

Aspens Charities

# Falconer's Court

## Inspection report

Falconers Court  
High Street  
Edenbridge  
Kent  
TN8 5NW

Tel: 01732866407  
Website: [www.pepenbury.info](http://www.pepenbury.info)

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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 21 August 2018 and was unannounced.

Falconer's Court is registered to provide accommodation and personal care for up to seven people who live with complex learning and or physical disabilities. There were seven people living at Falconer's Court at the time of this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at Falconer's Court and we observed staff keeping people safe. Staff were aware of how to keep people safe and risks to people's safety were identified and managed effectively. There were enough suitably trained staff to ensure people's needs were met and provide care in a safe and effective manner.

The provider had a robust recruitment process in place and undertook checks which helped to ensure that staff employed were appropriate to work in a care environment.

People's medicines were managed safely and effectively by staff who had been trained in the safe administration of medicines.

Staff were well supported by the management team and had team meetings every month and one to one supervision meetings with their line manager. Staff felt supported, valued and motivated.

People received the support they needed to eat a healthy and balanced diet and their health needs were met through access to a range of health care professionals.

People and their relatives were complimentary about the staff team. Staff respected people's dignity and privacy and knew about people's individuals' care and support plans and their daily routines as well as their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their family and/or care manager's had been involved in the development and review of their care plans as much as possible. Family and visitors were able to visit at any time they wished and were made welcome by staff and managers.

The provider had systems and processes in place to obtain feedback from people who used the service, their relatives, and care managers about the quality of the services provided. People's family members were aware of how to raise concerns with the staff or management and were confident that they would be listened to and issues resolved.

The provider had arrangements to monitor health and safety and the quality of the care and support provided for people who used the service.

There was an open and transparent culture in the home and staff had clear roles and responsibilities.

## 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.

There were enough staff on duty to give people the care they needed. In most cases, appropriate checks had been completed before staff were appointed.

People received safe care and treatment and were protected by the prevention and control of infection.

People were safeguarded from the risk of abuse.

Medicines were safely managed in line with national guidelines.

### Is the service effective?

Good 

The service was effective.

Care was delivered in line with national guidance and staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

### Is the service caring?

Good 

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

People and staff were positive about the leadership at the service. Staff felt supported by the registered manager. The service worked in partnership with a range of other agencies such as local authority safeguarding and commissioning teams.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

# Falconer's Court

## **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 inspection took place on 21 August 2018 and was unannounced.

The inspection was undertaken by an inspector and an inspection manager. Before our inspection we reviewed the information we held about Falconer's Court. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. We spoke with three people and two relatives after the inspection.

We spoke to two care staff and the registered manager. We reviewed three people's care records. We reviewed medicine records, three staff recruitment files, staff induction, training and supervision records and a variety of records relating to the management of the service including staff rotas, surveys conducted and quality audits. We also spoke with local authority commissioners to get their views of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes, I like it here." One relative told us, "I have no concerns about [loved one] being safe. They are well looked after."

Staff had received safeguarding training and were able to tell us how they would recognise and respond to abuse. One staff member said, "I would report it to the senior staff on duty or the manager, they then raise it as a concern with the local authority." They were also aware of the provider's whistleblowing policy and they would be happy to tell the CQC if they felt they needed to.

There were sufficient numbers of staff on duty to meet people's needs. During the morning of the inspection, there was only one person at the service that needed support as others were at a day service. When they returned there was enough staff to support people in a timely manner and they were not rushed. The registered manager told us that although it was a small service, staffing levels fluctuated depending on people's needs and any health appointments people needed to attend along with any activities that were planned. We saw staff rota's had been amended accordingly to ensure people were supported.

Pre-employment checks were completed before staff members were allowed to start work. The registered manager confirmed that two written references were required as detailed by the provider's recruitment policy. One member of staff had two references and two members of staff had one reference. However, the service had followed the previous provider's policy at the time of application and CQC were satisfied that due process was followed to ensure people had the right documents to show they were of suitable character to work at Falconer's Court. Files contained the other necessary checks including full employment histories. Criminal records checks had been made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This helped to ensure that people were supported by staff who were fit to do so.

People's medicines were managed safely. Staff had received training and records confirmed this. We observed people being given their medicines in a timely manner and people were reminded not to disturb others when medicines were being administered. Staff had their competency checked to help make sure they continued to follow good practice around the administration of people's medicines. Audits were completed by the dispensing pharmacist to make sure medicines were managed safely and that there were sufficient monitoring procedures in place. These included the checking of medicines, as well as the safe storage and disposal.

Medicines were stored securely in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). This helped to ensure people received their medicines safely.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. For example, there were door hinge protectors installed on doors to reduce the risk of entrapment. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse.

Suitable measures were in place to prevent and control infection. These included the registered manager reviewing and monitoring the service ensuring that good standards of hygiene were maintained. Staff recognised the importance of preventing cross infection. They wore clean clothes and regularly washed their hands using anti-bacterial soap. They also used disposable gloves and aprons when needed.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered manager carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again. When necessary, advice had been obtained from healthcare professionals about how best to reduce the likelihood of people being at risk of harm.



# Is the service effective?

## Our findings

Relatives told us that the care and support provided at Falconers Court was appropriate to meet people's needs. One relative told us, "It is such a good home, staff know everybody well. It's clear they know what they are doing."

Local authority commissioners also told us that they felt Falconer's Court did meet people's needs and the registered manager had the experience and skills to ensure the care provided remained effective.

Arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered manager had assessed the needs of people before they moved into the service using guidelines set out by NICE (National Institute for Health and Care Excellence) and SCIE (Social Care Institute for Excellence). The registered manager told us that any new people accessing the service would have a short period at Falconer's so that they could evaluate the placement's suitability, ensuring people and their needs already at the service would not be compromised. This had also been done to make sure that the service had the necessary facilities and resources. Records showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected.

Staff received training to support them to be able to support people safely. A senior member of staff told us about the induction and different types of training that staff completed. This included completing the Care Certificate if the member of staff did not already have a recognised qualification. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. A member of staff told us, "The induction period is really good. It allowed me to shadow more experienced staff and helped me get to know people and their needs".

The registered manager showed us the training plan to ensure staff's skills were maintained and developed. Induction training covered core topics including moving and handling, Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding, health and safety, medicines and fire safety. Processes were in place to ensure that staff were reminded of when training needed to be completed and by what date.

Additional training was available to develop staff skills and ability to support individuals. For example, epilepsy awareness. Staff had recently completed NAPPI (Non-Abusive Psychological and Physical Intervention) training. This training helped staff to verbally de-escalate situations when they were supporting people with behaviours that could challenge themselves or others. The registered manager told us that it was because of this training that incidents around challenging behaviour had been significantly reduced. Records showed that this was the case. Relatives told us that they felt the staff had the right skills and knowledge to care for people safely. There was a low turnover of staff and this helped ensure a consistent work force who knew people well and were able to provide personalised support to people.

We saw comprehensive daily notes and handover sheets which staff read at the start of shifts. This showed

good cohesion across staff, ensuring the delivery of safe and effective care and support continued whilst being kept up to date with any change of need on a daily basis.

Staff confirmed that they had regular supervision with their line manager and they received adequate support both individually and with discussions at staff meetings. During the inspection, yearly appraisals were taking place.

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 found that staff and the management team were aware of the MCA and were working within the principles of the MCA. All staff had completed training and understood their role in protecting people's rights in relation to MCA and DoLS (Deprivation of Liberty safeguards). The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of the process that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was the least restrictive possible. At the time of this inspection applications had been made to the local authority in relation to all the people who lived at Falconers Court and were pending an outcome. People were also given choices and staff were aware that if people refused it was their right and this was respected.

People were involved in planning the menu as much as possible. The menus were discussed each week during service user meetings. Alternative choices were offered if people changed their minds. People were supported and encouraged to drink sufficient amounts to maintain their health and wellbeing. There was plenty of fruit in the kitchen and we saw people help themselves. Other people who couldn't communicate their wishes verbally indicated to staff that they would like some fruit as well. These people were supported accordingly to enjoy healthy snacks. We observed people getting involved with the preparation of the evening meal.

People were supported to live healthier lives and were supported to access health care and social care professionals when needed. Staff told us that people were referred to different professionals when required such as GP's, dentists or opticians. People's relatives told us that the staff team supported people to attend health appointments as needed. A relative told us, "Falconer's staff are great in arranging appointments and support [loved one] really well. They keep me updated with anything that comes out of any appointments."

The service had been adapted to meet the specific needs of individuals. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. People had personalised their rooms with items such as pictures and bedding individual to them. Some people at the service mobilised with the aid of wheelchairs. During the inspection we observed people moving freely around the service with little or no support promoting their independence.

## Is the service caring?

### Our findings

People told us and indicated that they were happy with the support they received. A relative said, "[Loved one] loves Falconer's and the staff really look after them. Every time I visit, staff are so attentive and [loved one] is always happy," Although people had limited verbal communication they were able to indicate by way of facial expressions and physical signs. For example, in response to being asked if staff spoke to them with kindness and respect they responded with a nod of the head and smiled. We saw staff included people when speaking in a group. For example, there was a discussion about the activities that had taken place at the day service and staff were involving everybody using various communication techniques appropriate to the person they were talking to.

Staff ensured that people were treated with kindness and given emotional support when necessary. We witnessed positive interactions that promoted people's wellbeing and independence. An example of this occurred when we saw a member of staff sitting with somebody folding tea towels that had recently been laundered. Another person also in the lounge was watching this and started to become anxious. The member of staff recognised this and felt that this maybe because they wanted to help too. They asked the person if they wanted to help with the folding of the tea towels and the person's mood instantly changed and they moved to sit with them and assisted.

People's privacy, dignity and independence were respected and promoted. Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors were locked when in use. Staff knocked and waited for permission before going into private areas such as bedrooms for example. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. People attended healthcare and hospital appointments with hospital passports. These documents enable professionals to understand how people like their experience to be when visiting them. For example, these passports will tell professionals how they would like to be communicated to. During our visit we heard staff discussing an upcoming healthcare appointment.

There was a person centred culture at the service, with care planned around the individual. Staff knew about people's backgrounds, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them, and supporting them in a way they preferred. A professional who visits the service regularly had told us, "The staff are very nice and kind, they have a good relationship with people and listen to what they want and people seem really happy."

The registered manager also told us that the service had developed links with advocates. Advocates are people who are independent to the service and who can support people to understand information, make decisions and communicate their wishes.

Written records which contained private information were stored securely when not in use. Computer

records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

People's care and support was planned and delivered in a person-centred way. The registered manager and staff had worked with the person and their relatives, and included guidance from health and social care professionals when drawing up their care plans.

Relatives confirmed that they were involved with planning, reviewing and developing care and support plans to meet their family member's needs where appropriate. They felt listened to. People's care plans were person centred. Care plans clearly detailed people's cultural needs as well as their care and support needs. Care files contained lots of photographs to evidence people's participating in their care and support. People's care was reviewed regularly; when people's needs changed, Care packages were reviewed with the person, their relatives where appropriate and with any health and social care professionals as required.

Care plans contained detail about individual's preferences of how they wanted support to be provided, such as if a person preferred a shower or bath, and at what time of day they liked to take it. Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible.

When people displayed behaviour that challenged themselves or others, they had positive behaviour support plans in place. These are plans that were based upon the principle that if you can teach someone a more effective behaviour than the challenging one, the challenging behaviour will reduce. The plans provided guidance to staff on techniques to use to support people with their anxiety, for example. People with anxieties in certain situations, were managed effectively by avoiding sensitive subjects such as family visits or encouraging people to take 'quiet time' until their state of anxiety reduced.

People were supported to follow their interests and take part in activities in the community. Activities were planned on an individual basis based upon the person's own individual wishes. Staff recorded them on a weekly activity plan so the person and staff knew which activities had been arranged. Plans showed people were being supported to take part in activities they wanted to, such as going to the cinema and going shopping.

People aspired to have better contact with family members in between visits. Some people had goals to be able to use email and send photos to family members keeping them updated while living at the service.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. For example, staff were trained in communicating using Makaton and where appropriate, pictorial signs were used during care plan reviews and resident's meetings. This ensured people were able to understand information that was being shared regardless of their disability.

There were processes in place to ensure people's complaints were responded to appropriately. The registered manager told us that the organisation used complaints as an opportunity to learn from and make

improvements. People had access to an easy read complaints procedure, which included details of how they might seek independent advocacy to help support them with the complaint. It also contained external contact details, such as those of the CQC. At the time of the inspection, there were no complaints received at the service for response.

Although nobody was receiving end of life support at the time of the inspection, the registered provider had procedures in place to ensure people would be supported at the end of their life to have a pain-free, dignified death. The registered manager said end of life discussions would be held with health professionals, the person and family members, and when the time was right staff would draw up end of life care plans.

## Is the service well-led?

### Our findings

People and staff felt the service was well run. One member of staff told us, "With the takeover it might have been a tricky situation for the registered manager but it has been managed so far really well." Relatives were also complimentary about the management of the service. One told us, "I have no concerns at all. The manager is often there when we visit and he's friendly and always willing to listen either by phone or email."

The registered manager had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that they had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe. There were systems and processes to help care staff to be clear about their responsibilities. This included there being a senior member of staff who was in charge of each shift. Staff had been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Throughout the inspection, the registered manager was seen talking to people and staff in their office and told us that they operated an open-door policy, meaning anybody can speak to them if they wish to and at any time.

The provider had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. They had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with best practice and staff had the knowledge and skills they needed to deliver safe and effective care.

The service had recently changed provider and whilst this provided challenges that are associated with such takeover's the registered manager felt well supported by the new provider in ensuring good quality care remained sustainable.

People and their relatives had been invited to make suggestions about how the service could be improved. We saw that action had been taken to act upon any feedback that had been received. For example, the introduction of people playing a pivotal role in the recruitment process. People at Falconer's sat on the interview panel during in the interview and fed back to the registered manager.

The service worked in partnership with other agencies to enable people to receive safe and effective care. This included subscribing to a number of nationally recognised schemes that are designed to promote and develop new ways of supporting people who with physical and learning disabilities.

Falconer's Court had maintained good community links by using local shops, public houses and the increasingly popular coffee shop. People attended local amateur dramatic events and regular social groups for people with learning disabilities. People were supported to use swimming facilities at the local leisure centre, attend a local day service and meet their friends in the local town.