Albany Care Homes Limited

Falmouth House

Inspection report

24 Edwards Road
Whitley Bay
North Tyneside
NE26 2BJ
Tel: 0191 251 3729
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 21 and 23 July 2015 and was unannounced. A previous inspection undertaken in June 2014 found there were breaches of legal requirements in relation to premises and equipment. A review of evidence undertaken in September 2014 found the provider was compliant with legal requirements.

Falmouth House is one of two locations owned and run by Albany Care Homes Limited and is situated in Whitley Bay. It provides accommodation for up to ten people with enduring mental health issues, who require assistance with personal care and support. At the time of the inspection there were nine people living at the home.

The home had a registered manager who had been registered since March 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People told us they felt safe living at the home and said staff treated them well. Staff had a good understanding of safeguarding issues and said they would report any concerns to the registered manager or deputy manager. We found some issues with the premises. Some fire doors did not fully fit into the door recesses, meaning an effective seal was not made to prevent smoke and heat passing between fire compartments. Three fire doors had been propped open. We also found three windows where the appropriateness of window restrictors needed assessing, as they did not meet current health and safety guidance. Some areas of the home were in need of additional cleaning and the paint in one shower room was badly peeling from the wall. The home utilised material towels rather than paper towels and people told us these were not always clean. Where paper towels were available waste bins were not always available.

The registered manager said staffing levels were maintained to support the individual needs of people living at the home. Additional staff were rostered to support activities or individual appointments, such as general practitioner visits. Appropriate recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. People living at the home were able to input into the recruitment of new staff. Medicines were stored safely and records were up to date. Two people were prescribed "as required" medicines, but did not have a care plan in place to detail the specific use of these medicines.

Staff told us they were able to access a range of training, although one person said the recent change to booklet based training was not always the best form of learning. Staff employed recently confirmed they had undertaken an induction process and shadowed experienced staff before fully taking on care duties. Staff told us they had access to regular supervision sessions and had an annual appraisal.

People told us they enjoyed the food provided at the home and were able to request items to be included on the menus. Some people actively participated in compiling the shopping list. We observed people had access to food and drink throughout the day.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us no one at the home was subject to any restriction under the DoLS guidelines. Staff understood how to support people to make choices. The registered manager told us there had been no recent best interests decision meetings.

We noted the decoration of the home was in need of refreshing in some areas. The registered manager confirmed refurbishment of the home and replacement of furniture was an ongoing process. Some hall/ landing areas and the main lounge area had recently been decorated. The outside of the property had recently been repainted.

People told us they were happy with the care provided. We observed staff treated people well and there were good relationships between staff and people living at the home. Staff had an understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. People said they were treated with dignity and staff respected their individual preferences and decisions. They said they could spend time at the home as they wished.

People had individualised care plans that were detailed and addressed their identified needs. Staff told us people preferred to manage their own time rather than participate in organised activities, although some activities did take place in the evening. People told us about individual time out accompanied by staff members, which they had enjoyed. They said they would tell the staff or the registered manager if they had a complaint, but were happy with the care at the home. There had been no formal complaints in the last 12 months and informal complaints or concerns were dealt with appropriately

The registered manager showed us records confirming regular checks were carried out at the home.

Summary of findings

Questionnaires completed by people living at the home indicated a high level of satisfaction. Staff were positive about the management of the home and felt supported in their roles. Regular staff meetings took place to discuss the running of the service. People told us meetings took place and they could make suggestions about activities and menu choices. Records were broadly up to date and complete.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some areas of the home were not clean and paint on the wall in one of the shower rooms was peeling badly off the wall. Waste bins were not always available or suitable for the kitchen area of the home. Some fire doors had been wedged open. Three windows did not have restrictors that met current health and safety guidance.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding. Medicines were stored and handled safely, although we noted some people did not have care plans in place for "as required" medicines.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staffing levels varied to meet the needs of people living at the home and any activities they were engaged in.

Is the service effective?

Good

The service was effective.

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals.

Staff were aware of the need to promote choice and the concept of best interests decisions in line with the Mental Capacity Act (2005). The registered manager confirmed that no one living at the home was subject to any restriction under the DoLS guidance.

People told us they enjoyed the food offered and we saw a variety of dishes were provided. The decoration of the home was in need of updating in some places but the manager said refurbishment was carried out on an ongoing basis.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received and enjoyed living at the home. We observed staff supporting people with kindness and consideration and saw there were good relationships between them.

People had access to a range of health and social care professionals, for assessments and checks, to help maintain their health and wellbeing and were encouraged and supported to attend appointments.

People told us their dignity and privacy was respected by all the staff. Staff understood about supporting people to be as independent as possible.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual needs, were reviewed and updated as needs changed. They demonstrated the service was flexible in helping people meet their goals, although the action staff were going to take to support people was not always clearly described.

There were some activities for people to participate in; although most people living at the home told us they followed their own interests.

People told us they knew how to raise any complaints or concerns, but were happy at the home. Complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

A range of checks were undertaken on people's care delivery, their records and the environment of the home.

Staff were happy with the support they received from the registered manager. Questionnaires completed by people living at the home showed a high level of satisfaction with the service they received and the care provided.

There were meetings with staff and people who used the service. Records were complete and up to date.

Falmouth House

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 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.

This inspection took place on 21 and 23 July 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support the planning of the inspection.

We spoke with seven people who used the service to obtain their views on the care and support they received. We talked with the registered manager, the deputy manager, three support workers and a member of the domestic staff team. We also spoke with the home's contracted maintenance worker. Additionally, after the inspection we conducted telephone interviews with two care managers and a health worker.

We observed care and support being delivered in communal areas including lounges and the dining room, looked in the kitchen areas, the laundry, bath/shower rooms, toilet areas and checked people's individual accommodation. We also inspected exterior areas of the home. We reviewed a range of documents and records including; four care records for people who used the service, seven medicine administration records, three records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

During our inspection we noted three fire doors were wedged open, including the door from the home's kitchen and a door where a tumble dryer was operating. One of the fire doors wedged open had a specialist door stop designed to close in the event of a fire, but this was not used. We also found three fire doors that did not fit into the door recesses correctly and another fire door where some of the special seal, used to prevent smoke and heat passing between areas, was missing. A linen cupboard; with the signage 'Fire door - keep locked' had been left open, meaning potentially combustible material was not stored securely. We spoke with the deputy manager about this. She told us this should not have happened. On the second day of the inspection the linen cupboard was locked shut. The deputy manager also told us she would speak to staff about the fire doors and seek further advice about the other items.

The home had nine hours per week of dedicated domestic time. We saw people's rooms were cleaned regularly and they had access to clean sheets. Communal areas were generally clean and tidy, although we noted that higher areas, some windows and lamp shades in some areas were in need of cleaning. Toilets and bathroom areas did not always have supplies of paper towels. Where paper towels were available there were no waste bins to dispose of used items. We spoke with the deputy manager about this. She said the reason for this was that people often put paper towels down the toilet or waste bins were a fire hazard, with people sometimes disposing of cigarettes in them. We noted this was highlighted in the home's infection control audit, with the solution being that regular supplies of cloth towels were made available. We noted some cloth towels were stained with toothpaste and soap. One person told us the towels could often be very dirty.

One wall in the shower room was damp and paint was falling off and vinyl in one toilet area was starting to wear. The home's smoking area had heavily stained walls and there was evidence of water dripping down the wall from the extractor fan. The waste bin in the kitchen area was open, meaning it was attractive to insects and was at risk of being touched when people disposed of items. The home's kitchen had recently received a three star rating for the food hygiene inspector. We spoke with the deputy manager about these issues. She told us she would seek additional advice from the local infection control team.

Additionally, we found three windows in the home did not meet current guidance from the Health and Safety Executive on the use of window restrictors in care homes and no risk assessment had been undertaken. The deputy manager and the home's maintenance contractor told us they were not aware of the most up to date advice and would arrange for appropriate devices to be fitted.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12(1)(2)(d)(e)(h). Safe care and treatment.

Other checks on the premises were in place. We saw copies of the home's gas safety certificate and fixed electrical systems certificate. An outside company had carried out checks on fire extinguishers, emergency lighting, fire alarm systems and smoke alarms. Regular checks on water temperatures were carried out around the home. Small electrical equipment had been subject to portable appliance testing (PAT).

People told us they felt safe living at the home. Comments from people included; "I feel very safe here. There are plenty of staff"; "I feel safe as houses. I've landed on my feet here" and "I feel safe living here and safe with the staff." Another person told us, "It's a calm, quiet, peaceful atmosphere. It's nice. I've not felt frightened."

The provider maintained a log of safeguarding issues. The deputy manager told us there had been no recent safeguarding incidents. Previous issues had been investigated and dealt with in accordance with safeguarding procedures. Staff we spoke with told us they had completed training in relation to safeguarding and were aware of the potential forms of abuse they should be observant for. They were able to describe the action they would take if they had any concerns about people's care, and this was in line with the provider's policy.

People's individual care plans contained assessments of risk associated with the care they were receiving, such as reluctance to attend health appointments or the risks associated with smoking. Wider risk assessments were also in place for the building, including a fire risk assessment, legionella risk assessment and Control of Substances Hazardous to Heath (COSHH) assessments.

Requires Improvement

Is the service safe?

The manager showed us records related to accidents and incidents. We saw these were recorded and details noted. Issues related to accidents and incidents were reviewed and action taken, if necessary. For example, we saw one incident had been recorded relating to potential inappropriate behaviour by a person living at the home. The issue had been discussed with the person and also a health professional involved in the care of the individual. Appropriate action to prevent a repeat had been taken.

With the exception of one person, people told us there were enough staff to support them and provide for their needs. Comments from people included, "Nothing is lacking because of staffing"; "Staff look after me. There are enough staff. They are only short staffed when people are sick" and "There are enough staff all the time." The registered manager told us the home currently employed six care workers, with one staff member on shift at all times. During the night the staff member on duty slept over between 11.00pm and 7.00am. The home also had dedicated domestic hours. In addition the deputy manager tended to spend most of her shifts at the home and there were regular visits from the registered manager, who shared her time between Falmouth House and the provider's sister home, close by. The deputy manager said that if people were going out to appointments or being accompanied on shopping trips then additional staff were rostered on shift for the purpose of supporting the event. Staff we spoke with told us they felt there were enough staff. They did not feel there was a problem with having a single staff member at night and did not feel at risk. They said there was always a senior member of staff on call and the registered manager could be at the home in a short space of time. One staff member told us, "I don't feel at risk, I have nine bodyguards. The residents are all very protective of the staff. They will come with you if someone comes to the door at night, just to check you are okay."

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. For most recently appointed staff there was evidence that an appropriate interview process had been followed. The deputy manager also showed us evidence that people who lived at the home were actively involved in the selection process. The registered provider had appropriate recruitment and vetting processes in place.

We examined the Medicine Administration Records (MAR) for people who lived at the home. We found that MARs had photographs attached to ensure people could be correctly identified and there were no gaps in the recording of medicines being given. We noted two people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. There were no specific care plans or instructions in place to indicate when these medicines should be given, the maximum dose that could be given or action to take if the medicines were not effective, or too much was accidentally taken. The deputy manager told us this issue would be addressed. Medicines were stored safely in a locked cupboard and people told us they had no problems in accessing their medicines.

Good

Is the service effective?

Our findings

People said they felt supported by the staff at the home and that they had the right skills to help them. Comments from people included, "The staff do fine"; "Staff are always on hand for help and advice" and "I can talk to staff and get support for any issues I have."

Staff told us they had access to a range of training. They told us the majority of training being undertaken at the moment was through the use of work books. One person said they found this unsatisfactory because the answers were always available and it did not make you think. Another person said it was helpful to be able to reread things again, to make sure you understood. The deputy manager showed us the training log used to record what training had taken place and when people required training to update or refresh their knowledge and skills. She said plans were in place for a range of additional training including mental health issues.

Staff told us they had access to regular supervision and were subject to an annual appraisal. Documents we saw supported this. Staff also told us that because the service was so small, many issues were discussed immediately and it was not necessary to wait until a set meeting took place. We saw from records that some supervisions were personalised, dealing with any individual issues the staff member may have. Others were group supervision sessions or concerned a specific subject, such as falls awareness.

One member of staff had recently started working at the home. She told us she felt she had been well supported during the initial stages of her induction to the home. She said she had been allowed to shadow more experienced staff and had received some initial training.

The registered manager had an understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (Dolls). She told us everyone living at the home had capacity to make their own decisions and were free to come and go from the home as they wished. She said that some people preferred to be accompanied by staff, but this was the choice of the individuals and not a restriction. One person told us, "I go out five times a week. I can come and go as I please." Records and care plans showed that people had been involved in decisions about their care.

Staff had received training in MCA and DoLS. They had an understanding of supporting people in making important choices and used a range of methods to ensure people understood what was being asked of them. For example, one care work told us how a person was not very confident at reading. She described how she would help the person by reading letters to them, several times if necessary, and helping them understand the meaning of the letters, so they could make an informed choice.

People living at the home were encouraged to give their personal consent. Care records contained copies of consent forms, signed by people, to say they agreed to care being delivered or action being taken. For example, people had signed consent forms related to staff supporting them with medicines, being weighed on a regular basis and having their photograph taken. People's consent was achieved on a day to day basis. Staff knocked on people's doors and called out before entering individual rooms. Where people said they were busy or asked staff to come back later this was respected. People were also asked by staff whether they were happy to chat to the inspector or the ExE.

People told us they were happy with the range of food available at the home. Comments from people included, "We have a varied menu; spag bol, curry, Sunday dinner"; "We have wonderful meals here. We can have anything for supper that we want"; "I get a choice of what I eat" and "The food is okay." The deputy manager told us there were regular meetings with people at the home where they could make suggestions about what food they would like. Historic menus showed that a range of meals were provided, including fish and chips, Sunday roasts, steak, chicken, pasta and soups. One person told us how staff had taught him to make homemade soup.

Staff said they ordered food from a local supermarket using their on line system. They said whilst people didn't actively participate in the shopping process they helped compile the shopping list. One care worker told us they tried to encourage a healthy diet, as far as they could. She described how salad had been difficult to include on the menu until they started to use salad dressing and now it was very popular. Risks related to people's dietary intake were monitored through regular checks using the Malnutrition Universal Screening Tool (MUST) and through regular checking of people's weights.

The main lounge area and some of the hallways at the home had been recently decorated. Other areas of the home were tidy but in need of refreshing. Some furniture

Good

Is the service effective?

was also in need of replacing and updating. There was a rear yard containing some tables and chairs for people to sit at, although the environment was also used for drying clothes and some storage, so was not overly inviting. The outside of the home at the front had recently been freshly painted. The registered manager told us there was an on going programme to refresh and update the home and furniture. She said some people at the home were looking at planting up pots or growing seeds to add colour and interest to the back yard area

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided and that staff were kind to them. Comments from people included, "The staff treat me well"; "All the staff are great; although we could do with a male staff member"; "I can talk to staff okay. My worker is okay" and "Is there anything staff could be doing better? Not that I can think of. They ask if I need help." Another person told us, "This is a cushy place to be." One professional we spoke with told us, "The basic care and nursing care is good. They do meet their needs."

Staff told us that the most important thing for them was caring for people at the home and making sure they were well looked after. One staff member told us, "The service users are the main thing. We have a fantastic relationship with them. You can see them grow and change for the better. Altogether the place is warm and welcoming." Another staff member said, "It's quite a nice place. Staff go out of their way to care. We usually get birthday banners. You would do that at home, wouldn't you?" She further commented, "It's like having a second family. They should have the same things that my family have."

We spent time observing people and staff in the communal areas of the home. We saw in all cases staff spoke to them with respect and people seemed to enjoy positive and caring relationships. Staff sat chatting to people as they went about their daily business and also discussed issues that were concerning them. We saw one person was supported by staff to choose a birthday card, from a number he had bought, that best reflected the interests of the person they were giving it to. A member of the domestic staff knocked on the door of the person, whose birthday it was, and asked if they could come in to clean the room. When the person said "come in", the member of staff opened the door and spontaneously began to sing 'happy birthday' to them.

One person living at the home did not have English as their first language. We asked staff how they supported this person. They told us they had accessed interpreters in the past, although this had provided mixed results. They said that as the person had lived at the home for a long time they had learnt to interpret the person's gestures and limited phrases and were able to deduce what they wanted in most cases. They told us they and other professionals thought the person's understanding of English may be better than their expression. We spent time with this person and they indicated they were happy at the home and felt the staff were helpful. We saw key documents in the person's care records had been converted to their first language, to try and help them read and understand them. The manager told us the person did sometimes buy ingredients and cook their own meal in their own style.

Information was available for people living at the home. A service user information file was available in the entrance hall. This contained details of the services available at the home and important information about making a complaint or contacting other agencies. There was also a small notice board with details of planned activities and other information about the home or local services. One person told us, "Staff do a lot of work and help residents when they need it. They are very good."

The manager told us no one was currently being supported by an advocate or was using an advocacy service. An advocate is an independent person who supports people to understand choices available to them or supports a person to express their point of view about elements of their care. She said this could be arranged, if necessary. One staff member told us how she felt it was part of her role to speak up for people. She said, "I'll voice the views of people. I see them more than management. I feel I know a bit more about them."

People's well-being was supported. We saw from care records there was regular access to doctors, dentists or other healthcare professionals. One health care professional we spoke with told us staff supported a person to attend appointments regularly and were responsive to suggestions or changes in the care required. They said that if they were unsure about the care required, staff would always seek advice. People told us they were supported to make or attend appointments. Comments from people included, "Staff will take me to the doctors. I can make the appointments myself or staff will do it" and "I can talk to all the staff and they will escort me to the doctors."

People said their privacy and dignity was respected. Comments from people included, "Privacy is no problem. Staff always knock on the door"; "Staff knock before entering my room" and "Staff respect my privacy. We have good security and they always knock before coming in my room." Staff told us they supported people with personal care if they asked for assistance, but most people were able to support themselves, or merely need prompting.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. Comments included, "I can sit and talk to staff. I feel listened to and they remember what I say"; I can talk to staff and get support for any issues I have" and "I have an on going care plan."

People's care plans contained an assessment of their needs, which had been undertaken prior to them living at the home. Care plans were personalised to people needs and contained an indication of people's likes and dislikes and the life choices they had made. For example, we saw it was recorded that the way a person had arranged their room had been their own personal choice. We also saw people had opted not to take part in health screening programmes or had indicated they preferred savoury foods to sweet items. Care plans also contained a "pen picture" of the individual, detailing information about their upbringing, family and key events from their lives.

Care plans were developed around people's assessed needs and expressed preferences. They included support with areas such as personal hygiene, dealing with finances, monitoring physical health and weight reduction. They also covered such areas as supporting people to maintain contact with family and friends. For example, "Support and encourage 'X' to have healthy diet." However, it was not always possible to identify how staff would support the person with their diet. We spoke to the deputy manager about this. She said people's motivation and desire fluctuated day to day and staff had to be flexible in how they offered support. She said she would look at how plans could be improved to more clearly demonstrate the support that was being offered.

Care plans were reviewed. Staff undertook a "star" review which is a system to rate aspects of people's health and wellbeing, such as physical health, relationships and self-esteem. We saw these reviews had been completed by staff alone. We asked the deputy manager why people had not been involved in this review process. She said people did not always want to participate with this more prescriptive type of assessment, but were happy to chat to staff. Notes from one to one meetings between people and staff members showed they were able to discuss how they were and raise any issues or needs. One person described in detail how staff helped him with some of the issues he had.

External professionals we spoke with told us staff were responsive to people's needs and supported them well. For example, one care manager told us one of the people he supported had bought a new computer. He said staff had spent considerable time with the person helping him set it up and learning how to use it. One member of staff told us how she had accompanied a person to the cinema, but had chosen a quiet time and a quiet area of the theatre, so the person did not become anxious because of people sitting near them.

Staff told us some activities took place, such as film evenings, when they would buy popcorn and try and develop a cinema atmosphere, and games nights. They said not everyone joined in these events and that many people liked to stay in their rooms and participate in individual activities. People we spoke with confirmed there were some activities at the home, but felt there could be more. The manager told us there had been a trip to Edinburgh Zoo the previous year and short holidays in the past. Some people told us they enjoyed the previous holidays and would like to go on similar trips. Professionals we spoke with felt that activities to support people's motivation would be helpful. One staff member told us, "We have tried more activities, but they said they were happy with what they were doing." She told us it was key to know the service users, know how they reacted and how to motivate them. She said the important thing was to keep asking and be prepared to react if they said "yes."

People told us they went out individually with staff. They said they went to local pubs for lunches or out to meet friends. One person showed us pictures from occasional visits he made with a staff member to a local farm, where there were horses. He told us he liked going to the farm as it reminded him of his previous work, which involved horses. Other people told us they enjoyed cooking at the home and said they would like to do more of this type of activity. One person told us they would like to do more in the kitchen but could not stand for long periods. One professional told us the home had been very supportive in helping a person maintain contact with their family.

People said they were able to make their own choices. They said they could choose to go out when they liked, or remain in their rooms if they wished. They said they also

Good

Is the service responsive?

had sufficient choice around meals. One person told us, "I don't go out at night. I am content to be in watching television." Staff said that people had gone out in the evening in the past, but no one currently did this.

The provider had a complaints policy in place and a copy of it was available for people who lived at the home. People told us they had not had reason to complain but if they did they would speak to the registered manager. Comments from people included, "I've not had to complain, but I would speak to the manager or GP and ask for a form" and "I've not had to make a complaint, but if staff or residents upset me I would complain." One professional told us the home had been very supportive in sorting out a dispute between two people who lived there. The provider kept a record of any complaints made. We saw there had been no formal complaints recorded in the last 12 months. Where there had been issues between people living at the home, these had been addressed appropriately and recorded.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since March 2011. She was present on both the days we spent at the home and assisted with the inspection.

People told us they considered care at the home to be good and that the registered manager was easily accessible. Comments included, "I can speak to the manager when I want"; "The manager is in a lot of the time; she is quiet and sociable" and "I can see the manager and talk to her at any time."

The registered manager told us she tried to have an open management style and that the atmosphere was friendly and people were able to talk a lot. She said having a small staff group helped, as staff got to know people and people trusted and built relationships with staff. One staff member said, "It's a good staff group. Staff are very friendly; everyone gets on, swaps shifts and supports each other." The registered manager also said having a stable group of people living at the home, who had been there for a long period, along with a stable staff group, meant people were comfortable and there was a homely feel to the service. A staff member said, "It's a very relaxed atmosphere and all the residents are very happy. They all seem so very grateful for the chance to live independently."

Staff told us they were happy at the home and that the atmosphere was good. They said they could express their views to management and were generally listened to. One staff said, "You can go to them (management) with anything. If I was worried I would go straight to (deputy manager) or (registered manager)." Another staff member commented, "I've been offered other jobs, but I'd rather stay somewhere I'm happy, than get up in a morning and think, 'I've got to go to work' and not enjoy it."

The registered manager told us she carried out a range of checks on at the home, including checks on the premises, such as water temperatures, and on care and medicine records. The provider undertook a yearly questionnaire with people living at the home to obtain their views. The most recent questionnaire had been undertaken in June 2015. Of the nine people living at the home five people had completed the forms. The majority indicated they were happy with the care delivered including; access to GPs, support with medicines, respect and privacy, comfort of the home and that friends and family were able to visit. Comments on the forms included, "Falmouth House happens to be a pretty easy going friendly place" and "I can talk to staff and they are very helpful." At the time of the inspection only one relative had returned a questionnaire, but they too had indicated they were happy with the home and said being able to contact the home at any time gave them peace of mind.

Staff told us there were regular staff meetings and they were able to raise any issues they had. Minutes from the meetings showed a range of issues were discussed including; individual care matters for people living at the home, cleanliness, staff holiday cover and training.

People told us there were residents' meetings where they could raise any issues if they wished, although they also said they could speak to staff at any time and did not have to wait for meetings to take place. One person told us, "Residents' meeting? These happen sometimes and afterwards things get done." Copies of minutes from these meetings showed meals out were discussed and the suggestion that more in-house activities could be offered.

Records at the home were up to date and stored appropriately. Daily records contained good detail of people's activities during the day and detailed any significant events, such as treatment by a visiting health professional.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to assess the risk of, and prevent, detect and control the spread of infections. Regulation 12(2)(h) Systems were not in place to ensure that premises used by the service provider were safe to use for their intended purpose and used in a safe way. Regulation 12(2)(d)