Minster Care Management Limited

Falcon House Care Home

Inspection report

2 Middle Street
Beeston
Nottingham
Nottinghamshire
NG9 1FX
Tel: 0115 922 8151
Website: www.example.com

Date of inspection visit: 26 and 27 August 2015
Date of publication: 09/11/2015

Ratings

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

Overall summary

This inspection took place on 26 and 27 August 2015 and was unannounced.

Accommodation for up to 46 people is provided in the home over two floors. There were 46 people using the service on the day of our inspection. The service is designed to meet the needs of older people.

There is a registered manager and she was available during the inspection. 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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to

Summary of findings

accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Staff did not always receive appropriate induction, training, supervision and appraisal. Some adaptations had been made to the design of the home to support people living with dementia; however the premises required updating in places. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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?
The service was safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good

Is the service effective?
The service was not consistently effective.

Staff did not always receive appropriate induction, training, supervision and appraisal. Some adaptations had been made to the design of the home to support people living with dementia; however the premises required updating in places.

People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Requires improvement

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

Good

Is the service well-led?
The service was well-led.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good

Falcon House Care Home

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 26 and 27 August 2015 and was unannounced.

The inspection team consisted of three inspectors.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with eight people who used the service, three visitors, the head of housekeeping, three care staff, the registered manager and the regional manager. We looked at the relevant parts of the care records of nine people, the recruitment records of three staff and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and they had no concerns about the staff caring for them. One person told us, "I've got a bad memory but I would definitely remember if someone had been nasty to me." Visitors also felt that people were kept safe at the home.

Staff told us they had received training in safeguarding vulnerable adults and were able to describe the signs and symptoms of abuse. They said they had no concerns about the behaviour or attitude of other staff and said if they did they would report it to the registered manager. They were confident the registered manager would deal with it but would report it to the local authority safeguarding team if they needed to. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the main reception of the home to give guidance to people and their relatives if they had concerns about their safety. Accurate records of any potential safeguarding issues were maintained by the home.

Risk assessments had been completed to assess people's risk of developing pressure ulcers, of falls, and nutrition. These had been updated monthly in eight of the nine people's care records we reviewed, but they were not up to date had not been completed for four months for one person who had fallen and injured themselves, in the interim. This injury and resulting in a change in dependency would have affected the person's risks they were vulnerable to. Each person also had a risk management plan which described how the interventions in place to reduce risks to people during their day to day routines during the activities of daily living. This linked with a care plan to maintain a safe environment. For example, one plan identified a person was at high risk of falls and could not use a call bell. Therefore the person was checked regularly at night to help keep them safe and check they had the support they needed.

Records were kept of any falls people experienced, which documented where the fall had occurred, a description of what had happened and the outcome. We saw an example where, following one person having a fall, action had been taken to reduce the risk of re-occurrence and the effectiveness of the intervention was monitored. A sensor mat had been put into place by a person's bed to alert staff when the person got out of bed without seeking assistance, helping to protect the person from further falls. Staff told us about the action they would take following a fall to identify any possible reasons and any actions required to prevent re-occurrence.

Individual assessments had been completed to identify people's support needs in the event of the need for an emergency evacuation of the building. These had been reviewed within the previous six months for two of the four records we checked but it was two years since one person's assessment had been reviewed and 18 months since another person's assessment had been completed. Both of these people's health had deteriorated since the assessment and they would have required additional support, which was not reflected in these emergency plans Accident and incident forms contained sufficient detail to allow actions to take place to ensure that the risk of re-occurrence was minimised.

We saw there were plans in place for emergency situations such as an outbreak of fire. A business continuity plan was in place in the event of emergency. Appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified. However, water flushes to reduce the risk of legionella were not being recorded and a legionella risk assessment was not in place. The registered manager told us these would be put in place immediately.

We asked people who used the service if they thought that there were enough staff to meet their needs. Three people out of the eight people that we asked told us that there were sometimes delays in getting support. People told us that mornings were particularly busy times. Staff told us that there were enough of them to meet people's needs and also added that a lot of people living at the home only required minimal support. Staff told us they felt staffing levels were appropriate for people's needs and they were able to book agency staff if they could not fill unexpected absences. We saw that people's requests for support on the day of our inspection were responded to without delay and staff were proactive in offering support rather than waiting to be asked.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that a tool was used to calculate staffing levels based on people's dependency levels. They told us that any changes in dependency were considered to decide whether staffing

Good

Is the service safe?

levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Disciplinary processes were followed when it was identified that staff were responsible for unsafe practice.

Medicines were safely managed. We saw a staff member administering medicines to people in the communal lounge. They took their time to prepare the medicines carefully and then sat with the person while they took them.

Appropriate systems and processes were in place for the ordering and supply of people's medicines. We were told discrepancies in the supply of people's regular medicines were resolved prior to them being needed and we did not find any evidence of gaps in the administration of medicines due to lack of availability. When medicines had had to be handwritten on the medicines administration record (MAR), two people had signed the entry to indicate checks had been made to ensure there were no transcribing errors.

We looked at the storage or medicines and found they were stored in line with requirements within locked cupboards and medicines trolleys. Room and refrigerator temperature checks had been carried out daily and were within acceptable limits. Weekly stock checks had been carried out for controlled medicines.

We looked at 20 MARs and found they had a picture of the person on the front, to ensure identity was confirmed, and allergies had been identified. However, there was no indication of how the person liked to take their medicines. The registered manager told us they would put these in place immediately. PRN protocols were in place to provide information about the need for medicines which were prescribed to be given only as required. We saw that where creams had been prescribed there was a body map showing where the creams should be applied and additional information about the application. However, we saw one person's cream chart which was kept in their room had not been signed consistently to indicate the creams had been applied. Required checks had been undertaken prior to the administration of certain medicines e.g. pulse rate for digoxin.

Staff told us they had received training in medicines management prior to administering medicines independently and they had also had competency checks regularly.

Requires improvement

Is the service effective?

Our findings

People told us they felt that staff knew what they were doing. One person who had been helped following a fall told us that they had felt safe while being helped up and that staff knew what they were doing. We saw one person being moved with a hoist. A hoist is a piece of equipment that helps staff to move people without having to lift them physically. Staff carried out the move safely offering reassurance to the person throughout.

Staff told us they received induction and regular training. A staff member told us that they could talk to the manager whenever they needed to and all staff told us they felt supported. Staff told us they had an annual appraisal and had supervision approximately every six months. However, supervision records showed that no staff had received supervision within the last five months and 11 staff had not received any supervision since October 2014. Induction records were incomplete. It was not clear from records how many staff had received an appraisal. This meant that there was a greater risk that staff were not supported to have the knowledge and skills they need to carry out their roles and responsibilities.

People told us that they were encouraged to make choices about their care and staff respected their decisions. Relatives told us that staff did not act against their family members' wishes. We saw that staff explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us that applications had been made for some people who might be being deprived of their liberty. We saw that some applications had been made but the registered manager agreed that more applications were required. This meant that there was a greater risk that people's rights were not protected.

The requirements of the Mental Capacity Act (2005) were adhered to in that when a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed and there were details of the involvement of others in reaching a best interest decision for the person. Assessments were decision-specific and linked to a care plan which was clearly identified as having been developed in the person's best interest. Staff we talked with had knowledge of the MCA and the implications for their practice.

We found some people had a decision not to attempt resuscitation order (DNACPR) in place. These had been completed by the GP and staff had completed a mental capacity assessment to assess the person's capacity to make the decision for themselves or enable a best interest decision to be made where the person did not have the capacity to make the decision. However, we found there was reference to a DNACPR order being in place for one person but it was not found within the person's care record. The registered manager agreed to investigate this immediately.

Staff said they did not currently have anyone with behaviours that may challenge those around them living at the home. However, they told us they had attended training in this area and they were able to explain how they would support a person in this situation. Clear guidance was present in care plans.

We asked people to tell us about the quality of the food provided at Falcon House. Everyone said that they liked the meals on offer. One person told us, "I have [named medical conditions] and they provide me with foods that I can eat and also that I enjoy." Another person told us, "Food varies; it's like what you'd have in your house." A visitor said, "Food is amazing."

We spent time observing lunchtime in both dining rooms. Although it was a busy time, staff were able to respond to requests for support immediately. The majority of people could manage their meals independently with minimal input from staff. When people did require assistance staff provided appropriate support. Staff knew of people's likes and dislikes and were able to use this knowledge to ensure people ate what they liked and were offered alternatives when they had chosen foods that they did not like. We saw staff recognise when people wanted more food and they offered this. People were confident to ask for more and for alternatives.

Requires improvement

Is the service effective?

We saw that there were drinks and snacks readily available at all times. Although we did not see people helping themselves we heard staff constantly offering both hot and cold drinks. We saw some people enjoying some sweets in the afternoon and we also saw that some people had biscuits on their tables.

Where nutritional supplements had been prescribed they were recorded as being given consistently. We saw a person who had been identified as being of very low weight at the beginning of the year had been referred to a dietician and their advice followed. The person had been weighed every two weeks and had gained 10Kg in nine months. Another person had lost 5 Kg over a 6 month period and as a result the dietician had been involved and their recommendations implemented.

One person told us how staff had noticed deterioration in their physical health and had alerted them to this. This resulted in the person seeking medical support and having regular nursing input. Relatives told us how they were working with staff to monitor one person's changing health and liaising with the local GP to ensure the person remained comfortable as their needs changed.

There was evidence of the involvement of a range of external professionals in people's care and support. However, we saw that documentation did not show that one person at risk of skin damage was consistently receiving support to change their position in line with their care plans. This meant that they were at greater risk of skin damage.

Some adaptations had been made to the design of the home to support people living with dementia. Bathrooms, toilets and people's bedrooms were clearly identified and flooring was a solid colour to support people living with dementia who could have visual difficulties. However, handrails were not in contrasting colour to the walls to support people who could have visual difficulties and there was no directional signage to support people to move independently around the home.

Staff felt that the premises needed some updating and we saw that some rooms and furniture appeared tired and dated. The home also had a garden area, but access to the area was poor and required improvement to encourage people to go outside and to allow them to do it independently.

Good

Is the service caring?

Our findings

People told us that staff were kind. One person said, "Staff are kind to me. They help me when I need help. They are very good to me here". Another person said, "I like the staff who work here. They are useful and nice – all of them." People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were alright and whether they needed anything. Staff were kind and caring in their interactions with people who used the service. Staff clearly knew people and their preferences well. We saw some very sensitive and caring interactions between staff and people on the ground floor. Staff engaged with people and visitors and initiated conversations about topical subjects. There was a light atmosphere and lots of jokes and banter which was received very positively by people using the service.

We also observed a staff member providing reassurance and support to a person in the upstairs lounge who appeared anxious but was unable to express their concerns. They reassured the person they were still with them and they encouraged them to sit down and have a chat about it.

Two people told us they didn't know if they had a care plan and had no interest in viewing one as they still felt well involved in how their care was delivered because staff always asked them. Care records contained evidence that the person or their relatives had been involved in the development of their care plans. Staff told us they sent relatives a letter and arranged a meeting for them to go through the care plan on an annual basis. Care plans contained guidance for staff on how to effectively communicate with the person using the service. Advocacy information was also available for people if they required support or advice from an independent person. Photographs of all staff working in the home were displayed in the main reception area.

People told us they were treated with dignity and respect. People told us staff respected their privacy and two people told us that staff knocked on their bedroom door before entering. Relatives told us that staff treated their family member with respect. We saw staff knocking on people's doors before entering rooms and taking steps to preserve people's dignity and privacy when providing care. We observed that information was treated confidentially by staff.

Staff told us of the actions they took to preserve people's privacy and dignity. The home had a number of areas where people could have privacy if they wanted it.

People told us they were encouraged to be as independent as possible. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us that their families and friends could visit whenever they wanted to. Relatives told us they were able to visit when they wanted to. There were a lot of visitors in the home and they were all greeted by staff and made to feel welcome. People and their visitors were offered refreshments at frequent intervals.

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends. One person said, "It's not too bad living here. I have made some new friends."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us how they shared issues with staff and they listened and responded to requests to make things better. We saw that staff responded promptly to people's requests for assistance.

One person had the daily papers delivered. They told us that they had always had this throughout their adult life and were happy that it had continued when they came to live at the home. We saw them reading their papers after breakfast. One person told us that they liked the "exercises." We saw that an activities plan for the week was displayed in the person's room and it stated that exercises take place regularly. Another person said, "I enjoy going to church on a Thursday. I go whenever I can. I like all activities. There is plenty to do." Another person said, "There are things to do all the time but I chose not to."

Each person had a care plan for their social and recreational needs and this provided information about people's interests and whether they liked to join in activities. The activities coordinator was not in the home on the day of the inspection but we observed staff initiating activities with people in the ground floor lounge. They did this with enthusiasm and engaged with people effectively. Another person came into the lounge during a game of bean bags and asked how much it cost to join the game. Staff said, "Come and join us, there's nothing to pay. It's on the house." We saw a game of skittles taking place during the afternoon. Staff told us that they thought the activities coordinator was good, however, they felt that more activities needed to be provided when the coordinator was not there.

A part time activities coordinator worked at the home and an activities timetable was in place which listed activities when the coordinator was working. The provider and registered manager told us that they would be recruiting an additional activities coordinator so that activities could be offered seven days a week.

A pre-admission assessment had been carried out which identified the person's care and support needs. These provided details of their preferences in relation to their care and support as well as their dependency levels. Each person had care plans in place which gave detailed information about the person's care and support needs and their preferences in relation to the care provided.

There was variability in the frequency of reviews of people's care plans and although most care plans were reflective of the person's current needs, there were some examples of information which should have been in the care plans which was missing. We also saw that there was conflicting information due to the review of some care plans and not others for a person. For example, a person had lost weight and the dietician had been involved and made some recommendations and although we saw the recommendations were being implemented they were not documented in the care plan. Some of the care plans for a person who had had a fall which resulted in an injury stated the person could stand using a stand aid whilst others stated a hoist was required to move the person. Most of the care plans for this person had not been updated for three months. We raised this issue with the registered manager at the end of the first day of the inspection. The care plans and risk assessments were reviewed by the following day.

We asked people if they knew how to make a complaint about the service. Everyone told us that they would raise concerns informally with staff or managers and would be confident that they would be listened to and get an appropriate response. Everyone stressed to us that they had not had to complain. Staff knew how to respond to a complaint. One staff member said, "We would listen to what they had to say and ask them about their expectations. Then we would inform the manager." They said they received feedback on complaints individually.

We saw that no recent complaints had been received. Guidance on how to make a complaint was in each person's bedroom. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

We asked people who they would talk to if they had a worry or a concern. Most people said they would speak with staff. One person identified two staff in particular that they would choose to approach. People also told us that there was an office where they could speak to someone in private should they need to. Visitors and relatives told us that they felt confident to share worries and concerns with staff. One person was aware of relatives meetings however had not attended as they weren't a relative. We shared this with the manager and they are going to respond to this by inviting family and friends to future meetings.

Questionnaires were completed by people who used the service and their families. The response to the questionnaires was clearly displayed on a noticeboard in the main reception. A suggestion box was also situated in the main reception. The home produced a regular newsletter which kept people who used the service and their relatives updated regarding the running of the home. Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. The registered manager said, "It's their [people who use the service] home, not ours. We are a guest in their home."

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. The care home's philosophy of care was in the provider's statement of purpose which was given to all people using the service and we saw that staff acted in line with those values. Staff said the home was a good place to work. A staff member said, "All the staff are very good. It is a good team here. The relationships with the [people who use the service] are good."

Two people told us that they did not know who the manager was. Others told us that they did and that the manager regularly spoke with them and asked if they were happy with everything. Visitors told us that communication was good between them and the manager and staff who always contacted them in relation to their family members' health issues. Staff said, "The manager is very good. She is very supportive. We can talk confidentially to her if we need to." Another staff member said, "The manager gives us honest feedback." Staff said that the registered manager and deputy manager were approachable and supportive. The registered manager said, "Staff are fantastic."

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The provider had a fully effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by the regional manager who visited the home regularly. Audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and reviewed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.