Falcon House Care Limited

Falcon House Residential Home

Inspection report

George Green
Little Hallingbury
Bishops Stortford
Hertfordshire
CM22 7PP

Tel: 01279658393
Website: www.falconhouseresidentialhome.co.uk

Date of inspection visit:
12 July 2016

Date of publication:
06 September 2016

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 12 July 2016 and was unannounced.

Falcon House provides accommodation and personal care for up to 24 older people. Care is provided on two floors. At the time of our visit there were 21 people living in the service.

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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and

to drive improvements where this was required.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The service had robust infection control systems in place

Is the service effective?

Good

The service was effective

The manager had carried out the necessary Mental Capacity Assessments. (MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

Is the service well-led?

Good

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Falcon House Residential 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.'

The inspection took place on 12 July 2016 and was unannounced. The inspection team consisted of one inspector and an Expert-by-Experience. An expert by experience is a person who has personal experience of care services and caring for an older person.

Falcon House provides accommodation and personal care for up to 24 older people. Care is provided on two floors. At the time of our visit there were 21 people living in the service.

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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be

done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People's complaints were dealt with straight away. Staff were aware of the complaints procedure and knew how to respond to people's complaints.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends .

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

Good

Is the service safe?

Our findings

People and their relatives told us they and their family members were safe living at Falcon House. One person told us, "It's alright here, I do feel safe, because of the number of carers, cleaners and cooks, there is always someone sticking their head through the door", another person said, "I only have to ring the buzzer and someone comes straight away."

There were policies and procedures regarding the safeguarding of people. Staff knew how to keep people safe and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. One staff member told us, "If I had any concerns I would intervene straight away and tell the manager", another said, "It is part of our job to ensure people are kept safe and feel safe." Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately. Senior staff were in the process of training to be 'Safeguard Champions'. This assured us that the service was committed in ensuring staff were suitably trained and aware of how to safeguard people.

People's risks were well managed. Staff had the information they needed to support people safely. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. For example, the manager arranged for the maintenance of equipment used including hoists, fire equipment and electrical appliances and held certificates to demonstrate these had been completed. However, Health and Safety audits had not been carried out on a regular basis and even though the manager told us the actions highlighted had been completed they had not been signed off. We discussed this with the manager who told us they would ensure these are carried out more frequently and that any actions identified would be carried out and signed off. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

There were sufficient staff to meet people's needs. Our observations showed the service was well staffed and in addition to care staff the service employed, housekeeping staff, a cook and an activities coordinator. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications entering the home from the pharmacy were recorded

when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Staff asked people if they would like their medication in the communal area of if they would prefer to return to their room, therefore respecting their privacy. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example, gloves and aprons and there were facilities to dispose of these safely.

Good

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed that the majority of staff's compulsory training was up to date.

Staff confirmed that when they commenced employment at the service they had received an induction. Records showed that the staff's induction was in line with the 'Care Certificate' this consists of industry best practice standards to support staff working in adult social care to gain good basic care skills. These are designed to enable staff to demonstrate their understanding of how to provide high quality care and support this is gained over several weeks. Staff confirmed that opportunities were given whereby they had shadowed a more experienced member of staff for several shifts before they were deemed competent to work on their own.

Members of staff told us they felt supported by the manager. However, records we looked at of formal 1:1 supervisions showed they were not being undertaken on a regular basis. We discussed this with the manager who assured us they would amend this. A member of staff told us, "We have regular team meetings and also have shift handovers where we update other staff about each person." Records we looked at confirmed this. Staff also told us the manager supported them in their professional development to promote and continually improve their support of people.

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. Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought consent before providing care. People told us they could choose when to get up in the morning and when to go to bed in the evening, where they ate their meals and whether or not they participated in social activities.

People were provided with choices of food and drink. We saw that people had been asked to complete a feedback form about their choice of what to have for their evening meal. The information from this had been collated and used to inform the weekly menu. The chef told us they also had regular meetings with people to gain feedback about the food or to ask if there was a particular dish someone wanted. Each person had access to water or a variety of different types of juice throughout the day as well as being offered hot drinks. One person had requested elderflower cordial and we saw this had been made available. The dining rooms were made to look welcoming with serviettes, tablecloths, flowers and condiments on each table.

The dining room during the lunchtime period had a relaxed atmosphere and none of the staff rushed or hurried people. People sat and chatted with each other and staff to make mealtimes a sociable event.

Everyone we spoke with was complimentary about the food. One person told us, "They come round and read the menu out and if I want something different I can have it. I only like mashed potato so they do mash for me."

The service employed fours chefs and two kitchen assistants. The chef's told us they had details of any nutritional needs for people. People who had deteriorating sight had their food placed using the hands of a clock and we observed staff telling them that the potatoes were placed at 12 the meat at 6 and the vegetables at 3 and 9. This enabled people to maintain their independence and to make a choice of when and what they wanted to eat.

In the reception area of the service was a notice board displaying 'see pink think drink' information with a falls safety cross which gave clear indication of the days the service had had people fall and also the days when no falls had happened and how to work proactively to try and prevent people from being at risk of falling. There was also a Urinary Tract Infection (UTI) safety calendar this gave people clear instruction on what to look out for if someone was at risk of developing a UTI infection and how to try and prevent one. Staff told us that people who were at risk of not having enough fluids had a pink teddy bear in their room to remind themselves and staff they needed to drink more. Staff had involvement with 'prosper' and had two champions within the home to promote their ethos behind falls, pressure area care and fluids.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support form Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. People told us that staff took appropriate action to contact health care professionals when it was needed. One person told us, "I have just had my hearing aid adjusted and cleaned and it feels better", another person said, "They ring the GP and get them to visit and the office makes an appointment for me to go the Optician or the Dentist."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included the community matron that visits on a regular basis and refers on to the GP is necessary, as well as district nurses, the chiropodist, dietician and physiotherapist. We spoke with one healthcare professional who spoke very highly of the service. They said, "The staff are really attentive, I see continuity of staff and they seem to be a happy work force."

Good

Is the service caring?

Our findings

The staff provided a very caring environment, we received many positive comments from people and their relatives. One person told us, "They treat me like a friend. I like to hear about their families and they like to hear about mine, they do listen to me", another said, "We are the same as them and we all have interesting lives and we like to talk about them and they are genuinely interested." Comments from relatives included, "They are trying to get [relative] to come downstairs for a couple of hours they use a hoist but it quite frightens her they are very patient and kind."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question.

We looked at four people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events and their individual preferences.

People were encouraged to make day to day choices, and their independence was promoted and encouraged where appropriate according to their abilities. We saw that staff knocked on people's doors and waited for a response before entering, this showed us that people were treated with respect. We observed people being spoken to discreetly about personal care issues so as not to cause any embarrassment.

People and their relatives were actively involved in making decisions about their care. One person told us how they had made a dignity tree at the residents meeting and been asked by staff to complete it with things they thought would promote their dignity and respect. They told us, "We told them what we wanted and what we did not want. We wanted 'do not disturb' notices for our doors and now we have them."

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed. The manager told us when a person received end of life care and their families were not able to spend 24 hours with their loved ones the care team took it in turns to sit with the person and give verbal, emotional and practical support ensuring that the person was not left alone. The staff also made themselves available to support the families at this time.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service the manager carried out a detailed assessment. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Each care plan which was personalised and reflected in comprehensive detail people's personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly which each person. Their relatives were invited to attend the review with the person's permission. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately.

There was a range of activities available in the home and the home employed an activities co-ordinator to support people with social activities and hobbies. People were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. The service had its own mini bus and people went out on day trips to the seaside and out for afternoon tea. One person told us, "We play word association games; we have the Salvation Army come and visit and a speaker who was an Admiral from the air force, he was brilliant I did not want him to stop talking." The activity staff member had in-depth knowledge about each of the residents and offered choice and a personalised service. For example, one person enjoyed gardening and another feeding the birds. We saw people were given the opportunity to take part in exercise classes and sing long sessions there was a large puzzle on the table in one of the lounges and everyone had taken part in completing it. The manager was going to frame it and display it on the wall. People told us that on occasions, they liked to spend time in their rooms and occupy themselves and that staff respected this.

Some people volunteered at local charities and if necessary staff supported them to and from the venue. They felt this was important to promote their independence and to give them a sense of purpose.

People went to the local church on a Sunday and one person told us, "I spoke to a lady at church who had been awarded an MBE and I asked her to come and talk to us and tell us about her trip to the palace."

We saw that the service routinely listened to people through care reviews and organised meetings. The service had a suggestion box where people and their families and friends were able to post their ideas. There was also a 'residents comments book' as another means for people to express their views and preferences. The manager told us they had an open door policy for people and staff, and ensured that they spoke with each person on a 1:1 basis regularly to ensure they were happy.

People told us they had no complaints but would talk to the manager if they needed to. People told us they attended a residents meeting and were able to express their views and opinions and felt they were listened to.

People told us that if they raised a minor issue it was always dealt with straight away. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints.

Good

Is the service well-led?

Our findings

People and their relatives told us that the home was managed well and were complimentary about the management team. The manager was a visible presence in the home and was knowledgeable about each person and their family and spoke about them with compassion. One person told us, "The manager is good, always here quite firm but that is a good thing." "A relative told us, "[manager] is always around to talk to."

The manager was supported by administration staff who supported them in the day to day running of the home. The manager provided visible leadership within the home and led by example. This encouraged staff to follow their lead and therefore provide the best quality care. The manager told us, "The culture and the vision for the home is for each person to be empowered to make their own decisions of how they choose to live their lives and what support they would like to enable them to live a happy and fulfilled life in an environment where they feel respected, listened to and their dignity is maintained." The manager was passionate about ensuring this message was embedded in the staff team and therefore felt it important to be a positive and visible role model at all times.

We observed the manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff. Staff confirmed this and told us, "The manager is always here to support us if we need them to." People we spoke to referred to the management team by name explaining that they were visible and very approachable. One person told us, "The owner and the manager are very friendly the owner comes to speak to me and the manager is lovely."

Staff said they enjoyed working at the home. One told us, "I love it here; straight from my interview I knew this place was different. The atmosphere and friendliness and cleanliness of the home make the difference. I knew this was the place for me" and, "Its lovely working here one of the nicest places I have worked it is well run." The manager spoke highly of her staff team and told us, "I give positive feedback to staff individually and within the team. I ensure all staff feel valued and respected and confident to contribute to the day to day running of the home." Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. We saw that one person following the analysis of an incident, had a referral made to a healthcare professional. Healthcare professionals told us that they had a good relationship with the manager and that communication between both parties was very good.

The manager carried out a range of audits to monitor quality within the service. These included monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified. We saw that the manager had sent out quality assurance questionnaires to people that lived in the home their

relatives and healthcare professionals in order for them to share their views. The service used an independent consultancy service to gain people's views on their experiences of the care they received at Falcon House. The feedback had been very positive, comments included, "Felt safe and cared for within the 'falcon house family ethos', very welcoming and caring environment."