. 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.

We spoke with the registered manager, deputy manager and with six staff which included care staff, the cook and an activity co-ordinator. We also spoke with the designated GP who was visiting the service. We

looked at three staff records, which included staff recruitment, training, supervision and appraisal records. We looked at the provider's quality monitoring systems such as audits of medicines, records, health and safety and at action taken in response to feedback from people, relatives and staff.

We sought feedback from five health and social care professionals who regularly visited the home. We received a response from three of them.

Good

Is the service safe?

Our findings

At the last inspection in February 2017, this question had been rated as requires improvement. This was because medicines had not always being safely managed. Action had also not been completed to ensure people were not exposed to hot water temperatures that put them at risk of scalding. During that inspection we had assurances that action had been planned to keep people safe.

At this inspection thermostatic mixing valves (TMVs) had been fitted to all water outlets accessible to vulnerable adults. They would be set to ensure the water did not exceed the Health and Safety Executive (HSE) recommended temperatures of being no hotter than 44°C. The water temperatures were checked weekly and if they exceeded the recommended temperature action was taken.

People said they felt safe living at the home. Comments included, "At night there's always staff... It's nice to have that feeling (of safety)" and "It's fine. This is a wonderful place." Relatives confirmed they felt the service was safe. Comments included, "There's nothing that concerns me. The residents seem happy, entertained. Everything has been taken care of, here" and "It has been the right choice coming here. The staff are very attentive, know their patients very well. They bend down and talk to people. It's a pleasant place to come. I don't mind leaving (person) here."

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training, knew about the signs of abuse and how to report concerns. Safeguarding and whistle blowing policies were provided; they included contact details for the local authority safeguarding team and other agencies. Staff were confident any concerns raised would be investigated with actions taken to keep people safe.

Since our last inspection there had been a concern raised with the local authority safeguarding team regarding a person living at the service. The registered manager and staff worked with the person, their family, the safeguarding team, person's GP and other health professionals to reduce the risks for the person. There had also been learning at the service as a result of the concern. One health care professional recorded, "I feel that staff have shown an ability to learn/change since initial concerns were raised by the family members of a patient."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. All incidents and accidents were monitored by the deputy manager for trends and themes. The deputy manager said they looked to see if there was a pattern and if someone kept falling they referred them to the local falls team to request an assessment.

People received their medicines safely and on time. Medicines were administered by registered nurses who had been trained regarding medicine management and had their competency checked. People were happy with how they received their medicines. Comments included, "Staff give me if I need it. I am happy about how they do it" and "There's one person who is designated to hand it out. It's in a pot, with something to drink."

There were safe medication administration systems in place. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies or sensitivities. A pharmacy review in August 2017 by the pharmacy providing medicines at the home did not raise any significant concerns.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, nutrition, skin integrity and manual handling. Where people were identified as being at risk action was taken. For example, a GP was contacted if someone had lost weight and was taking a poor diet.

People told us there were sufficient staff to meet their individual needs. They said if they used their call bell it was answered promptly. One commented, "It all depends on what they are doing, but they are very good here. I am quite happy."

The staff schedule showed that there was a registered nurse on duty at all times. They were supported by four to five care staff in the morning and three in the afternoon and one care worker at night. The care staff were also supported by housekeeping staff, maintenance staff, and an activity person who also undertook care duties, cooks and kitchen assistants who as part of their roles interacted with people. The registered manager said they had been addressing some staffs attendance as this had been an issue at the service.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to maintain the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This information was collated onto a single document available for emergency services if they arrived at the service in the event of a fire. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely.

People were protected by staff who ensured their safety. The night before our inspection there had been a leak from a tank in the roof. This had caused a ceiling to fall down in the main kitchen. The provider had acted quickly by resolving the leak. In the meantime staff had ensured food was prepared in a safe area to protect people.

The home had a pleasant homely atmosphere with no unpleasant odours. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean. The laundry room was tidy. There was a system in place to ensure soiled items were kept separate from clean laundered items. Staff confirmed there was always a good stock of detergent available.

Good

Is the service effective?

Our findings

At the last inspection in February 2017, this question had been rated as requires improvement. A requirement had been made to improve the supervision and training for registered nurses at the service. Work had taken place to address this requirement. Registered nurses had received regular supervisions and training in the management of medicines. They had also had their competency assessed in medicine management. This meant the requirement had been met.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff said they had received suitable training and had the skills required to undertake their roles. People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "Yes, they are very well trained"; "Staff are pleasantly efficient, without being stiff and starchy. I can go in and talk to the nurse in charge, they always have time" and "They do come two by two to hoist him. It's all done very well."

Staff were positive about the new online training they were undertaking. Staff completed the provider's induction when they started working at the home, and were supported to refresh their training. New staff received a full induction and completed the national 'Care Certificate' programme, to ensure had the knowledge and skills needed to care for people. They worked alongside experienced staff to get to know people's individual needs.

Individual supervision meetings and staff appraisals helped staff identify further training and development needs. The registered manager had put in place an annual appraisal planner to ensure all staff were met.

The registered manager undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing and Midwifery Council (NMC) and were registered to practice. Help and support was given to registered nurses who needed to undergo a process known as revalidation in order to maintain their professional registration. The registered manager told us that they had recently supported a registered nurse who was revalidating. This process involves checking that the nurse has completed the required number of reflective practice accounts, undertaken the required number of practice hours and completed training in a variety of formats.

The 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was

working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the home was meeting these requirements. The registered manager understood their responsibilities in relation to DoLS and had made applications to restrict some people's liberties in line with the MCA. Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity. Staff had received training on the MCA and demonstrated an understanding of people's right to make their own decisions. One staff member said, "We always give the resident a choice whatever they want to do. We always encourage them to join in with activities… we can't force them it is their choice."

People and visitors reported positively about the standard of food. One person said, "It's very good, there's a choice of two or three, first and second courses. You can also choose other things… I usually like whatever they have" They went on to say there was is a choice of drinks in the dining room, cranberry, blackcurrant and orange, "which is to have with your meal". Other comments included, "Lovely. I get a choice. I would say I don't like that, but I haven't had to do it" and "The food is good and varied. There is a choice. What I have seen has been lovely. One of my children told me 'their trifles are much better than yours'."

The cook had clear information about people's dietary needs. Where people had a specialist dietary requirement the staff ensured they had what was required. To help guide the staff where people needed support with their meals food was placed on red trays to remind staff. Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had assessed people as requiring a special diet these meals were provided in the required consistencies for people. People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referrals made.

The cook said they had discussed with people their likes and dislikes and had changed the menu accordingly. They said they had taken pictures of meals and the registered manager was in the process of making meal photo cards so people could point to their preference more easily. The cook served up meals in the dining room so they could interact with people about their choices and receive feedback about what went well and what did not.

The provider had an on-going redecoration programme in place to improve and maintain the environment. There were new carpets, fresh paint and wallpaper, and new chairs and curtains in the lounge. The lounge had patio doors to the outside. The area outside the home was not secure as it led into the main car park. A stairgate had been placed across the doorway to keep people safe. However staff said people could go for a walk if accompanied. They also said in the warmer weather a gazebo was erected, with chairs and tables. However, people would need to be supervised at all times as the area was not enclosed by a fence or wall. The registered manager was aware of this problem and was in discussions with the provider about what measures could be put into place.

Professionals said staff knew people's health and care needs really well, contacted them appropriately and followed their advice. Each week a GP undertook a visit to the service to see anybody who required a consultation. They said, "Staff refer anyone if necessary, it works well for us. Good fantastic team approach."

Staff carried out a detailed pre-assessment to discuss people's care and treatment needs with them, their relatives and relevant professionals before they came to live at the service. People had regular sight tests and chiropody appointments. Any changes in health or well-being prompted a referral to the person's GP or to other health professionals. For example, the diabetic nurse and the falls team. One health care

professional said staff had not always made referrals promptly and there had been recent improvements.

People confirmed they had access to health professionals if required. Comments included, "The optician comes here, and the hairdresser comes once a fortnight. The chiropodist comes every five weeks. I haven't had my hearing done…" and "The doctor comes every Wednesday. A month or so ago they got the doctor out and they sorted it out."

Good

Is the service caring?

Our findings

The service continued to be caring. People were supported by staff who provided person centred, kind and compassionate care. One person said "They are approachable and cheerful. You couldn't ask for better in a home. It's very good." Another said, "I am happy here, and that's all that matters. Everybody is good to me." One health care professional said, "Yes. I feel that residents are considered holistically and staff appear to have a good rapport with patients."

Staff were kind, friendly and caring towards people. People were seen positively interacting with staff, chatting, laughing and joking. We observed staff transferring a person using a turntable aid. The staff were chatting with the person throughout and at each stage explained what was happening. The person seemed quite relaxed during this process.

People confirmed they had been asked what they preferred to be called and staff had respected that. One person commented, "They did ask (preferred name) ages ago."

People said they had been asked whether they had a preference about what gender of care staff supported them and their choice was respected. Comments included, "They did. I said I prefer a lady" and "Yes, they have done."

People said staff treated them with dignity and respect when helping them with daily living tasks. Comments included, "They knock on the door, a great big knock, all of them, and especially the male nurses, a great big knock" and "They make sure I'm covered up." This was confirmed by a health care professional who said, "When taken to her room prior to the meeting with the manager, the staff member knocked on the door, waited to be answered then asked permission to come in to the room, she checked that the resident was happy to meet me before allowing me into the room."

Staff all said there was a family atmosphere at the service in relation to people, their families and the staff team. They confirmed that it was important to respect people's privacy. Comments included, "Knocking on doors is like a house rule, we all knock before we go in" and "I don't ask them anything in the lounge. I take them somewhere private; we don't discuss residents in front of others."

Staff involved people in their care and supported them to make daily choices. For example, people chose where they spent their day and the clothes they wore. People said they were given a choice about how they spent their day. One person said, "Yes, I can stay up to midnight. I usually go to bed about 8 p.m. I go later on if I wanted to. Somebody knocks on the door about 7.10 a.m. I get up then and get dressed. I choose to do that."

People's relatives and friends were able to visit without being unnecessarily restricted. People and relatives said they were made to feel welcome when they visited the home. One relative commented, "I am always offered a cup of tea, coffee, when I come in." Another said, "It always feels happy when you walk in. There's a bit of banter. If I had to go somewhere (into a home) I would be happy to come here." One relative explained

how staff ensured a person could speak to a relative who could not visit. They said, "When his sister wants to telephone him, she contacts the home and arranges for a time when the home can bring him to the phone so they can have a chat."

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. People's rooms were personalised with their personal possessions, photographs and furniture.

Good

Is the service responsive?

Our findings

At the last inspection in February 2017, this question had been rated as requires improvement. This was because improvements were needed to ensure all people's information was transferred from people's old care plans to their new ones. Action had been taken to transfer the required information.

The service provides responsive care to people. People and relatives told us they felt the service provided personalised care.

The provider's website states, "We believe it's extremely important to promote independence and understand that all of our residents should be treated as individuals so each member has a plan of care designed around their requirements and preferences, granting them choice in aspects of their daily routine." This was evident because before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support.

Care plans were personalised and reflected people's needs. The care plans related to people's activities of daily living. These included communication, personal care, night needs, bed safety, mobility, nutrition, elimination, mental health/behaviours, skin and medication needs. The plans identified people's needs and how the staff needed to support people to achieve them. For example, communication care plans guided staff how to support people with their communication needs. For example, where one person had a sight impairment the staff liaised with a local organisation to support the person. The activity person explained how they supported a person with communication difficulties partake in quizzes. This included using a written list and visual aids to help them.

The registered manager said people were asked to be included in their reviews. Some people chose to go through them other's not saying "You just do it".

Care files contained people's choices and preferences. The registered manager was aware these needed to be more person centred in relation to people's social needs and life history.

The registered manager had implemented folders which stayed with people in their rooms and were brought downstairs to the main communal areas with them. They contained 'carer's careplans' which were a guide to advise staff how to support people. They contained relevant monitoring sheets, cream charts and a tick sheet to record personal care given. Staff could also record any information they felt relevant about how the person had presented. The carer's careplan included information about the person's communication needs. One person had verbal communication difficulties, their care plan advised staff how the person communicated. For example they used thumbs up for yes and a shake of the head for no and could point to things. These were reviewed each month by the deputy manager to ensure they accurately

reflected the care support people required.

A person was receiving end of life care at the time of our inspection. Their care plans reflected the support they required in order to guide staff. Staff had consulted with the person's family and GP to ensure they were informed. Medicines had been put place should the person require them for pain management. Staff were seen supporting the person's family members and were respectful in their manner.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Relatives had sent thank you cards to the team thanking them for the care the staff had given their loved one. One of these said "From the moment (person) entered …we as a family felt much happier and confident that he was in very good and capable hands. The ambience was warm, friendly and most importantly of all caring. His needs were met without demands or compromise and we know he felt comfortable, safe and at peace when he passed away." Other comments included, "We feel most grateful for your being there and for providing us with the reassurance we needed", "How can we ever thank you enough for the kindness and care that you gave (person)…Our only wish is that we could have got her under your care sooner" and "Your care was efficient, gentle and kind. Your dealings with family and friends very pleasant. Well done all of you."

The provider recognised the importance of social activities and understood that activities formed an important part of people's lives. People's social needs were being met. The activity person with the registered manager continued to have inspiring plans to develop the activities further at the home. The week after our visit the activity person was undertaking a sponsored bike riding event in the town to raise money to implement planned technology within the home to improve activities. People and relatives were supportive of this and wished them well.

There was a varied timetable of events. A monthly activity sheet had been produced to help guide people about what was on offer which was on the main notice board. The activity person confirmed they also spoke with people each day to remind them what was happening. People had trips out in the provider minibus. For example, short trips to Sidmouth, Seaton and longer trips to Paignton Zoo and the Swannery at Abbotsbury.

We observed an art activity session which ten people attended. People were engaged in the session and proud of what they had painted. Two care staff had joined them and were actively engaged with people, talking to them and encouraging them.

There were two friendly house cats which people appeared fond of. One person said "The black cat loves to sleep on my bed during the day." They went on to tell us that staff had made sure she was happy with this happening. The registered manager also took their dog to work and around to see people. They said "the residents love the dog…we are happy for families to bring in their pets as well."

The majority of people and relatives were happy with the activities that were offered at the home. Comments included, "I know they are well cared for, they are offered lots of activities…yesterday a singer and today an art lady", "(Activity person) will sit and talk if people don't want to participate. Residents are given a choice of what they want to do. There's always a choice, it's not regimented. It's homely. Visitors have brought in dogs" and "I spend time in the sitting room. They don't push you to be involved. I like music. I don't think I am good enough (at art). I sit and chat to my neighbour…"

The provider had a complaints procedure which made people aware of how they could make a complaint. The complaint procedure identified outside agencies people could contact if their complaint was not

resolved to their satisfaction. This included the local government ombudsman, local authority and The Care Quality Commission (CQC).

People and relatives said they would feel happy to raise a concern and knew how to. One person said, "They are all approachable. Any of them, the staff, the carers. There are several managers (names). They pop their heads round the door." There had been one complaint received at the service since the last inspection. The registered manager had responded to the complaint in line with the provider's policy and had made changes as a result.

Good

Is the service well-led?

Our findings

At the last inspection in February 2017, this question had been rated as requires improvement. A requirement had been made to improve the monitoring systems regarding medicines administration practice and formal supervisions and annual appraisals for all staff. Improvements were also required to ensure care plans contained people's relevant information. Where concerns were identified regarding hot water that exceeded the recommended temperature that action was taken to keep people safe.

The registered manager had taken action and put in place a system to undertake regular supervisions and appraisals of all staff. They had also undertaken medicine competency assessments of the nurses and had ensured training had been received. Information from previous care plans had been added to the new care plan system to ensure people's relevant information was available. Hot water temperatures were monitored weekly and action taken if they exceeded the required temperatures. This meant the requirement had been met.

Leadership at the home was very visible. The registered manager and deputy manager was in day to day charge supported by nurses and senior care staff. Staff said they felt supported through supervision, staff meetings and working alongside the management team. The providers visited the service regularly. One took an active role regarding maintenance and the environment. They met with the registered manager to give support and discussed concerns and plans for the future.

People living at Honiton Manor and their relatives were positive about the management of the service. This was also the views of staff who said, "I can come to (registered manager), can talk to the management team here and can be honest", "The registered manager is much more appreciative of our work and is very good" and "The nicest place I have worked, like a family…feel supported by all of them. It is running along nicely, I wouldn't change the management. The staff all get along like a family."

The staff had a clear understanding of their responsibilities and referred people appropriately to outside healthcare professionals when required. The registered manager and deputy manager knew each person's needs and were knowledgeable about their families and health professionals involved in their care. This was confirmed by a health care professional who said, "During my latest review the home manager met with us and showed that she had accurate, up to date knowledge about the resident's physical and emotional needs, was very person-centred and treated them with dignity and respect. I had no concerns about the quality of care provided and the lady was offered choices."

There were accident and incident reporting systems in place at the service. The deputy manager monitored and acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns they took action to find ways so further incidents could be avoided.

People were empowered to contribute to improve the service. Residents meetings were held twice a year. At

the last meeting in February 2018 they had been asked their views about activities, outings and meals. Surveys had been sent to people and visitors in September 2017. Where there had been comments regarding the laundry and call bell response times these had been discussed and action taken.

The provider also valued the views of visiting health and social care professionals. In September 2017 they had sent out surveys and received eight responses. The responses had been positive. For example when asked about the cleanliness of the home, quality of care, working in partnership all responded satisfied or very satisfied.

The provider had a quality monitoring system in place. The deputy manager undertook numerous audits and where concerns where found actions were carried out. These audits included mattresses, bedrails, wheelchairs, hoists, medicines, care plans and monthly room checks which looked at carpets, wardrobes, lamps and window restrictors.

Staff were actively involved in developing the service. The registered manager worked alongside staff and had an open door policy for staff to speak to them if needed. Full staff meetings were held regularly as well as meetings for different departments. For example the nurses, housekeeping and catering teams. Records of these meetings showed staff were able to express their views, ideas and concerns. For example, the last meeting discussed sickness, care plan writing in detail and equipment breakages. One staff member said, "We do air our views and say what's what." A staff survey had been sent out in March 2018 to ask their views. There had been four responses which were all positive. The registered manager said they planned to collate the responses and share the findings with staff.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared and any issues brought forward. The nurses completed a handover sheet each day with information about people's changing needs. This ensured information was passed on and staff who had been off to look back to ensure they knew about any changes.

The service was inspected by an environmental health officer in August 2017 to assess food hygiene and safety. The service scored three with the highest rating being five. They identified concerns relating to improving the cleaning schedule and temperature recording. Action had been taken to address these concerns. The cook said they were confident at their next visit they would see the required improvements.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities. The provider had displayed the previous CQC inspection rating at the service and on the provider's website.