HC-One Limited

Falstone Manor

Inspection report

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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

The inspection took place on 26 May and 1 June 2016 and was unannounced. Falstone Manor shares catering and laundry services with an adjoining service, Falstone Court. These areas were inspected on 26 May whilst inspectors were inspecting Falstone Court.

Falstone Manor is a three storey home that provides personal care, nursing care and support for up to 51 people. Some of whom are living with learning or physical disabilities. At the time of the inspection there were 49 people living in the service.

There was a registered manager in post. 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.

Staff had a good understanding of safeguarding and whistleblowing, and were confident in their role of safeguarding people. Safeguarding concerns were investigated with outcomes fed back to staff. Where necessary, practices were changed in order to prevent reoccurrences.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly. Staff competency to administer medicines was regularly checked.

Records were kept for all accidents and incidents including details of investigations, outcomes and action taken. The registered manager analysed accidents and incidents to identify any trends and put additional measures in place to reduce the likelihood of any reoccurrences.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews. There were also general risk assessments regarding the premises and environment.

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with peoples' needs. The registered manager also considered the skill mix and gender of staff. From staffing rotas we saw staffing levels were consistent. At the time of the inspection the home had two vacancies for night time nurses. Those roles were being covered by two agency nurses who had both worked in the service for at least 12 months to ensure consistency for people.

Staff received regular training on mandatory subjects such as safeguarding adults, management of medicines and moving and handling. They also received training on specific subjects relating to people's needs. The registered manager was pro-active in encouraging staff to complete training as and when it was due. They had introduced an internal competition whereby staff were split into three teams and by the end of the eight week period, the team who had completed the most training assigned to them won the

competition and a prize.

Staff felt supported in their roles. They received regular supervisions as well as direct observations and annual appraisals. Staff felt these were useful in discussing training and development wishes.

We observed people and staff during mealtimes. People were enjoying their meals, some independently and others with support from staff. Menu choices were available for people and support provided by staff was caring, compassionate and at an appropriate pace for each person

We saw and people told us staff were "lovely" and "nice" and that they were friendly and chatty. Staff spoke to people in a gentle and friendly manner, referring to them by name. People responded positively. Throughout the inspection there was laughter and smiling from people in the service.

Care plans were personalised, detailed and contained people's personal preferences, likes and dislikes. Care plans were up to date and reflective of each person's individual needs.

There was a wide range of activities available both within the home and in the community for people to become involved in and enjoy. The home had a full time activity co-ordinator and two volunteer activity co-ordinators who worked with people and family members to design activities programmes tailored to people using the service both as a group and individually.

The provider had a robust quality assurance and audit schedule in place which was carried out in practice. This ensured the quality of the service provided was assessed and monitored from every aspect and appropriate action was taken to improve and develop the service where possible.

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.

People told us they felt safe living in the service.

Staff were confident in their role to safeguard people. The registered manager actively made safeguarding alerts to the local authority.

People received their medicines safely.

People's risks were managed and the service was proactive in implementing additional measures and support to mitigate risks to people.

Is the service effective?

Good

The service was effective.

People told us staff were skilled in the roles.

Staff received training in a wide number of areas including those specific to individual people's needs.

Staff felt supported in their roles. They received regular supervision as well as direct observations and annual appraisals.

There was also an incentive scheme called 'Kindness in Care' that staff could be nominated for. Staff who had won the award previously were celebrated in displays in the main reception area.

People were given a choice of food each meal time and alternatives were available if they didn't want either choice. The home was committed to supporting people to maintain a healthy weight.

Is the service caring?

Good

The service was caring.

People told us staff in the home were "lovely" and "very nice".

Staff treated people with dignity and respect when providing support.

Staff supported people with compassion and patience. People were comfortable and responded positively to staff members.

Advocacy services information was displayed, promoted and accessible for people in the home.

Is the service responsive?

Good

The service was responsive.

People told us they were confident staff knew their needs and they liked living in the home.

People had a range of personalised care plans in place that detailed how they wished to be supported and these included personal preferences.

Staff knew people's routines and interests. They knew how to engage people in activities and planned activities with their involvement to reflect what they wanted to do.

People knew how to make a complaint if they were unhappy. Complaints were recorded, investigated and actioned appropriately.

Is the service well-led?

Good

The service was well led.

Staff told us the service was well led and they felt comfortable approaching the registered manager with any issues or concerns or if they required any guidance.

The registered manager operated an open door policy to encourage staff to come to them if they needed to talk to them about anything.

The registered provider had a robust quality assurance system in place that promoted best practice and was used to drive improvement in the service.

The service operated a 'Resident of the day' programme which focussed entirely on an individual and every aspect of their care. The person was involved in a full review as well as a relative if they wished.

Falstone Manor

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 26 May 2016. A second day of inspection took place on 1 June 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Falstone Manor is situated on the same site as Falstone Court. They are both under the same registered provider and they have one interlinking corridor on the first floor. They share the catering and laundry services and staff and registered managers provide cover for each other's service. Both services were inspected closely together but this report relates to Falstone Manor only.

We contacted the local authority commissioners of the service, the local authority safeguarding team, the clinical commissioning group (CCG) and Healthwatch. Healthwatch England is the national consumer champion in health and care.

During the inspection we spoke with six people. We also spoke with a visiting pharmacy manager as well as six members of staff, including the registered manager, a senior care worker, three activity co-ordinators and the chef who was also the head of catering. We looked at care records for three people and four people's medicine records. We reviewed four staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also

completed observations around the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Falstone Manor. One person said, "Oh yes, I feel safe here." They went on to tell us the front door had a code on and visitors had to ring the bell and be given access by staff. Another person said, "I like living here, I've been here 15 years. I used to live on this plot before this (home) was here."

The registered manager and staff demonstrated a good understanding of safeguarding. Staff were able to name and describe different types of abuse and gave examples of potential signs people may show if they were being subjected to abuse. Staff told us they built up relationships with people and knew them very well so were able to identify any changes in their usual behaviour and mannerisms. They told us this would trigger them to explore their behaviour with them to identify if there was an issue or concern or if they were unwell. Staff explained the reporting process for safeguarding concerns. One staff member said, "The first thing I would do is speak to my manager. If it was [registered manager] (who was the alleged perpetrator) I would use the whistle blowing line or report it to more senior management."

The registered manager had a safeguarding file which included the safeguarding policy and procedure for reporting any concerns. The file contained safeguarding alerts raised with the local authority and notifications sent to the Care Quality Commission (CQC). Computerised records of investigations and outcomes were available and sent to the registered provider for review. The electronic system also collated safeguarding concerns and the registered manager monitored and analysed these to identify any trends. At the time of the inspection there were no specific trends identified. There had previously been a small number of medicines errors which had been actioned and staff had completed further medicines training and had their competency to administer medicines checked.

The home had a whistle blowing policy in place and staff told us they were aware of it and knew how to use it. The whistle blowing policy was readily available and accessible to staff. Information about the policy was displayed on notice boards and in more private areas of the home to raise and maintain staff awareness of it. During the inspection we observed the whistleblowing hotline being advertised on the back of staff toilet doors. The registered manager told us the whistle blowing hot line was advertised in staff rooms and toilets to enable staff to privately note the number down should they want to use it.

Medicines were administered safely and stored appropriately. All medicine administration records (MARs) were completed fully with all reasons for non-administration recorded. Unused medicines were returned to the pharmacy in a timely manner. Staff competencies were regularly assessed by the registered manager or deputy manager to ensure those administering medicines were competent to do so. Regular medicines audits were carried out by the registered manager to identify any medicines errors. During our inspection two health professionals visited the service from a local pharmacy to complete an annual audit. We spoke with the pharmacy area manager who confirmed everything was fine with the audit. They said, "They're really good. The medicine audits and management are the best they've been when I've visited."

We reviewed the accidents and incidents file which contained copies records of accidents and incidents.

Details included what happened, people involved, any injuries sustained, and any potential causes identified. All accident and incidents were investigated and any action taken was recorded. For example, contacting health professionals and treating abrasions. Records of injuries included body maps. The registered manager told us the records were also stored electronically and were sent to the standards and compliance team for review and collation. The standards and compliance team also completed a trend analysis of incidents and accidents. The registered manager viewed these and explored ways to reduce the likelihood of a reoccurrence where possible.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. For example, where someone had been assessed as being at risk of being malnourished and underweight, a referral had been made to the dietetic services to assess the person's diet and suggest ways to improve their weight. The person's weights and MUST scores were monitored on a weekly basis. The registered manager discussed these concerns with the Chef who then explored alternative foods and supplements they could offer to the person. The Chef told us they met with people and their relatives to gather ideas for alternative meals based on food the person previously enjoyed.

The provider also had general risk assessments in place for the premises and environment which included fire, legionella, moving and handling, lone working and heatwaves. We saw general risk assessments were stored centrally and reviewed on a regular basis to ensure they were up to date and relevant.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about support each person required, for example, horizontal and vertical evacuation needs, how many staff were needed, any equipment required and if there were any communication needs.

Staff files showed the registered provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary checks were carried out for each new member of staff including references and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

At the time of the inspection the home had vacancies for two nurses to cover night shifts. The registered manager explained the difficulties they had experienced in filling the posts. They went on to tell us they employed two agency nursing staff to cover the night shifts. They explained they used the same two nurses for continuity and that they had both worked in the service for at least 12 months so had built relationships with people.

The registered provider had recently introduced a new role to the staffing structure to support the shortage of nurses. The registered manager explained the nursing assistant's role and what responsibilities they had. The registered manager organised the rota to ensure there was always at least two nurses on shift during the day and at least one on a night, along with nursing assistants and care staff. The registered manager and deputy manager are also qualified nurses and were available during weekdays if needed.

The registered manager reviewed staffing levels in line with people's needs and considered people's dependency levels. The registered manager told us, "I consider people's needs when looking at staffing numbers. I also consider the skill mix and gender of staff on shift on each floor." They told us this was in line with people who had expressed a preference of the gender of staff to support them with personal care. We reviewed staffing rotas for a four week period and found staffing levels to be consistent and in line with assessed levels.

People told us there were enough staff in the home to support them. A recent compliment received by the service from a relative of a person who previously lived in Falstone Manor stated, 'All the staff have time for everyone.' Throughout the inspection we observed people being supported by staff in a timely manner and at a pace comfortable to each person. People were not left unassisted for long periods of time and staff were visible around the home.

Communal areas were clean and tidy with the décor giving a homely feel. There were pictures, ornaments, flowers and fresh fruit available throughout the service.

Good

Is the service effective?

Our findings

People told us they felt supported and cared for by staff who were skilled and experienced. One person said, "They're (staff) chatty all the time and yes they are skilled."

Staff had up to date training including safeguarding, fire safety, moving and handling, safe handling of medicines and infection control. Additional awareness training was available to staff members that reflected people's specific needs. One staff member we spoke with said, "We've been asking for Huntington's disease training and [registered manager] sorted it last week."

The service had an electronic system called 'Touch' that staff accessed to review their training records and see when refresher courses and new courses required completing. The registered manager told us she had implemented a competition in the home to encourage staff to complete assigned training and refresher training quickly. It was called the 'Touch stone challenge' and took place every eight weeks. The registered manager explained that the staff workforce were split into three teams and she monitored their training statistics against any training required. The team with the highest percentage of up to date training won the challenge and each member of the team won a prize. The registered manager told us, "It's an incentive for staff and a way to encourage them to keep their training up to date. It does work. They encourage each other." The registered manager went on to tell us the staff at Falstone Manor had one of the highest levels of completed up to date training within the registered provider's services. One staff member we spoke with said, "As soon as touch training comes up I do it straight away. I also research Wikipedia (on the subjects)."

Staff told us they received regular supervision and annual appraisals. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Staff said they felt supported to carry out their roles and found supervisions useful. One member of staff said, "I think supervisions are useful. It's nice to know you're doing well but also if you're doing anything wrong. You'll never learn (if you don't know you're doing something wrong)."

Staff told us they felt supported in their roles by the registered manager. We viewed supervision records that showed staff received regular supervisions. Discussions covered a range of areas including training, specific issues or concerns, praise and encouragement, duties and knowledge of people's needs. Agreed actions were recorded and were followed up in the next supervision sessions.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Appraisal discussions covered their role, training received, objectives, any performance issues and future learning and development. Staff told us and records showed that appraisals were up to date for all staff and were completed annually. One staff member told us, "Appraisals are useful as we talk about training."

The service had a staff rewards scheme called 'Kindness in Care'. People, relatives, colleagues and professional visitors were asked to nominate staff who had shown passion and dedication to providing the kindest care and had made a difference in peoples' lives. Nomination forms included details of how staff members had shown the kindest care. On a monthly basis one staff member was chosen from nominations

received and they received the reward which was displayed in the home.

People told us they enjoyed the food in the home and there was always enough to eat. One person we spoke with said, "The food is canny, I had chicken for lunch." Another person told us, "I'm a vegetarian. You get enough to eat." Whilst speaking with one person in their room, their meal was brought in for them. They had chosen soup and told us they enjoyed the homemade soup. A compliment the service had recently received from a relative stated, 'The catering staff really make what anyone wants to eat.'

During the inspection we observed a meal time experience in the ground floor dining room. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw staff encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported at a pace comfortable to each individual. Staff also prompted others where needed which was effective in encouraging people to eat. People had a choice of two meals every mealtime and the chef told us they always had alternatives should people not fancy either meal on the menu. Alternatives included omelettes, jacket potatoes and sandwiches.

The chef told us, "People are asked what they want to eat. We get the menu from head office and we tinker with it (to suit people's preferences)." The chef went on to tell us how they tried to encourage people to eat to support them to maintain a healthy weight. They said, "We go around to see the 'resident of the day' and talk about what foods they like. One person told us they liked olives so we made them a Mediterranean salad. They said they loved it. We offer fortified drinks and super snacks (to people throughout the day). We try to put ourselves out for people and we get satisfaction from it."

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 when this is in their best interests and legally authorised under the MCA. The application 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.

DoLS applications had been made to the relevant local authorities for a small number of people who used the service. This was because they needed support from staff to go out or because they required bedrails to remain safe whilst in their beds. DoLS applications were person-centred and contained people's individual needs and circumstances. Where authorisations had been granted, copies were contained in people's care records and reflected in relevant care plans. The registered manager told us there were a couple of applications still outstanding with one local authority and they were chasing these up on a regular basis.

We saw people had access to a wide range of health professionals including a GPs, dieticians, speech and language therapists, district nurses and tissue viability nurses. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions staff had with health professionals or treatments people had received.

Good

Is the service caring?

Our findings

People told us staff were caring and friendly. One person we spoke with said "The staff are lovely, very nice. They always have been." Another person told us, "They're all nice."

The atmosphere in Falstone Manor was warm, calm and relaxing. Relatives visited their family members and sat with them in communal areas as well as their own rooms. People told us there was a nice atmosphere in the home. One person we spoke with said, "I like it here, you can do what you want." We observed the person chatting with the registered manager about a fund raising event the home organised every year for the Sunderland Air Show. The person was sharing ideas for things they could do. The registered manager introduced the person to us and told us how the person was involved in designing things for fund raisers they held, praising them on their creativity. The person smiled proudly and agreed, telling us they enjoyed being involved in organising events.

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, the activity co-ordinator invited one person to join others in the activity room to make some cakes. The person told them they didn't want to and went into their room to go on their computer.

Throughout the inspection we observed staff treated people with dignity and respect. Staff spoke to people in a warm, respectful manner. Staff were observed supporting one person to remove food debris from their clothing following a cake making activity. This meant their appearance and dignity was maintained. Staff were observed knocking on people's doors and waiting for a response before entering. Staff explained support they were offering to people and gained permission before providing it. For example, supporting people to mobilise in their wheelchair from the activity room to the lounge.

Staff supported people gently and patiently, providing prompts and encouragement when required and at a pace comfortable to each individual. We observed staff sitting with people in the lounge watching films. People were chatting and laughing with staff. Staff spoke about the importance of spending time with people in the home even when support wasn't required. One staff member said, "Its' nice sitting with someone for fifteen minutes and having a chat." The interaction observed between staff and people was positive, warm, friendly and familiar. There were lots of smiles in the activity room, dining room and lounges with people interacting with each other as well as with staff.

Staff spoke about people with genuine affection. They knew what individual people liked to do and had interests in and could explain people's daily routines. One staff member we spoke with said, "I treat them as an individual. I treat them as I would want my family to be treated. You just take a bit of patience." They went on to tell us they built relationships and said, "If they go into hospital you do worry."

At the time of our inspection there was no one living in the service in receipt of end of life care although the registered manager did inform us of one person they felt may be nearing that stage. The home were working

with health professionals to provide the best support for that person. People's wishes regarding their future care was respected and we saw people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) agreements in place for some people.

Information was displayed and promoted around the home regarding local advocacy services. At the time of the inspection no one required an advocate. The registered manager told us about one person who had recently used an advocacy service as they were "having difficulties making some decisions around health and finance." The registered manager explained the person had capacity but wanted support from an independent person.

People's bedrooms were decorated to each individual's preferences and were personalised with photographs, pictures, ornaments, furniture from their previous homes and other personal belongings. We observed one person had a computer in their room as they were interested in technology. While speaking with another person in their room, they received a telephone call from a relative. The person told us, "I have my own landline (in my room)," and explained they could contact relatives whenever they wanted to. The registered manager told us about another person in the home who had a television satellite subscription so they had a wider variety of channels to watch at their own leisure.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs, wishes and preferences. One person we spoke with told us, "Oh yes, they're (staff) good. They know my needs." A compliment the service recently received from a relative stated, 'Outstanding care team looked after my [family member]. They loved Falstone Manor. Staff went out of their way to look after [family member] and it really brought them out of themselves.'

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin integrity, continence and mobility. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. For example, one person's personal care plan stated '[Person] likes a full shower every Wednesday and Saturday.' Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each person. For example, one person's personal care plan instructed staff to put toothpaste on a person's toothbrush and hand it to them but they could brush their teeth independently.

Care plans were reviewed on a regular basis, as well as when people's needs changed. For example, one person's eating and drinking care plan had been updated due to their recent weight loss. Recommendations from a dietician were recorded which included offering the person fortisips drinks and collagen shots. These were supplements designed to encourage weight gain for people who were at risk of malnourishment and being under weight. All care plans we reviewed were up to date and reflected the needs of each individual person. Records showed people and their relatives were involved in planning and reviewing their care and support.

Staff knew people's individual needs, routines and preferences. When talking about supporting people and building relationships one staff member said, "You can understand what people are saying or what they mean when they use gestures and signs. You get to know their (people's) usual routines and know what time everyone goes to bed." The staff member went on to talk about different people's needs and dependency levels and said, "Some people can't get dressed themselves but they can brush their teeth."

The home had one full time activity co-ordinator and two part time volunteer activity co-ordinators, one of which was also a volunteer driver. There was a range of activities available for people. One activity co-ordinator told us they regularly spoke with people to see what they would like to do and tried to introduce new things. People told us there was always something to do in the home. One person we spoke with said, "I go to Sunderland Empire to see shows. I've been to see Jersey Boys and more recently Billy Elliott. We go to museums too." Another person told us "I like to watch the singers. There was a lady on not long ago." An activity co-ordinator told us, "We've been to Durham gospels and went shopping in Sunderland (with people). We've been to Whitby and we go to the garden centre. We also went to the glass blowing." Another activity co-ordinator said, "I usually do an activity in the morning (with people). I also read books to people, paint their nails and other things like have a walk out."

During the inspection we observed people making cakes in the activity room with activity co-ordinators. Once the cakes were made and decorated, people were observed enjoying slices of the cakes with cups of

tea and juice. There were lots of smiles while people were eating and enjoying the cakes. One person told us the chocolate cake was "very moreish".

People told us they were going to Sunderland Dogs that afternoon and they were really looking forward to it. We observed people chatting about what drinks they were going to have when they got there. The activity co-ordinators told us drinks and food were included in the visit and they were taking people on the registered provider's bus. We later observed people getting ready to go to Sunderland Dogs and leaving the home with staff support.

The home arranged a number of fund raising events such as raffles and fetes to raise money for activities within the home and external events. The registered manager and one person told us they arranged an annual fundraising event during the Sunderland Air Show. People were involved and with staff, sold refreshments and food to people visiting the show. The registered manager told us this was an ideal fund raiser due to the location of the home being on the seafront. People and relatives decided how all funds raised were spent during the monthly resident and relative meetings. This meant people were involved in planning activities in the service.

Regular resident and relative meetings were held in the home and various topics were discussed regarding the premises and the service. For example, staff recruitment, activity suggestions and menus. This meant that people and their relatives were involved in the future planning of the service.

The registered manager kept a complaints file which contained a record of all complaints received. Details of investigations and findings were also recorded and outcomes were fed back to complainants. The registered manager dealt with complaints appropriately, in line with the registered provider's complaints procedure. People told us they knew how to complain and were comfortable raising any issues with staff. One person told us they had recently raised an issue with the registered manager about their relatives having access to the code on the front door so they could let themselves into the home, specifically on a weekend. They told us the registered manager had explained they were unable to provide relatives with the code for health and safety reasons. Those reasons included the safety and security of everyone in the home and staff being aware of who was in the home in the event of a fire. The person told us this wasn't the response they were hoping for but they understood the reasons give.

Falstone Manor received thank you cards and compliments from people's relatives, praising the service their family members received whilst living at the home. The registered manager recorded them on the electronic system and stored them in a file in the office for staff to view. The registered manager also displayed the latest compliments on a notice board for staff to read.

Good

Is the service well-led?

Our findings

Staff told us they felt the service was well-led. They told us they felt comfortable going to the registered manager with any issues or concerns. One staff member we spoke with told us, "If I had any concerns I would come and see [registered manager] directly." They went on to say, "I love working here. When you love your job it's half the battle." Another member of staff said, "Yes I feel supported, [registered manager] is great and is there when you need them. I look forward to coming to work every day."

The home had a registered manager who had been in post since October 2015. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC. Staff told us the registered manager operated an open door policy and was approachable. During the inspection we observed staff entering the registered manager's office to speak with them about people and the service, as well as holidays and training. Staff also approached the registered manager in other areas of the home with queries or to request guidance.

Throughout the inspection there was a management presence in the home with the registered manager being readily available for staff, people who used the service, relatives and other professionals to speak to. During out of hours, the registered manager told us that there were on call arrangements in place which included themselves, the deputy manager and management staff from Falstone Court. The registered manager explained they had a rota system in place to cover both Falstone Manor and Falstone Court. Contact names and numbers were available in the office for staff to access as and when required.

The registered provider had a vision to create the kindest care homes by working in partnership with relatives, health professionals and other bodies. Through involvement of people in the planning and delivery of the service and for staff to be accountable. The registered provider's philosophy for each person was that they are the one that matters. This was observed and reflected in their practice. We observed a relatives and health professionals visiting the service and speaking with the registered manager. Records also demonstrated the home working in partnership with people. Staff interaction with individual people was positive, attentive and compassionate.

The registered manager told us they completed a daily walk around in the home to monitor and record findings for a number of areas including care provided to people, infection control, nurses stations, staff rooms and the general appearance and feel of the home. They also gathered feedback from people, relatives and any visiting professionals. Any required actions were recorded and allocated to appropriate staff members who signed and dated the record once completed. For example, the laundry hadn't been collected from one of the floors one morning. This was raised with the laundry staff and acted upon quickly. The registered manager told us, "If I find anything wrong I tend to do two walk arounds in a day (to check whether actions had been completed)."

The provider had a robust quality assurance system in place that promoted best practice and identified improvement opportunities within the home that were then acted upon. The home based quality assurance system tool kit provided a structured approach to quality audits and when they needed to be completed.

Audits regularly carried out related to areas such as medicines, care plans, falls, health and safety, infection control and the dining experience. The audits were effective in identifying any issues and areas that required action or improvements. For example, a care plan audit included an action for a personal emergency evacuation plan to be revised with further detail. The registered manager went back to check it had been completed and the plan contained appropriate detail. Once the registered manager was satisfied actions had been completed, they signed the action off.

The registered manager told us they regularly completed internal call bell audits in the home with involvement from people. They told us a person would press their buzzer at different times of the day over a 48 hour period and noted down the times. They then noted down the time staff responded. The registered manager did this as the call bells didn't sound in the home, but went directly through to pagers that all staff carried on their person. These vibrated when a buzzer was pressed. The registered manager told us there had only been one occurrence when there was a delay in staff response but when they investigated, it was due to another person having a cardiac arrest and staff prioritising dealing with that incident. Other than that one occurrence, staff responded in a timely manner.

Daily briefing meetings, also known as 'Flash' meetings, took place in the home to discuss different aspects of the service and to suggest ways to drive improvement. Flash meetings were attended by the registered manager and the heads of departments such as activities, domestic, maintenance and administration. Discussions included people receiving the service, the 'resident of the day', catering, activities, housekeeping, care support and any clinical issues such as anyone with infections or pressures sores. Flash meetings took place before the start of a shift to share important information with staff to prepare them for their shift.

Falls, health and safety team meetings took place on a monthly basis and discussed a variety of topics around health and safety in the home and any strategies or ideas to reduce the risk of people having falls. Topics of discussion included training, assistive technologies, bedrails and environmental factors that could contribute to falls such as poor lighting. Staff also discussed the total number of falls people had in the home each month and details including times and locations to establish any patterns or trends and to explore any further measures that could be put in place to prevent reoccurrences.

As well as completing all other regular audits, the home had a system called 'resident of the day'. On that day senior care staff checked the person's care file, had a monthly update meeting with the person and their relative if required and checked medicines to ensure they were correct, up to date and being administered appropriately. A member of the kitchen staff met with the person to discuss their choices and preferences in relation to meals, snacks and drinks. For example, one person enjoyed the salads but asked for spring onions to only be included sometimes and they preferred mixed leaf salad to iceberg lettuce. Another person asked for corned beef to be sliced thinner in their sandwiches. Domestic staff completed a deep clean of the person's room, unless they refused which records showed did happen on occasion. Activities co-ordinators met with the person and reviewed their activities programme and a maintenance person completed all maintenance checks in the person's room. This meant the person was involved in planning every aspect of their care to ensure it was personalised to them, up to date and in line with peoples' changing needs, tastes and preferences.

The assistant operations director for the service completed a monthly audit on the home which assessed the environment, staff files, care records, medicine administration and management audits. The registered manager completed a self-assessment form each month and sent it to senior management regarding the home's compliance and performance of the service against quality themes. The assistant operations director's audit was to assess the service performance against the self-assessment and either mark each

area as compliant or issue an action plan. Any actions identified were re-visited the following month and recorded if they had been completed.

Staff meetings were held regularly and staff told us they where they were able to discuss various topics. Discussions included outcomes from care plan audits, staffing, training, record keeping and fire evacuation. Minutes viewed showed all issues were raised and actions agreed to improve service delivery and standards. For example, reminders to check care records three times a day to ensure they were complete.

The registered manager had received a Queen's Nurse award for outstanding care delivery, improving practice and leadership in 2015. They travelled to London where they received a certificate and medal in recognition of commitment to high standards of patient care and continually improving practice. The registered manager explained the process involved for them to obtain the award which included an application from them with an essay of how they managed their service. The organisers then contacted people, relatives and management for their thoughts and feelings in relation to the manager and service. A selection process was then undertaken and the registered manager was contacted and told they were to receive the award. The certificate was on display in the registered manager's office for people, staff and relatives to see. The registered manager informed us there had only been 350 awards given to managers across the country and they were immensely proud of this achievement.