

## Falcare Community Interest Company

# Falcare

### Inspection report


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### Ratings

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

# Summary of findings

## Overall summary

This comprehensive inspection took place on 10 November 2017 and was announced.

Falcare is a domiciliary care agency that provides personal care and support to younger adults and older people in their own homes. At the time of our inspection 32 people were receiving a personal care service. Some people had short visits at key times of the day to help them get up in the morning, go to bed at night and give support with meals. Other people received longer visits to support them with their daily lives and other people received a 24 hour a day supported living service. A supported living service is one where people live in their own home and receive care and support to enable people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. Registering the Right Support CQC policy

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

We observed staff demonstrated an exceptionally caring, compassionate and kind attitude towards people. Staff exceeded what was expected of them routinely. On relative said; "They are amazing". Feedback about the service from everyone we spoke with was positive. People were supported to achieve their goals and ambitions and staff went the extra mile to support them. Respect for privacy and dignity was at the heart of the service's culture and values. People's support was completely personalised and tailored to their individual needs. There was a strong focus on protecting people's human rights and ensuring they did not experience discrimination in any form. People received compassionate care and attention at the end of their life.

There were numerous examples of how staff provided individual support for people who were supported by Falcare, to take part in activities and follow their interests. We found this had a hugely positive impact on people's lives. People were supported to maintain their hobbies and interests and to try new experiences. Innovative ways were found to help people remain in their own home and live as independently as possible. Staff knew the people they supported very well and this enabled them to build strong, and supportive working relationships.

Staff were available to ensure people received continuous, attentive and discreet care and support. Staff

responded to people's choices as well as meeting their care and support needs in a way that suited the person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age..

People had their care visits as planned. Staff arrived on time and stayed for the allotted time. Nobody reported any missed visits. People confirmed there was a stable staff team and that care was provided by familiar faces. Staff told us that travel times were sufficient, so they were not rushed.

Care records were organised, detailed, and personalised. These comprehensive care records were regularly updated and reviewed with involvement from people and their families. Comprehensive daily logs were kept which were reviewed and audited by managers to that there was a good oversight of the care provided.

Accidents and incidents were accurately recorded and reported and any lessons learned were shared with staff. The service learned from any mistakes and used these as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

People were supported by staff who were trained to carry out their roles effectively. Staff received mandatory training as well as training which was tailored to the needs of those they supported. All staff received an induction and an on-going programme of supervision and appraisal. Staff felt well supported. There were regular team meetings which were well attended.

People told us they felt safe. People were protected by staff who knew how to recognise and report signs of abuse or mistreatment. People were supported by staff who had undergone a thorough recruitment process to ensure they were suitable to work with people who were vulnerable. Staff had received training in health and safety, infection control and moving and handling to ensure their practices were safe. Some people using the service required prompting and assistance with their prescribed medicines. Staff had received training on medicines management which was regularly reviewed. Staff completed MAR (medicine administration records) as necessary and these records were audited by managers.

People had risk assessments in place to cover various aspects of their daily lives. People were encouraged to be independent and to take everyday risks. There was guidance for staff on how to manage identified risks to people.

Staff were truly valued by managers. Their contributions were appreciated and there were a range of incentives for employees. Morale was very high and staff supported each other. Staff spoke highly of the managers and felt they were approachable. Staff told us there was an open door policy. There were policies and procedures in place to protect staff. For example there was a lone working policy in place which staff were aware of and worked to.

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Feedback on the service was actively sought.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported safely with their medicines.

People were supported by staff who had been safely recruited.

People had a range of risk assessments in place covering various aspects of their daily lives.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had undergone training to carry out their role effectively.

People were supported to access health and social care professionals as required.

People were supported to have enough to eat and drink.

Staff worked within the principles of the Mental Capacity Act (MCA).

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Respect for privacy and dignity was at the heart of the service's culture and values.

People were supported by staff who routinely went the extra mile to provide exceptional care.

People's support was completely personalised to their individual needs.

There was a strong focus on protecting people's human rights

and ensuring they did not experience discrimination in any form.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received responsive care which was supported them to feel part of the local community. Creative ways were found to support people's interests.

People received care that was flexible and responsive to people's individual needs and preferences.

Staff were creative in enabling people to live as full a life as possible. People were supported to achieve their ambitions and to be independent.

People received their care visits as planned and there were no missed visits.

The service was flexible and adaptable to meet changes in people's needs and requirements.

### **Is the service well-led?**

**Outstanding** ☆

The service was extremely well led.

There was a clear management structure with regular involvement from the directors.

Staff were highly valued and appreciated and morale was exceptionally high.

The registered provider and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing an outstanding service to people.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

# Falcare

## 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 10 November 2017 and was announced. The inspection was undertaken by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary agency and staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we used a range of methods to help us make our judgements. This included talking to people that used the service and their relatives, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out observations of care and reviewed other records about how the service was managed.

We looked at a range of records including four care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service.

After the inspection we contacted six relatives of people who used the service to ask for their feedback. We also contacted four professionals who were external to the service.

## Is the service safe?

### Our findings

People told us they felt safe. Comments included; "I feel safe, I trust them with everything"; "I feel very safe" and "They found me once after I'd had a fall and helped me. I feel very safe with them".

People were supported by staff who understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a standard agenda item at staff meetings. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture in which staff were encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. One of the directors told us; "All of our staff know it is better to prevent abuse than to react after".

The registered persons understood their responsibilities to raise concerns and record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "Making mistakes is not good – but it is not all bad either. By sharing errors it is less likely they will happen again in the future".

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as road safety or falls. Staff supported people to develop their independence and normalise their lives. For example, staff were slowly reducing care hours for one person in a supported living setting and encouraging them to become more independent. This started with staff sitting in a different room, then sitting out in their car nearby until the person became more confident to be on their own.

There were systems in place to safeguard and protect staff. There was a lone working policy which staff were aware of. The registered manager told us that staff safety was going to be discussed at the next team meeting with guidance for staff on safe driving during winter months. Risks to staff were also documented. For example, One staff member had a risk assessment in place around food preparation due to a nut allergy.

Some people using the service had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. One person's care plan stated; "A ten minute chat helps me to calm down, or if I am really upset, a five to ten minute walk on my own".



There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. There was a stable staff team which provided people with continuity of care. This enabled staff to build positive working relationships with people over time. People confirmed the same group of people provided their support. The service did not use any bank or agency staff as they were able to cover all the required care visits from their existing pool of staff.

The service produced a staff rota a month in advance. The rota recorded details of people's visit times and which staff would provide the visit. For the supported living service staff were allocated to work 24 hour shifts. The registered manager or team leaders were on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. People had been given the telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. No one reported ever having had any missed visits. "

People were supported by staff who had been safely recruited. Recruitment checks were in place and demonstrated that the staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two satisfactory references and a Disclosure and Barring Service (DBS) check.

People were safely supported with their medicines if required. The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when some people took their medicines. We saw these were completed appropriately and audited weekly by the registered manager. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported some people with their meals. Staff had received training in food hygiene and were aware of good practices when it came to food preparation and storage. For example, staff would ensure food in people's fridges was fresh and that it's 'used by' date had not expired. One person the service supported had frequent hospital stays. Staff negotiated with the person to enter their home to ensure the food in their fridge was fresh before their discharge.

## Is the service effective?

### Our findings

The service had suitable processes to holistically assess people's needs and choices. Before or soon after they started using the service, the registered manager went out to assess people to check the service could meet the person's needs. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Staff were creative in how they supported people. Training had been arranged for staff on assistive technology. One staff member told us they were considering the use of technology to support somebody at home, Staff were working with this person to increase their independence and reduce the level of staff involvement. Staff were considering if technology could support this process.

Staff had appropriate skills, knowledge and experience to deliver effective care and support. One relative told us; "I really admire the staff for the work they do and am often surprised at just how skilled they are". Staff completed an induction when they commenced employment this included shadowing more experienced members of staff. Shadowing continued until the person and the service felt confident that they were comfortable and competent to carry out their role. All staff who were new to the service completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector.

Records showed staff received comprehensive training which enabled them to carry out their roles effectively. There was a system in place to remind staff when their training was due to be renewed or refreshed. Aside from the subjects which the provider considered to be mandatory, such as moving and handling, infection control and health and safety, staff received training which was relevant to the individual needs of the people they supported. For example, all staff were about to undertake training in mental health and assistive technology.

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs Staff received regular supervision and appraisal from the registered manager and service manager. One staff member said; "We have supervision every one month to six weeks. They ask us for our suggestions. Anything we can think of to improve things".

Some people required support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. People living in the supported living service told us staff supported them with their food shopping and assisted them with the preparation and

cooking of their meals. Staff had arranged a theme of 'Food from around the world' at one supported living house. Each week people living in their house worked together to produce food from different cuisines. People were supported to eat healthy meals. Two people whose weight needed to be monitored had been given advice from a dietician which staff were aware of. One staff member supported each person to attend a weight management group. Both people had been successful in managing their weight and had gained a huge interest in food preparation and food shopping.

Staff encouraged people to maintain their health. One person did not like cleaning their teeth. Staff worked supportively with this person and gently explained the importance of maintaining their oral hygiene. Staff set up a specific measurable, attainable, realistic and timely (SMART) plan for the person. The person's family member reported that they were now consistently cleaning their teeth and had never done so before.

The service worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, dieticians, dentists and district nurses to provide additional support when required. On the day of our inspection, staff were supporting one person to attend a GP appointment. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

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. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with were knowledgeable about how the Act applied to their role. Some people who used the service lacked capacity to manage their finances and we saw that appointeeships had been set up for these people. Staff were aware of what this meant for the people they supported. Staff had attended best interest meetings where decisions were being made on behalf of people who lacked capacity.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Care records showed that people signed to give their consent to the care and support provided.

## Is the service caring?

### Our findings

The service provided outstanding care. People were truly respected and valued as individuals and were empowered as partners in their care by an exceptional, personalised and unique service. Feedback on the service was universally positive. Everybody we spoke with told us the service was extremely caring. Comments from people included; "Falcare are absolutely amazing"; "They support me in everyday living and have helped me achieve what I have today"; "They have helped and guided me superbly"; "I would, and I do recommend them"; "I recommend them 110 percent – one million percent even!" and "They really have helped me overcome so much". One relative said; "No problems whatsoever. Good as gold".

Staff were extremely kind, compassionate and caring. All staff we spoke with were very enthusiastic about their role in supporting people. Comments from staff included; "I love it here, we listen to what people say and act on it"; "The best thing about working here is seeing clients happy. Watching them change and grow over time". Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People we visited were dressed in clean and coordinating clothes and looked comfortable, content and well cared for.

One staff member had won the; 'Outstanding carer or support worker of the year award' in recognition of their outstanding care. This was awarded by CAHSC (Cornwall adult health and social care learning partnership), a charitable organisation providing specialist around workforce development to the adult social care sector in Cornwall. The staff member had been nominated by Falcare. The requirement to be a nominee was; 'Someone who has evidenced the work they do has gone beyond what is expected of them'. The staff member said on winning the award; "I was over the moon!"

Staff cared for individuals and each other in a way that exceeded expectations and clearly went the extra mile to support people. Staff had supported one person who had very complex needs including end of life care. The staff worked tirelessly to build a positive working relationship with this person, who had previously been unwilling to engage with professionals or care and support services. Staff took calls from this person during the night when they were distressed and over time built a strong, positive relationship with them, this included helping them to regain contact with family members with whom they had lost contact. The person was able to build a relationship with their family members before they died. The person's family trusted the staff to the extent that they asked the staff to write the person's eulogy. Staff spoke with passion and enthusiasm about their involvement with this person and the positive impact the person had made. One staff member said; "It was a pleasure and a joy to work with [person's name]".

An equality, diversity and human rights approach to supporting people was well embedded at the service. Staff supported people through important events in their life. Staff had supported two young people with learning disabilities to achieve their dream of getting married. They were supported by Falcare through many meetings with social workers, family members, church authorities and support agencies. Throughout these processes there were many issues that were challenging for them. Staff worked with them to patiently explain things in a way that was understandable for them. It took staff a huge amount of time, knowledge, skill and ingenuity in order for the people's new life together to begin successfully. We met with these two

people and they spoke with great fondness about the support they had received from staff throughout the process.

Staff practice was consistent with the Equality Act. Staff sought accessible ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. Staff had supported one person with short term memory problems to understand the voting process. In order for them to make a decision on who to vote for, staff had created picture cards of the candidates to help them visualise the process. This had worked really well and the person felt they had cast their vote successfully.

Staff supported people to achieve their potential. Staff worked with people to increase their independence by encouraging them to learn new skills. People had been supported to gain confidence in the kitchen. One person had been proud at having cooked their first meal, a roast chicken dinner, independently. One staff member worked with another person, teaching them to build up a planned recipe book of their own with step by step instructions in pictures and easy read and shopping notes for each recipe.

The service provided staff with the time and training required to provide people with compassionate and personalised care. The service supported a couple with learning disabilities through the early stages of childcare. Staff underwent immediate training in paediatric first aid. They took the time to research everything they could about the support groups available for this couple. The registered manager worked alongside staff to offer them support with this work. Staff held their own discussion groups in order to ensure absolute consistency of care and support of the situation. Staff worked closely with social workers from child and adult sectors. They supported the mother to be at college and supported her to plan her life balance. Staff found this both challenging and rewarding. Falcare were informed that the couple had been successful in establishing good child care and home life and that their care and support could then be withdrawn. Staff considered this to be a successful and brilliant outcome.

Staff knew the needs of the people they supported well. Staff were able to describe in detail, their likes and dislikes, background and history. For example, staff had asked some people if we could visit them in their own homes and who received a service from Falcare. The registered manager told us that for some of these people, it was important that we arrived very promptly, While other people were not asked if we could visit too far in advance, as this was likely to have caused them to worry.

We were told about some peoples detailed and specific choices, which staff knew and ensured were supported. One person who received a service from Falcare liked Brie cheese on toast and a copy of a particular newspaper. Staff would ensure they picked these items up ahead of visiting the person, so that they always had their choice.

The culture within the staff team was very positive. Staff showed a commitment to providing highly personalised care that was of an exceptional standard. Staff were proud of the service and wanted to share stories with us about how they had worked with people to improve their lives. Staff spoke about people with warmth and fondness. Comments from staff to the inspection team included; "Have you met [person's name] yet? You are going to love her" and "We have arranged for you to meet [person's name], he is amazing". All interactions we observed between people and staff were exceptionally kind, warm and caring.

Respect for privacy and dignity was at the heart of the service's culture and values. The service made sure that young adults had choice both about their privacy and the amount of parental involvement they wanted in managing their care and support after moving into adult services. Staff worked sensitively and supportively with one person's parent around their adult child's choices in sexual health matters to educate and support them on these issues. People's confidential information was securely stored in offices which

were locked when not in use.

People's religious and cultural needs were respected and supported. There was information about this in people's care records. One person's care plan stated; "I like to go to church every two weeks". The service respected and supported people in a person centred way at all times ensuring that their individual social and cultural beliefs were always fully maintained and developed.

## Is the service responsive?

### Our findings

The service was highly responsive to people's needs. Staff found creative ways to enable people to live life to the full and do things they enjoyed. Staff promoted people's specific interests and supported people to achieve their ambitions. One person wanted to go on holiday. Staff accompanied the person on this holiday, however, when they arrived, the person did not enjoy the trip. The accommodation was too far from the city centre to allow them to see all of the sites they had wished to enjoy and they were left feeling a little disappointed. Staff had been involved in planning this trip and were also disappointed that the person hadn't had the experience they had wanted. As a result, staff arranged a return trip which the service funded so that the person's wishes could be fulfilled. The person spoke with us about this second trip which they had enjoyed. The person excitedly showed us photographs of the trip and the many sites they had enjoyed.

People were supported to maintain their hobbies and interests. One person had an interest in wrestling and staff had taken them to watch wrestling matches out of County. Another person who loved the television a popular television dance competition, was taken by staff to the O2 arena to watch the show live which they really enjoyed. Another person had an interest in watching war films. Staff were supporting them to find a large storage unit for all of their war DVD's so they were more easily accessible and neatly stored.

Staff responded swiftly when people required their support. Staff also responded promptly to any changes in people's needs. This included increasing visits or visit times if required, for example, due to illness or injury. One staff member found a person who had fallen at home. The staff member alerted emergency services and sat with the person for five hours until they arrived, providing them with comfort and reassurance.

Staff supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. The service had supported a young person with a learning disability who became so ill that they could no longer live at home. After a long stay in hospital they went to live in residential care. The person's two key workers continued to visit them regularly. They would transport the person's parents to visit them and helped to decorate the person's bedroom at the residential setting to make it homely for them. The person eventually died there comfortably surrounded by their own belongings. The registered manager told us; "I have never been so proud of two members of staff as when they delivered their heartfelt eulogies of [person's name] at the request of their mum and dad.

Staff recognised the importance of supporting people to maintain contact with friends and family. Staff had assisted people to be reunited with estranged family members, going to great lengths, with the consent of the people involved, to try to make contact. Staff told us about two examples where this had been a real success and brought great joy to those involved.

Staff found innovative and creative ways to communicate with each person using the service. One person receiving a service had struggled with obsessional thinking. The person found it helped to write down their thoughts. The person had negotiated with their key worker that they could email their work address when

they were having intrusive thoughts, detailing the nature of the thoughts and what was worrying them. The staff member and person told us this worked well and enabled the person to 'get things off their chest' and move on.

All people we spoke with confirmed that care visits were on time and that staff stayed for the allotted time. If staff were ever late, they phoned ahead to let the person know. One person said; "They are not late often. They would always apologise if that happened". One staff member told us; "We have sufficient travel time between visits to make sure we are able to arrive on time". People confirmed that they were able to call the office at any time and that their calls were always promptly answered.

When people needed to go into hospital, staff supported them. This sometimes meant providing visits to aid communication with hospital staff and at other times, to provide emotional support to the person throughout the process. Often if people had prolonged stays in hospital, staff visited them in their own time to check on their wellbeing.

Before, or as soon as possible after, people started using the service the registered manager, deputy manager or community manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided.

People had care plans in place which were detailed, comprehensive and personalised to the individual. Records detailed each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. This included what people were able to do for themselves and what tasks staff needed to complete for them. Care plans also contained important information about any allergies or health concerns. One person's care plan stated; "I must carry my inhaler with me at all times".

Care plans contained personalised information about the individual's likes, dislikes, background and history. One person's record contained a section on; "What I like to do". The person's likes were recorded to be; 'Swimming, going to watch shows and popping to Supermarket". Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out annually with people and their families. Copies of people's care plans were kept in their homes and people were aware of them.

Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. This was particularly helpful when staff were carrying out short visits for specific tasks. The records detailed not only the task being completed, but how the person was feeling. For example, one person's record stated; [person's name] really enjoyed dinner today, but couldn't quite manage the dessert". Another person's record stated; "[person's name] had a really good time today"

Although there had been no recent complaints at the service, there was a system in place to manage and investigate any complaints. This was underpinned by a policy and procedure which staff were aware of. Information about how to make a complaint was kept in people's records and in their home and was also available in an 'Easy read' format. People we spoke with were aware of this and told us they were confident any complaints would be dealt with to their satisfaction.



# Is the service well-led?

## Our findings

All of the feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care and support they received. It was clearly evident there was a mutual respect between people receiving a service from Falcare and staff. Without exception people told us Falcare was extremely well led.

The registered manager worked closely, and on a daily basis, with people who received a service from Falcare and the staff team. The registered manager had extensive management experience and a proactive style of leadership which people appreciated and responded to. It was very evident the registered manager strived for excellence through consultation and reflective practice. They were passionate and dedicated to providing an outstanding service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes.

The registered manager was visible at the service and took an active role in supporting people and staff. When carrying out a care visit, a staff member had found a person they supported to be unwell. The staff member immediately phoned the office and emergency services. The community manager who was trained in life support arrived swiftly at the person's home and was able to deliver emergency resuscitation until emergency services arrived. The person recovered well enough to attend an important family event a few weeks later.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. The service had a board of directors, which consisted of five directors, all from different backgrounds and with different areas of expertise and interest which could be drawn upon to share best practice. Any decisions about the development of the service were made collectively by the board. The registered manager was also on the board and took any major operational decisions to board meetings. The registered manager referred to the board as; "A critical friend, auditing the work of the organisation." One of the directors said of the registered manager; "[registered manager's name] sets a 'can do' tone. There is always a solution".

The registered manager was supported by a deputy manager, a community manager and team leaders who were field and office based. There was also an administrator and IT person, who worked in the provider's office. There was a positive culture in the service, the management team provided strong leadership and led by example. The directors regularly visited the service and staff told us they knew who they were and how to contact them. There was a culture of support and cohesiveness amongst managers and staff. One director ran a coffee shop and ran a monthly 'drop in' for staff and manager get together in an informal atmosphere. There were monthly manager's meetings and monthly directors' meetings. People spoke highly of the managers. One person said; "The staff are amazing. Especially the managers". One relative we spoke with described the registered manager as; "Easy to talk to and empathetic".

There were effective quality assurance arrangements at the service in order to raise standards and drive

improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking care practice, for example checking records demonstrated people received their visits on time; checking medication records were accurately completed; monitoring care plans were to a good standard and regularly reviewed and monitoring accidents and incidents. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through a number of forums, including staff survey and team meetings. The service also produced a 'You said, we did' document which detailed the action they had taken to respond to requests made by those using the service.

There were strong links with the community. The registered manager and other managers attended 'Outstanding Care' network meetings in order to share ideas and best practice. The registered manager was also a member of CPIC (Cornwall Partners in Care), an organisation which holds forums to share information with the sector and for providers to discuss the issues that they are facing. Falcare is also a member of CAHSC Learning Partnership.

There was a vibrant and upbeat atmosphere in the office and in the houses used by people supported by the service. The registered manager and service manager were welcoming of the inspection process and were clearly passionate about the service. This culture was present throughout the staff team, who talked to us excitedly about the people they supported. Without exception, all of the staff team we spoke with were proud to work for Falcare.

Staff spoke highly of the registered manager and support manager. Staff confirmed that there was an open door policy at the service, that there was no need to wait until formal supervision to discuss any issues or concerns and that they felt very well supported. Staff explained there were opportunities to discuss any issues or concerns they had. We looked at previous minutes of meetings. We noted areas such as training, safeguarding and any specific operational issues were discussed with staff. This showed staff had opportunities to voice their opinions and discuss matters that might improve the service.

Managers developed their leadership skills and those of others. Staff development was encouraged at Falcare. Staff were supported to develop and progress through the organisation. Five staff members were supervisors and 'Train the Trainers'. These staff members delivered a lot of the internal training at the service and were lead advisors for the organisation and champions in various subjects, such as safeguarding.

Staff were highly valued by managers and their contributions were appreciated and celebrated. There were a range of incentives for staff. Every year there was a Christmas Party which was free to staff members. All staff received a gift from the registered manager. There was also an annual loyalty gift voucher organised according to length of service. Those who had been with the service for 5 years and over were given a voucher to the value of £100. There was a loan scheme for staff should they meet financial hardship criteria. For example due to sickness or other extenuating circumstances. There was an annual awards ceremony for staff celebrating their achievements and recognising their valuable contributions. Categories included; Falcare support worker of the year; manager of the year; longest serving member of staff.

Managers promoted equality and inclusion within its workforce. One staff member had become unwell and was no longer able to undertake physically demanding tasks. Their work had been adapted so that their work was less physically demanding but they were still able to work for the organisation. Staff rotas were available in different formats. For example, printed in different colours for a staff member who had a dyslexic condition. People who used the service were part of the interview panel for new staff joining the service. This

demonstrated the service was open and inclusive and valued peoples contribution in recruiting the right staff.

When staff were involved in stressful or traumatic situations, they were offered additional support and supervision and a thorough debrief after the event. Any learning from such events was shared with the team during team meetings or supervision sessions to aid continuous improvement of the service and standards.

The registered persons had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications had been complied with. The previous Good rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling there would be any unreasonable action for making valid criticisms of the service. Where concerns had been expressed about the service; for example if there had been safeguarding investigations; the registered persons had carried out, or co-operated fully with these. Suitable action has been taken where there have been investigations for example, improving how staff recorded their visit times.