

Minster Care Management Limited

Falcon House Care 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

About the service:

Falcon House Care Home is a residential care service for older people and those with dementia. Falcon House can accommodate up to 46 people. At the time of our inspection there were 45 living there.

People's experience of using this service:

People's experience of the service was positive. People felt safe and the registered manager ensured that enough staff were deployed to meet people's needs. Staff were well trained and training was kept up to date and monitored by the registered manager.

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were consulted on all aspects of their care and support and they were involved in their care planning. Relatives were also asked to contribute and discuss care needs where appropriate.

People had excellent relationships with the staff and the registered manager. They felt happy with their care and felt that the staff understood their needs and what aspects of their care they would like support with.

People told us they felt well cared for by staff who treated them with dignity and respect. People enjoyed the range of activities on offer and they were always given a choice of things to do.

An open and transparent culture enabled people and staff to speak up if they wished to. The registered manager provided good leadership and understood the needs of the service and the people living there.

Rating at last inspection: Good (Published October 2017)

Why we inspected: This was a planned inspection.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Falcon House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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:

Two inspectors carried out this inspection 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 on the team had a strong background and experience in older persons services and dementia care.

Service and service type

Falcon House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulate 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 and carrying out this inspection

We reviewed information we had received about the service, this included details about incidents that the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information which providers are required to send us at least once, annually to give some key information about the service, what the service does well and what improvements they plan to make. We use all this information to plan our inspection.

During the inspection

We spoke with seven residents, three visitors, three members of staff the deputy manager and the registered manager. We also spoke with a visiting professional who was visiting the home. We reviewed six care plans and reviewed five staff files, we also looked at internal audit systems and processes including checks on service and equipment, legionella and electrical safety. We also looked at records of accidents, incidents and complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. Staff were confident about going to the registered manager or a senior and reporting anything that they felt was abuse.
- The provider had a safeguarding procedure to follow and staff were trained to understand the signs of abuse and how to report incidents.
- Risk assessments had been completed to assess people's needs and staff had the guidance and support needed to mitigate associated risks. One person had a comprehensive mobility plan which assessed activity and expected outcomes which assessed any risk.
- All staff spoken with had a good knowledge of people's needs and risks. Staff were competent and knowledgeable and showed that they supported people to keep them safe.

Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure that people's needs could be met. This included staff support participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect them from employing unsuitable staff.
- The provider used a dependency assessment. This is an assessment of people's needs and what staffing would be needed to deliver appropriate care and support. The dependency assessment was carried out monthly so that people always had the staffing sufficient to offer appropriate care and support.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed that they received their medicines as required.
- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken.
- All photographs of people on the medication records were in date and it was clear for staff to identify who the medication was intended for.
- We observed that one person was sleepy and had medication administered in their room. The staff member supported the person and didn't leave until they had swallowed the medication.

Preventing and controlling infection

- Staff responsible for cleaning the home could tell us which colour bags were used depending on type of waste. They could also tell us how to clear and decontaminate if people were unwell to prevent the spread of infection. One staff member told us "We take pride in keeping everywhere clean, we clean it like it was our own home". A relative told us "The home is always clean and tidy including [relative's] bedroom. Her

laundry always comes back tidy".

- All staff received training in infection prevention and control and there was information on how to prevent the spread of infection such as hand washing. The home was clean and free from malodour.
- The staff followed good infection control practises and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- There had been an ongoing coroner's investigation after a person who lived at the home had died. The home was not responsible but there were recommendations on improving some practises and record keeping from the investigation. This included changing the handover process for staff which has been put in place and is now more comprehensive. The registered manager is keen to make improvements and address any concerns.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence
- Care plans and risk assessments were frequently reviewed especially in line with changes in health or decrease in mobility.

Is the service effective?

Our findings

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

Good People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs was comprehensive and expected outcomes identified. Care and support was regularly reviewed.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One person told us "They tell me what they are going to do and I trust them".
- Staff had completed a comprehensive induction and training programme. They had supervision and appraisals carried out. The registered manager had a good system to identify when training was needed or refresher training required to ensure that staff were up to date with best practise.

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us that they enjoyed it.
- The cook told us that they hold regular meetings with residents to see what they would like to eat. There is a five-week menu plan which changes winter and summer.
- Staff helped and encouraged residents, chopping up the food when they could see that people were struggling. One person did not want a dinner and was offered several alternatives.

Staff providing consistent, effective, timely care within and across organisations

- We saw the community falls professional delivering chair based exercise classes for residents. They have been delivered for over two years and people have seen the benefits. The classes are aimed at people who are at risk of falls.
- People were supported to see healthcare professionals and the GP attended the home on the day of our visit. They have regular visits from district nurse and SALT (Speech and language therapist) when people are having problems with eating and drinking.
- Should people need to move between services, we saw there was a "grab sheet" that could be printed off so people had the most up to date information on their health care needs. This meant health care professionals receiving the person into their care would have the relevant information to support the person's care.

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

- People's rooms were personalised and they were encouraged to have their own things where they could to

make them feel more at home.

- The registered manager had plans to make the garden more accessible so that residents could sit outside if they wanted to in the warmer weather.

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 those who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working with the principles of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure that decisions were taken in people's best interest.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and the systems in the home supported this practice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives commented positively about staff and said that they were kind, caring and helpful. They also said that they respected people's dignity and privacy. One person told us, "I feel comfortable with the (staff) they lift people safely and gently". Another person said "I find staff to be very nice they listen and are respectful".
- We heard staff talking people through tasks and being very reassuring and patient. Staff showed good knowledge of individual needs and preferences.

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

- People told us that they were involved in decisions about their care planning and how they liked things to be done. One relative told us "The (relative) has a care plan. It was done with the family being involved". Another relative told us "Staff seek resident's agreement to support them. Staff are considerate and polite and I've never had to have a word".
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People had access to advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Relatives are encouraged to visit at any time, they were made to feel welcome by the staff and one relative told us that they would talk to the manager or any staff if they had any concerns.
- We saw some positive interactions between people, staff and relatives during our visit. When relatives came into the service staff stopped to chat to them about their family member. Relatives told us that they were listened to by staff regarding their relative's care.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern about people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer opportunities for people to spend time as they chose and where they wanted. We observed staff waiting for a response when they asked a question to ensure that they knew the person's choice.
- People's information was stored and managed securely which protected their confidentiality

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's dislikes and preferences. They used information that they had by talking to people and then using the information to plan care. For example, details of how people liked to receive personal care, what they liked to do themselves and what they would like support with.
- There was an activities co-ordinator at the home who engaged well with residents and offered a diverse range of things to do. We observed them reading from a paper, news stories from the past and they were asking people using the service if they remembered or if it was done differently where they came from. People were engaged in the discussion and appeared to be enjoying the group.
- The activities co-ordinator told us "When people come into the home, I chat with them and their family to find out what they like, their background and experiences and record it on paper and in their care plan". From the information a core programme of activities is arranged.
- The activities organiser had signed up 12 people for a creative reminiscence course using an iPad and explained to us "You are never too old to learn". People enjoyed being involved and they told us that they are proud when they achieve something that they thought they wouldn't be able to do.
- The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- The manager was pro-active regarding acting on any complaints or concerns. We looked at the complaints file and there were no recent complaints but an old one showed that the complaint had been acknowledged, investigated and responded to.
- The manager is keen to listen to any concerns or feedback and acts as soon as possible to rectify matters. We observed that the manager has an excellent relationship with people and their relative and people told us that they felt confident that the manager would work hard to find a solution. One person told us "If I wanted to complain I would speak to the manager as I think she would listen".
- The company's complaints policy was displayed in the entrance of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance on end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- Care plans were reviewed regularly and they were updated as needs changed. The risk assessments were reviewed and had clear information on mitigating risk.
- The registered manager demonstrated a commitment to providing high quality, person centred care by engaging with everyone using the service and stakeholders.
- The registered manager positively encouraged feedback and acted on it to continually review the service. One person told us "She's always walking around and saying hello to people" another person said "We have meetings, we discuss ideas and things and admin keep the notes".
- The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well run. People at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. They were held to account for their performance where required.
- The quality assurance system was robust and included lots of checks in all aspects of the service delivery.
- All audits and Health and Safety checks had been carried out and the manager ensured that there were robust systems in place to monitor this.

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

- The registered manager and the staff encouraged people to visit the service and to forge relationships with other organisations. Two local schools regularly visited and did activities with people.
- The residents were asked their opinions in all aspects of their lives. Staff and the registered manager involved people and their relatives in decision making from decisions about care and activities to decisions about improvements to the home.
- The manager had a very clear vision and strategy which involves improvements. They have recently ordered new dining furniture. They were having a second bathroom refurbished and there were plans for the garden to be improved.