

Falcon House Care Limited

Falcon House Residential Home

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

What life is like for people using this service:

- People were safe living in the service. Risks had been identified and people told us they felt safe and well looked after.
- Staff were kind and caring and supported people to be as independent as possible.
- People had access to healthcare professionals when required.
- Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. People were supported to have the medicines they needed to remain well and as prescribed. Some people chose to manage their medicines independently.
- The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the registered manager and told us they were approachable and supportive.
- We found the service continued to meet the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection:

Good (The date of the last report published was 6 September 2016)

About the service:

Falcon House is a residential care home, providing personal care and accommodation for people aged 65 and older. At the time of our inspection 18 people were living in the service.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated Good.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

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.

Service and service type

Falcon House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people who use the service and one family member to ask about the experience of living in the service.

We spoke with the registered manager, head of care and four members of staff including the chef.

Is the service safe?

Our findings

People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

Supporting people to stay safe from harm and abuse.

- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People told us they felt safe. One person said, "Yes I do feel safe, there is always a member of staff around to help if I need them to."
- Risk to people continued to be assessed and were managed safely. People's care plans contained detailed risk assessments. Staff we spoke to were able to tell us how they supported people to ensure they eliminated any risk of harm.

Assessing risk, safety monitoring and management.

Risk to people continued to be assessed and were managed safely. Staff were able to tell us how they supported people to minimise the risk for example, of falls. We observed staff supporting people to move around the service as independently as possible, whilst ensuring there were no obstacles in their way.

Staffing levels.

Staffing levels were appropriate to the needs of the people using the service.

- All staff spoken with said there felt there were sufficient staff on duty. Our observations throughout the day found staff were available to meet the needs of people living in the service.
- Relatives feedback confirmed that they felt there were enough staff on duty. One person told us, "The manager will step in and help we have often seen her helping the staff."
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely

People continued to receive their medicines safely. Staff spent time with people and checked to ensure that people had taken their medicines before moving on to administer the next person's medicines. All medicines were recorded, stored and disposed of correctly and there were management processes in place to ensure staff were competent to administer people's prescribed medicines.

Preventing and controlling infection.

Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection prevention and control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

Then management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

Is the service effective?

Our findings

People's care, treatment and support continued to achieve good outcomes, promoting a good quality of life.

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

Assessments of people's needs were comprehensively assessed and regularly reviewed. The outcomes people hoped to achieve from their planned care and support were included.

Staff skills, knowledge and experience.

Staff were competent, knowledgeable and skilled; and carried out their job roles effectively. Many staff had worked in the service for many years and new people very well. Staff told us they received training and were positive about the training programme. As well as mandatory training, staff also received specialist training, for example, catheter care and stoma care.

The registered manager kept a matrix of staff training to ensure they had clear oversight of all staffs training needs.

Supporting people to eat and drink enough with choice in a balanced diet.

We observed people in communal areas with drinks and snacks and these were offered frequently. People told us they enjoyed the food and were given the opportunity to have input into the menus. One person told us, "The food is lovely, I look forward to lunchtimes." We spoke with the chef who was knowledgeable about people's likes and dislikes as well as any dietary requirements they may have.

Staff providing consistent, effective, timely care.

The service had clear systems and processes for referring people to external agencies. Any input from health professionals was clearly documented in peoples care plans with any outcomes and actions to be taken.

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

The service had recently added seven additional bedrooms. The people living in the service had been asked if they would like to move to one of these rooms and were given the option of choosing a room. In addition, some existing rooms had been made larger. The whole service was easy to move around and was bright and airy, well decorated and free from any odours. There was a large conservatory which gave people a lovely view of the countryside. The conservatory had a large store of games and books people could use.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. • Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and given their consent.

Is the service caring?

Our findings

The service continues to involve people in their care and treats people with compassion, kindness and respect.

Ensuring people are well treated and supported.

- People and their relatives told us staff were kind and caring comments included, "I feel very safe and comfortable here. The girls are all really nice and help me when I ask." Another person told us, "I am very independent, if I am asleep when the girls check in on me they leave me asleep until later, exactly what I like." A relative told us, "The staff are very kind and caring; at Christmas all the family came and it was a lovely occasion really enjoyable for everybody. The staff were lovely and made it special."
- We found that staff had built up positive relationships with people and knew them well. People were treated with dignity and respect not rushed and staff took the time to listen and respond to people. The service had a warm welcoming feel to it and staff spoke about the people they cared for with empathy and warmth.

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

- People and their family members were regularly asked for their views on their care and if they wanted anything to change. One person told us, "I always feel listened to. The staff ask me what I would like to do and I tell them, they are very good." One relative told us, "We are always invited to review meetings to discuss [name of relative] care plan."

Respecting and promoting people's privacy, dignity and independence.

- We observed staff encouraging people to be independent throughout the day. For example, when moving around the building. Staff told us, "It is important to get people to do as much for themselves as possible so they do not lose that skill, it may take longer but that is why we are here."
- Staff treated people with dignity and respected their privacy. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
- People's records were stored securely, computers were locked with passwords. Staff knew how important it was to keep people's information confidential.

Is the service responsive?

Our findings

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care.

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.
- People were enabled to follow a variety of interests and activities. The registered manager told us they were actively recruiting for an activity co-ordinator they particularly wanted someone who would be flexible to enable people to access the community when they wished. For example, to accompany someone to the pub in the evening if they wished to go out. The people that currently lived in the service were all quite active and most of them were happy to fill their days themselves independently with reading, writing, puzzle books. However, some people told us they would like the opportunity to do more structured activities which would be possible with the recruitment of additional activity staff.
- The chef told us they had recently introduced 'cooking sessions' where people were given the opportunity to make cakes together. One person told us they enjoyed doing this as they used to bake a lot when they lived at home.
- The registered manager told us they hired the community bus if they wanted to take people out to the garden centre or coffee shop. The service had a visit from the hairdresser on a regular basis.
- We observed staff sitting with people and chatting and reminiscing with them. People and their relatives told us that staff spent a lot of 1:1 time with them.
- The service had 'themed' nights and this included food and traditions of a specific county being celebrated. The staff told us how they had held an 'Indian' themed day and were surprised how many people had enjoyed having curry and that this was now part of the menu. The staff dressed up in saris and talked about the jewellery, clothing and the meaning of the Hindu spot. They have also had a Spanish themed day and had flamenco dancing and Spanish food and decorated the room according to the theme.
- One person told us they enjoyed the exercise staff they told us, "I enjoy the exercise class it isn't very strenuous but it is important to keep everything moving."
- Peoples spiritual needs were met. Each week people were given the opportunity to take part in holy communion and very wo weeks the salvation army visit. The staff told us a lot of people enjoyed watching songs of praise on a Sunday evening.

Improving care quality in response to complaints or concerns.

- The provider had a complaint policy and procedure in place. This explained how people should complain about the service and how any complaint would be dealt with.

We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions were logged.

End of life care and support

- The service had support from the local hospice with any end of life care. The district nurse team were also involved. The care manager told us they were looking into developing more robust detailed end of life care plans for people that would be more person centred. They had tried to involve families, but some families had been reluctant to complete the paperwork.

Is the service well-led?

Our findings

Leadership and management continued to be good and the registered manager led by example.

Leadership and management.

- The registered manager was committed to ensuring all staff promoted a person-centred high-quality care provision of care. The management team all wanted to achieve the highest possible outcomes for people.
- The registered manager was supported by a head of care who had worked in the service for many years and knew people well. They were responsible for people's clinical needs and had a good relationship with other health professionals. The service also employed a deputy manager who was being introduced to the systems and processes of the service, in a view to being able to manage the home in the absence of the registered manager.
- Staff told us they were fully supported by the management team who were approachable. Comments included, "I never feel that I can't ask a question we all work as a team." And, "I have worked here for two years now it is a nice place to work and the manager is very supportive and easy to talk to."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager was experienced and knowledgeable and led by example. The staff had the upmost respect for them.
- The registered manager told us how important it was when assessing people for the additional added rooms, to ensure people were compatible with the existing people that lived in the service and that the staff team would be able to meet people's needs.
- A range of quality checks were carried out to monitor the quality of the service. These included audits of care records, medicine, and health and safety checks.
- An action plan was devised and everyone was clear about who was responsible for ensuring any actions were completed within the agreed timescale.

Engaging and involving people using the service, the public and staff.

- Staff meeting and handovers were held and all aspect of the service were discussed. The registered manager held an 'open door' day when anyone could call in and speak confidentially with them. Staff told us they felt this was useful because although they could speak to them at anytime if they were busy they knew they would have the opportunity on that day.
- Satisfaction surveys were completed annually for people who used the service and their relatives.
- Staff told us they had regular supervisions were their professional development was also discussed.

Continuous learning and improving care.

- The registered manager attended provider forums to share good practice and ensured they kept up to date

with any changes in legislation.

Working in partnership with others

- The registered manager involved 'prosper' in the service and a couple of staff were champions who attended training and were then responsible for cascading information to other staff. Prosper is aimed to improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life. This included the service using quality improvement methods to reduce preventable harm from falls, urinary tract infections and pressure ulcers.
- The service worked in partnership with other organisation to ensure they were following current practice guidelines. These included healthcare professionals including, district nurses, GP's, dieticians, speech and language therapists. This ensured a multi-disciplinary approach to enable people received the best possible care and support.