Mr and Mrs Allison

Halsdown Nursing Home

Inspection report

243 Exeter Road
Exmouth
Devon
EX8 3NA

Tel: 01395272390

Date of inspection visit:
11 January 2018
19 January 2018

Date of publication:
20 April 2018

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 11 and 19 January 2018, the first day was unannounced. At the last inspection, in August 2015 we rated the service as 'Good' overall and in the Safe, Effective, Responsive and Well led domains and as Outstanding in Caring. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Halsdown Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Halsdown Nursing Home provides nursing care for older people, some of whom are living with dementia. It is a two storey adapted building with 14 rooms, three of which can accommodate couples who wish to share a room.

The registered provider is also the registered manager of the service. 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.

At this inspection we found the service remained Good.

Why the service is rated Good.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. Staff were highly motivated and found ways to value each person's contribution and treat them with the utmost dignity and respect. The home was organised around people's needs, by staff who knew what was important to each person.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The service worked with hospice staff to improve end of life care for people. Staff followed national best practice guidance such as 'One chance to get it right' and NICE guidelines for end of life care (2015) and were working towards The Gold Standards Framework (GSF). This helped staff have the skills and confidence to help people have a good death.

Staff undertook 'Dementia Friends' training to understand various types of dementia affected people, they encouraged and supported people living with dementia to live well. Dignity training was provided in innovative ways to promote best practice. Staff sought out opportunities to praise and value people.

Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. People's risk assessments were comprehensive with actions taken to reduce the risks as much as possible. We found

the hot water supply to hand wash basins in people's rooms and in bathrooms was too hot. We made the deputy manager aware of this risk. They took immediate action to address and arranged for thermostatically controlled valves to be fitted in all rooms the next day. This meant hot water temperatures were reduced to within safe recommended limits.

Staff understood the signs of abuse and knew how to report concerns, including reporting to external agencies. A detailed recruitment process was in place to ensure people were cared for by suitable staff. People received their medicines safely and on time from staff that were trained and assessed to manage medicines safely. People received their prescribed medicines on time and in a safe way.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People were supported by staff who were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

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. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The service had made appropriate applications to the local authority DoLS team for people they had assessed as needing to be deprived of their liberty.

People's health and wellbeing was improved by staff who worked with a range of professionals to support them to lead a healthy lifestyle and access healthcare services. Staff promoted people's health through good nutrition and hydration.

People received personalised care that responded to their changing needs. People's care records were detailed about their individual needs. A variety of group and personalised activities were provided which supported people with mental alertness, self-esteem and social inclusion. People concerns were listened to and responded to and no complaints had been received since the last inspection.

People, relatives, staff and professionals consistently praised the consistently high standard of care at Halsdown. The service was well led by the registered manager and deputy manager, who led by example. Staff used evidence of what works best to continually review and improve their practice. People, relatives and staff were regularly consulted and involved in developing 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Halsdown 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 the 11 and 19 January 2017. The first day was unannounced and the second announced. The inspection team consisted of one 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 this type of care service. The expert by experience had experience of caring for older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

We spoke with seven people, six relatives, and reviewed three people's care files. The registered manager was on holiday, so we spoke with the deputy manager, and seven staff which included two nurses, three care staff, the cook and a housekeeper. We attended a staff handover meeting and looked at five staff records, including 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 audits, and at action taken in response to feedback from people, relatives and staff. We sought feedback from health and social care professionals who regularly visited the home and received a response from three of them.

Good

Is the service safe?

Our findings

People felt safe living at the home and with the staff who supported them. Everyone looked very comfortable and relaxed with the staff. One person said, "I have always been very happy here." Another said, "I can tell anybody anything."

People were supported to stay safe and their freedom was respected. For example, one person was at high risk of falls but liked to walk freely around the home. They often forgot to use their walking frame for support. Whenever the person got up to go for a walk, staff noticed, and encouraged them to use their walking frame. They also checked on the person every 30 minutes, to ask if they needed anything. These measures helped them maintain their independence, and reduced their risk of falls.

Personalised risk assessments provided comprehensive guidance for staff, which included a detailed assessment of their needs and steps being taken to manage and reduce risks as much as possible. For example, risks related to malnutrition and dehydration, and pressure sores from skin breakdown. Staff received regular fire update training and fire drills were carried out, so staff were familiar with actions to take to protect people in the event of a fire.

Monthly health and safety checks were undertaken in all areas of the home. There was an ongoing programme of repairs, maintenance and redecoration. Emergency equipment, fire extinguishers and electrical equipment were regularly inspected and tested. To minimise scalding risks for people, mixer taps were fitted in bathroom areas, and water temperatures checked prior to bathing. These were within healthy and safety executive (HSE) recommended limits of 44 degrees maximum. However, monthly checks of hot water temperatures showed the hot water temperatures in hand wash basins in people's rooms and bathrooms was too hot. This had not been recognised as a health and safety risk. We made the deputy manager aware of this risk. They took immediate action to address by arranging for thermostatically controlled valves to be fitted in all rooms the next day. This meant hot water temperatures were reduced to within safe recommended limits. They also changed the monthly checklist to include the safe recommended temperature limits.

Accidents and incidents were reported, reviewed and included measures to continually reduce risks for people. For example, reminding staff to use a lap belt on a person's wheelchair to reduce their risk of slipping down the chair or falling out. Staff used reflective practice accounts to consider what went well and what could be improved. For example, during a fire drill a reflective account showed staff remained calm and communicated well. However, the staff member leading the drill identified next time, they needed to send staff to check the fire panel more quickly to locate the source of the alarm.

People were protected from potential abuse and avoidable harm. Staff received safeguarding adults training, and knew about the signs of abuse. The provider had whistleblowing and safeguarding policies in place, which included contact details for external agencies staff could report concerns about abuse to. They were confident any concerns raised would be investigated with actions taken to keep people safe. Where safeguarding concerns were identified, staff worked with the person, family and other agencies and sought

appropriate advice and took further steps to protect them.

There were sufficient staff on duty to keep people safe and meet their needs. Staff were on hand to respond to people's needs. One person said, "I ring the bell, and someone will come straightaway." A staff member said, "We are not rushed, we've got time, it makes such a difference." A dependency assessment tool was used to identify each person's staff support needs. The staff rota showed recommended staffing levels were met, which were reviewed regularly and increased, when needed. For example, for an outing or if a person was very unwell. Any short term absences such as staff holidays or staff sickness were covered by existing staff working extra hours. This meant people were always cared for by staff they knew, and the service did not need to use agency staff.

Effective staff recruitment and selection processes were in place. 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.

People received their medicines safely and on time. Nurses and care workers who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Staff explained to each person what their medicines were for. Medicines administered were well documented in people's Medicine Administration Records (MAR).

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including those requiring extra security and recording. Detailed policies were in place to guide staff on medicines management, and information on people's individual medicines were available. Medicines were audited regularly and action taken to follow up any areas for improvement.

People were cared for in a clean, hygienic environment. Staff followed a daily cleaning routine, which included all bedroom, bathroom and communal areas. Staff completed infection control training, and used gloves and aprons when providing personal care to reduce cross infection risks. Regular cleanliness checks were carried out as was monitoring of handwashing techniques, using a 'glow gel' box to monitor effectiveness of handwashing. The most recent environmental health food hygiene inspection of the kitchen had awarded the home a top score of five.

Good

Is the service effective?

Our findings

People received effective care and treatment to meet their health needs. People, relatives and healthcare professionals consistently praised the high standards of care and treatment. They spoke positively about the skills, knowledge and understanding staff needed to carry out their roles.

People's comments included; "The doctor has been to see me about it [her recent illness]." A relative said, "The [nurse] is absolutely brilliant, nothing is too much trouble." Health professionals said staff knew people's needs well and worked in partnership with them to deliver high standards of care.

Staff received appropriate training and had the relevant experience, skills and attitudes to support people living at the service. New care workers were supported to complete the 'Care Certificate' programme, a national best practice training programme. They also worked alongside experienced staff to learn about how to provide care to meet people's individual needs. Staff training included first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act (MCA).

Nurses had regular training and updating, for example, in pressure area care, diabetes and catheter care. Checks were made to ensure nurses working at the home were appropriately registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK. They maintain a register of all nurses eligible to practise within the UK.

The deputy manager had a moving and handling trainer qualification, so regularly updated staff, and advised on equipment needs. Regular supervisions/appraisals (one to one meetings) enabled staff to discuss individual training needs and any concerns. Staff had undertaken the Alzheimer's society 'dementia friends' training to learn more about what it's like to live with dementia so they could make a positive difference to people's lives.

Before people came to live at the service a senior member of staff visited them and carried out a detailed pre-assessment. They discussed their care and treatment needs with the person, their relatives and other professionals involved in their care.
People had regular sight and hearing tests, dentist 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, visits by physiotherapists, occupational therapists, and speech and language therapists, and specialist nurses. If anyone needed to be admitted to hospital, the nurse in charge provided hospital staff with key information about their care, treatment and medicines to ensure they received effective care.

For a person with behaviours that sometimes challenged the service, staff had worked with the local mental health team to identify triggers, de-escalation techniques, and actions to take to make care less distressing for the person. For example, by placing a small object in each hand, talking, singing and reassuring the person whilst carrying out their care slowly and calmly. Regular reviews showed this approach was working well to reassure them.

People's consent to care and treatment was sought in line with requirements of the legislation and guidance. One person said, "The girls will say to me, would you like to get into bed now?" Another person said, "I choose what I am going to wear every day." For a person living with dementia, staff encouraged them to read the menu out loud, and discuss menu choices, so staff could check the person understood.

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.

Care records included next of kin and power of attorney details so staff knew who person wanted them to keep in contact with. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. For example, about the use of bedrails for safety. Speaking about a person living with dementia, a relative said, staff were "very supportive and considerate with his best interests always at the heart in how they cared for him. They always keep me informed of changes in his condition and general health."

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Seven applications had been submitted to the local authority DoLS team, where staff recognised those people had some restrictions to their liberty for their safety and in their best interest, although none had yet been assessed.

People praised the quality of food and rated it as 'excellent' or 'good' in the October 2017 survey. Comments included; "The food is very good"; "We have a very good cook, the food is delicious. My son said 'wow' when he saw it"; "They always pack me up a lunch if I have a hospital appointment." The family of a person who had previously lost weight were delighted they had gained weight since coming to live at the home.

Staff were aware of people's dietary needs and preferences and supported people who needed assistance to eat and drink. The cook was passionate about the impact of good nutrition and hydration on people's wellbeing. For example, offering freshly squeezed orange juice each day for a person who chose a very restrictive diet, using wholegrains and prunes for others prone to constipation. Where there were any concerns about nutrition or hydration, staff monitored how well the person was eating and drinking. Where needed, they offered extra snacks, drinks, or food supplements. Where a person had a swallowing difficulty and was at increased risk of choking, a speech and language therapist taught staff how to support them to eat and drink safely.

People's individual needs were met by the adaptation, design and decoration of the premises. A passenger lift helped people move between the floors. Wherever possible, larger rooms were allocated to people with moving and handling needs, for example, who needed hoisting.

Outstanding ☆

Is the service caring?

Our findings

People were supported by staff who provided exceptionally person centred, kind and compassionate care. People, relatives said staff spoke about Halsdown as an extended family, with a happy atmosphere. People's comments included: "They are brilliant, they can't do enough for me" and "They are unbelievably kind." Relatives comments included; "It's a family run home, which is a big plus"; "Nothing is ever too much trouble, the staff always demonstrate great compassion in what they do"; "When she came home [from hospital] there was a cake and a reception committee Staff could not be better." Professionals said; "The staff are so caring, friendly, genuine and professional"; "(Halsdown) definitely passes the 'friends and family' test, I would be happy to recommend it to others."

Staff were friendly and approachable and developed exceptionally positive, caring and compassionate relationships with people. A staff member speaking about people said, "They are like our granny and grandpa, I want what they want, I go home knowing I made a difference."

The relative of a person who previously died at the service had remained part of the 'Halsdown family.' Staff encouraged them to keep visiting people and keep in contact with staff. They included them in coffee mornings, activities and trips out. Another relative appreciated the service inviting the whole family to have Christmas lunch together. The October 2017 survey rated the care provided as "Excellent." Comments included; "Excellent nursing home, mum is always well cared for"; "Very person centred care, great communication…all staff professional and caring" and "Would definitely recommend, care, diligence and safety all very good."

Staff were highly motivated and used innovative ways to respect each person's dignity and maintain their privacy and independence. Dignity training was provided in innovative ways to promote best practice. For example, staff were blindfolded and had to walk around the home moving between carpeted and wooden flooring areas to help them appreciate impact of different flooring and lighting for a person with limited sight. This made staff more aware to alert the person of obstacles and changes in flooring levels when they were assisting the person to move around the home. Staff did a session with a speech and language therapist, where they were blindfolded. This helped them experience what it was like for a person to be fed, and given thickened drinks by spoon. This had a positive impact on practice at lunchtime, when a staff member took time to describe the food to a person in an appetising way, and carefully assisted them to enjoy their lunch in a quiet area, where there were no distractions.

The service had signed up to the Department of Health Social Care Commitment which pledges to provide people who need care and support with high quality services. An observation tool was used to promote and support best practice, day to day as staff worked around the home. It was used to give staff feedback about treating people with dignity and respect and re-enforce positive communication techniques. For example, to reflect on what went well and could have been improved, whilst two staff were using a hoist to transfer a person and provide their personal care.

Staff sought out opportunities to praise people. They told us about a person's honorary university degree,

obtained at the age of 97 in recognition of their career in teaching. Staff hosted a presentation ceremony by the Mayor of Exmouth at the home, for people, family and guests. The person proudly showed us the degree and a signed copy of the Mayor's speech, which staff had framed and displayed in their room. During a game, staff invited a person to demonstrate their juggling skills to others in the group. For another person, with limited movement, a staff member sat beside the person, hand over hand, so they could help the person participate in the game. They praised the person's achievement saying, "Look at that, a perfect 10."

Staff paid attention to detail, for example, a staff member noticed a person looked uncomfortable, in their chair, and offered to reposition a cushion behind the person's back, so they were more comfortable. Another staff member described how important it was to support a person to do their hair and make-up each day in their preferred style. This included choosing ear rings, and matching their clothes with their lipstick colour.

For a married couple, staff provided privacy and supported them to maintain their Friday night spritzer and nibbles together, when the person came to live at the home. A person said they appreciated how staff supported them to receive communion, which was important to them. Another person spoke fondly about how a member of staff brought two puppies in to visit them, as they loved dogs. Staff told us about how previously they supported another person admitted to the home to bring their beloved dog with them. Staff helped the person to walk their dog from their wheelchair and also involved local charities to help with walking it.

The service supported people to express their views and be actively involved in decisions about their care support and treatment. For example, one persons' communication care plan showed they were able to verbally communicate their wishes and choices, although not always reliably. Their care plan said, "Keep choices to option A or B, don't over complicate or confuse. She will answer yes to most questions so you need to interpret her needs." For another person who was unable to speak, their communication plan said, "[Person] will express feelings through facial expression and will turn her head if she likes something or laugh. If it's something she doesn't like, she may become anxious and fiddle with clothes or objects."

Each person had a key worker, who consulted and involved people in decisions about their care. People signed their care plans to confirm they had been consulted and agreed with them. Key workers met regularly with people, relatives and family members about the persons care, treatment and wellbeing. A relative told us how they still wanted to do the person's washing, although that service was available in the home. Another relative said, "I'm consulted and involved in all best interest decisions about my mum, there are no surprises. Staff make suggestions, offer choices and help with decision making, nothing is too much trouble."

Good

Is the service responsive?

Our findings

People received personalised care that responded to their changing needs. People's comments included; "I am well looked after" and "Care is provided in a very relaxed and considerate way" Relatives comments included; "My mother has settled into her new unfamiliar environment with ease, she is always clean, happy and appears relaxed" and "I can't fault the standard of care."

Staff promoted people's independence by encouraging them to do as much as they could for themselves and only helping when needed. For example, one person's care plan directed staff to, "put flannels in her hands and direct [person's name] where to wash;" and at mealtimes; "cut up food and get her to eat with more able bodied people to encourage independent eating." This approach helped people retain their skills and minimised their risk of increased dependence.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. To improve communication for two people living with dementia, staff used white boards. For example, to remind those people of the names of staff on duty, the date, weather, what was for lunch and what activities were taking place. For one a person with poor eyesight, who could no longer read the local newspaper, staff obtained an audiotape of the local news, to keep them up to date. Another person used a tablet to communicate with relatives by e mail. Staff enlarged the letters to help the person read the text more easily. Bookshelves at the home included large print books to help people continue reading.

In the lounge, the TV had subtitles so dialogue was available for people who were hard of hearing. Staff checked people's ears regularly, to make sure there was no build-up of wax, which would further impact their hearing. They also checked and changed people's hearing aid batteries weekly to ensure they were kept in good working order. People's communication care plans included detailed guidance for staff such as; "[Person] can't form words but makes her feeling known through tone of voice. For moving and handling, "able to understand instruction and will look to staff to guide her through transfers."

People benefitted from a variety of daily group and personalised activities offered, which encouraged mental alertness, self-esteem and social inclusion. An activity record captured what each person enjoyed doing each day. People were supported to maintain their interests and hobbies and improve their wellbeing. Each person had a 'This is Me' personal profile, which gave staff and visiting professional key information about each person, with a focus on each person's strengths. For example, one persons' profile said, "I have a wonderful general knowledge and can answer mental arithmetic easily." After a floor game, staff invited this person to add up the scores, to see who had won. Another person was a keen artist, whose work was displayed in their room and in the lounge. This helped reassure the person when they were alone in their room and they enjoyed telling people and staff about their artwork.

Staff took turns to take a lead on activities so they developed skills and confidence in this area. People enjoyed chair exercises, word puzzles and scrabble. For people unable to actively take part due to physical

disabilities, staff used passive massage to exercise limbs and loosen stiff joints. Photographs showed people enjoying a cookery club and a visit from the local birds of prey centre. The service adopted a donkey from the local donkey sanctuary, which also visited people regularly. People liked to reminisce about previous pets, for example, a person who used to love volunteering at the cats' protection league every weekend.

People also enjoyed trips out for coffee, a meal and visiting the local garden centre. Four volunteers visited the service twice weekly to play games with people, which they really enjoyed and looked forward to. They also helped with outings and other events such as summer fete and Christmas party. A Halsdown Facebook page was used to keep families up to date with activities people enjoyed and upcoming events.

The service had positive relationships with the local community. For example, the Mayor of Exmouth was recently invited to present a person living at the home with an honorary degree.

Person centred care plans included people's individual preferences, life history. They had detailed instructions for staff about people's care and nursing needs, monthly reviews showed what was working well and any changes made. For example, for a person who became anxious or distressed about their relative, their care plan said: "I will sometimes call out [name] throughout the day and night. I can only be reassured if you tell me he is at work or will be in later."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff followed national best practice such as 'One chance to get it right,' The Gold Standards Framework (GSF) and National Institute for Health and Care Excellence (NICE) guidelines for end of life care (2015). A member of care staff took a lead role in end of life care. They attended bi monthly seminars at the local Hospiscare centre in Exmouth and shared their learning with the staff team through regular training sessions and discussing possible scenarios. End of life topics discussed included medication, hydration and nutrition and mouth care. This helped staff to improve their skills in managing people's symptoms and maintain their comfort and well-being. It also increased their skills and confidence to discuss death and dying with people and families.

Since the last inspection, care staff had been trained to carry out appropriate medicines management checks with registered nurses. This meant the service could set up a syringe driver to provide pain relief or manage symptoms, without needing to wait for a second nurse to be available. The deputy manager had also created a checklist to ensure staff notified all relevant professionals. Following death, senior staff made sure relatives and staff were offered support. They provided information about bereavement support services available.

Feedback from relatives through letters and thank you cards showed how much they appreciated the standard of end of life care offered. Examples included, "Thank you for your kind letter and memories of mum, to know she was well looked after was a great comfort"; "He considered Halsdown his new home and he was happy. The professionalism, patience and kindness displayed by staff was amazing" and "We are so grateful that she was able to slip away painlessly and quietly with you in your lovely home." A staff member speaking about end of life care said, "It's a privilege to be there to help a person pass away peacefully."

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager, or staff. They were confident it would be dealt with straightaway. At reviews and residents meetings, people were asked if they had any concerns and confirmed they hadn't. The provider information return (PIR) showed no complaints and nine compliments had been received in the past 12 months. The service had a written complaints policy and procedure and written information was given to people about how to raise a complaint. It included contact

details of other organisations people could contact if they were dissatisfied with how their complaint was dealt with by the home.

Good

Is the service well-led?

Our findings

The service was well led, people received a consistently high standard of care. People, relatives and staff expressed high levels of confidence in the leadership of the registered manager and their deputy. A relative said, "I consider myself very fortunate to have found a care home providing the very best nursing care."

The service had a clear vision, which included providing people with a secure, relaxed and homely environment, where people's wellbeing and confidence were promoted. Staff focused on each person's abilities and on promoting people's privacy and dignity. These values were demonstrated by staff throughout the inspection. Staff were proud to work at Halsdown and of the standards of care provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager was a registered nurse, and was supported by a deputy manager. The registered manager line managed the nursing team, and the deputy manager managed all other staff. The service was a family run business. The deputy manager completed a level 5 diploma in social care management in June 2017, with a view to becoming the future manager at Halsdown. Both set high expectations of each staff member and supported them. Staff described their leadership style as "firm but fair." One staff said, "They make me more confident." As both managers were 'hands on' they quickly identified, for example, in staffing levels, staff training or new equipment to meet people's changing needs.

Managers kept up to date by attending relevant courses offered by NHS and through management and nursing magazines. Also, through the Social Care Institute of Excellence and attendance at East Devon registered manager network meetings. The network shared ideas and good practice tools with one another.

Daily staff handover meetings, communication books and whiteboards were used to pass information between staff on different shifts. Staff spoke positively about teamwork and said they felt well supported. Staff comments included; "Staff are all brilliant, we all get on, there is no hierarchy, I feel valued"; "Staff are lovely, and supportive" and "It's a real pleasure to work here." Staff could influence decisions made about people's care and the running of the home through team and individual meetings. They could share best practice and discuss any problems with care to ensure the best possible care was given to individuals. Minutes showed incidents were reviewed and any changes in approach agreed. Other issues discussed included policies, menus, activities, ideas and suggestions.

The service used a range of quality monitoring systems such as audits of care records, health and safety and medicines management. Audit action plans showed the service made continuous improvements in response to their findings. For example, regular audits of care were completed, with written and verbal feedback to staff about areas they could improve further. Where actions were needed, these were followed up and dealt with. All accidents and incidents reported to look for trends and identify whether any further

changes were required to prevent recurrent risks. Where mistakes occurred, staff were open and honest with people and relatives and outlined steps being taken to improve.

People were able to feedback their views about the home and quality of the service they received through surveys, residents meetings and day to day feedback. Annual satisfaction surveys were undertaken to get feedback from people and relatives and ensure any improvements necessary were implemented. The October 2017 survey rated the care provided as "Excellent."

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed their previous inspection report in the home, and on their website in accordance with the regulations.

An annual development plan focused on future improvements For example, further dementia training was planned from a company who used a 'dementia bus' to give staff a better insight into the sensations and challenges that people living with dementia face. Also,developing more lead roles for staff and building improvements to make the garden more accessible for people.