

HC-One Limited

Falstone Court

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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Falstone Court is registered to provide nursing and residential care for up to 40 people. When we inspected, 39 people were living at the service.

People's experience of using this service: People were especially well cared for; staff were extremely kind and considerate. Staff went above and beyond to ensure people's preferences were met and their independence enhanced. Staff and management were focused on delivering a highly personalised service.

New technology was embraced; it was used effectively to monitor people's health and ensure specialist healthcare was accessed quickly.

People could participate in a wide range of events and activities which were based on their interests. Treating people with dignity and respect and as individuals were central to how the service operated. Staff were extremely compassionate; relatives gave praise for their kindness when providing end of life care.

People and staff felt especially valued; their views were listened to and respected.

People, relatives and staff told us the home was safe. Staff had a good understanding of safeguarding and whistle blowing; they knew how to raise concerns.

Staffing levels were sufficient to provide personalised care. New staff were recruited safely.

Medicines were managed well; people received the medicines they needed on time.

Incidents and accidents were monitored; the findings were used to make improvements and identify learning. Health and safety checks and risk assessments were carried out to maintain a safe environment.

Staff received good support and completed the training they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had enough to eat and drink and to access health care services when required.

People's needs had been fully assessed to identify the care they needed and wanted; this included considering needs relating to end of life care, culture and religion. This was used as the basis for developing personalised care plans.

The provider investigated complaints robustly.

The home was well managed. There was a structured approach to quality assurance; this was effective in identifying and addressing issues. People, relatives and staff had opportunities to provide feedback.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: Good (the last report was published on 18 August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our reinspection schedule for services rated outstanding.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Falstone Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, a specialist advisor and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Falstone Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities, clinical commissioning groups (CCGs) and health watch.

During the inspection we spoke with four people, four relatives, the regional manager, the registered manager, the deputy manager, a qualified nurse, a nursing assistant, a senior care worker, two care workers, a GP, a social worker and an older person's specialist community nurse. We reviewed five people's care records, three staff personnel files, audits and other records about the quality and safety of the service.

The provider submitted additional evidence after our inspection. This was considered when deciding the ratings for the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives said the home was a safe place to live. One person said they felt safe, "Because I'm no longer on my own and there's staff around."
- The provider dealt with safeguarding concerns thoroughly.
- Staff understood the importance of safeguarding and the whistle blowing procedure; they knew how to raise concerns if needed. One staff member told us, "I have never had to use it but I would do."

Assessing risk, safety monitoring and management.

- Health and safety checks and risk assessments were carried out; these helped keep people, the environment and equipment safe.
- Staff responded sensitively and positively to support people when they were anxious or distressed.
- The provider had plans for dealing with emergency situations; personal emergency evacuation plans described how each person should be supported in an emergency.

Staffing and recruitment.

- There were enough staff to provide individualised care; staff were always visible around the home. A relative commented, "I call in after breakfast and there's always a couple [staff] in the lounge and a couple in the dining room. They're pretty quick at getting things done ... I have never had a problem finding them." Staff also told us staffing levels were good.
- The registered manager monitored staffing levels to check they remained appropriate.
- The provider continued to follow safe recruitment procedures; this included pre-employment checks to ensure new staff were suitable.

Using medicines safely.

- The provider continued to manage medicines safely.
- People received the right medicines at the right times; medicines were stored and disposed of safely.
- Senior staff checked that other care staff followed the agreed medicines management procedures.

Preventing and controlling infection.

- The home was clean, well maintained and well decorated. One relative commented, "There's always someone with the Hoover going and any accidents they're there with the carpet cleaner."
- Staff followed the provider's infection control practices; regular checks ensured cleanliness was maintained to a high standard.

Learning lessons when things go wrong.

- Robust action was taken following accidents or incidents to keep people safe.

- The provider monitored all accidents and incidents; this ensured lessons were learnt and the findings shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs had been fully assessed both before and after they moved into the home; this considered people's preferences, as well as religious, cultural and ethnicity needs.

Staff support: induction, training, skills and experience.

- Staff were competent to carry out their caring duties. One person said, "I think they are completely confident and well trained."
- Staff were very well supported and accessed the training they needed. One staff member told us, "I am supported all the way."
- Training, supervision and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people to have enough to eat and drink; people could choose from a variety of meals daily.
- Visual aids were used to promote choice and independence. For example, people were shown plated up meals to make a choice. This enabled most people in the dining room to choose their own meal.
- People and relatives gave positive feedback about the meals provided. They commented, "Very good, there is a good choice" and "[Family member] likes everything, they like ice cream and if they asked for it during the night they would give it to [family member] then."
- Meals were adapted to people's dietary and health needs; this included pureed meals and diabetic appropriate meals.
- Some people had been referred to health professionals due to difficulties with eating and drinking; their recommendations were included in care plans and staff followed these.

Staff working with other agencies to provide consistent, effective, timely care.

- Each person had a care passport; this was a summary of important information to be shared when people accessed other services.

Adapting service, design, decoration to meet people's needs.

- People were encouraged to personalise their rooms.
- The home was adapted to meet the needs of people living with dementia; there were themed areas with seating areas, rummage boxes and soft furnishings designed to enhance people's quality of life.
- Staff told us the environment had a positive impact; they said falls and some people's agitation had reduced as a result.

Supporting people to live healthier lives, access healthcare services and support.

- People had regular input from a range of health care professionals; this included GPs, community nurses and specialist nurses. One relative said, "I asked just last week, they sent for him [GP] and I asked for them to get him out again and they did. The least bit thing and they would send for them."
- Health professionals' recommendations were included in people's care plans; this ensured staff had relevant information about how to support people to meet their needs.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations had been approved for all people requiring one; the registered manager monitored DoLS authorisations to check they remained in-date.
- MCA assessments and best interests decisions had been completed where any restrictions had been placed on people. For example, before using bedrails and wheelchair lap belts.
- Staff understood the importance of MCA, people's mental capacity and their preferred communication style; this allowed staff to effectively support people with making choices.
- Staff supported people to make decisions in different ways, depending on their individual needs. For example, showing people flash cards or showing items of clothing. One staff member commented, "There are always ways of helping people make choices."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to remain as independent as possible; this was a strength of the service. One relative commented, "They walk [family member] to the toilet. In the last home he would have been taken in the wheelchair."
- Staff had effectively supported one person whose mobility had declined due to illness. They provided regular support with chair exercises and gentle keep fit. After a while the person could stand up and have a dance with staff to the keep fit music. Over time the person regained their mobility which had a positive impact on their self-esteem and physical health.
- People were treated with the utmost dignity and respect; people gave especially positive feedback how respectful staff were to them. People and relatives commented, "Yes definitely, they're always kind. They make tea for me and always treat me with respect", "Yes from what I've seen they do [show dignity and respect] ... they are very respectful and caring" and "Yes, they do they treat [family member] with respect, they never raise their voices ... They love [family member]."
- Staff felt especially valued and respected; their views were listened to and considered. This led to a content and motivated staff team. One staff member commented, "This is the best place I have worked at. I am absolutely listened to" and "The home is very vibrant, very positive and very caring."
- People were encouraged to play an active role in the daily life of the home; this had a positive impact on people's sense of wellbeing and self-esteem. Staff were skilled at recognising when people were becoming distressed; they responded sensitively and with empathy to distract and divert people. For example, engaging them with domestic tasks, such as helping staff with the tea trolley, the laundry or a one to one activity. We observed this approach had a positive impact on people.

Supporting people to express their views and be involved in making decisions about their care.

- Staff had an especially good understanding of people's communication needs; they used this to support people to make choices, whilst promoting their independence.
- Staff supported one person who was registered deaf to attend a local church so they could follow their religious beliefs. As the person was unable to hear the service, staff used picture cards to explain what was happening throughout. The person was delighted as the church gave them a bible to take home. The person told all their friends about their experience and relatives praised the home for doing this for their family member. A white board was used to communicate with another person who was unable to talk to staff.
- Staff used a 'clock-face' strategy to explain to one person, who was registered blind, what they were having for their lunch. They described how their vegetables were placed at three o'clock on the plate and their potatoes at 9 o'clock. The staff member guided the person's hand to help them locate their plate. The person confirmed they understood and thanked the staff member for their kindness. The person was then

able to eat their meal without further assistance to maintain their independence.

- People and relatives confirmed staff communicated well with people. They told us, "I'm quite sure they would [explain], they wouldn't just launch into it" and "From what I've seen, they try to talk to her and tell her what they're trying to do."
- The provider aimed to make information available to people in ways they could understand it, to comply with the Accessible Information Standard. For example, information about how to access external advocacy services.

Ensuring people are well treated and supported; respecting equality and diversity.

- People received exceptional care from kind, considerate and caring staff. People and relatives told us, "I am over the moon with the care here. [Family member] has really settled in at the home, she's got the company. Plus, the staff are always on hand, they're very good" and "[Family member] is very comfortable, there are really, really good staff, they are fantastic."
- Positive and nurturing relationships had developed between people and staff; people felt valued and listened to. One relative told us, "I've got to know the staff well, I trust them. I meet with them regularly, they're very friendly ... they listen and deal with things straightaway" and "They are all very pleasant and polite."
- The provider had received many written compliments praising the registered manager and staff team for the excellent quality of care. They described the care as "amazing", "first class" and "couldn't be better". Staff were described as "wonderful", "passionate" and treating people with "love and care with a smile".
- Individual staff members had been nominated for 'kindness in care awards' for being an excellent role model and demonstrating the provider's values of kindness, integrity and focusing on the important things for people. These praised staff for their commitment to people living at the home and providing compassionate care with a smile.
- Staff were committed to ensuring people's needs were met in ways that were meaningful to them. People and relatives commented, "I think they are fantastic, I really do. They can't do enough for you" and "[Staff member] is great. We're just like old friends, I get on well with them all."
- The registered manager described how staff regularly went the 'extra mile' for people. They said, "It is about the small things that make all the difference." For example, they encouraged one relative to bring in their pet dog as it was important to their family member. We saw this had a positive effect on the person's wellbeing, as well as enabling them to continue their usual daily routines and to spend one to one time with a relative. Staff arranged for a newspaper to be delivered for another person as this was something they had always done and was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service was especially person-centred; people were at the heart of the service and staff strived to meet their every need. One person commented, "They're always very nice. They ask me questions and are ready to help if I can't do it myself."
- Staff went 'above and beyond' to ensure people's preferences were met. Staff used a positive risk-taking approach to enable one person, with a complex cognitive impairment, to engage with the local church and attend a service. The person was often agitated when in the community so visual strategies were used to prepare them for the experience. Staff the person trusted and was confident around were chosen to accompany them; they attended the carol service successfully and had a positive and rewarding experience.
- People, including those with complex nursing needs, were supported to participate safely in a community Christmas show. Qualified nurses were on-hand to enable all people to attend and benefit from being able to sing and dance along. Families were encouraged and supported to attend the event to spend quality time with their family members.
- The provider embraced the new technology; they had incorporated technology into various aspects of the home. An electronic tablet was used to monitor people's baseline observations; the data was shared with the local clinical commissioning group allowing a quick response from healthcare services. For example, for one acutely ill person the system had been effective in them accessing medical treatment quickly. This ensured the person only had a very short stay in hospital and was discharged back to their home with minimal impact on their physical and emotional wellbeing. Relatives gave positive feedback about the timeliness and compassionate way their family member was treated.
- Staff used virtual reality technology when reminiscing with people; this promoted lively interaction and conversation between people, relatives and staff about Sunderland through the years and other experiences.
- Visiting health professionals were very complimentary about the home; they described the home and staff as "proactive", "welcoming" and "very helpful."
- There were excellent opportunities for people to participate in activities; the home had a dedicated activity co-ordinator. Volunteers were used to enhance the activities programme and bring in additional expertise. For example, a volunteer ran sessions for people who were interested in gardening and liked to be outside. One person said, "There are entertainers, singers and dancers come regularly and they're very good."
- Staff organised a special event for residents as they had expressed a desire to attend the Strictly Come Dancing Tour. The tour was not coming to the local area so staff raised funds to purchase a projector and big screen for the home and the tour DVD. A dancefloor was created and people spent time watching the DVD, dancing and reminiscing about dancing in their youth.
- A 'proud file' highlighted the many positive aspects of the home. For example, photos showing people enjoying a wide range of events with their comments added about how much they had enjoyed them. Other

photos showed people spending time on the sensory garden or engaged with rummage boxes.

- Care plans were exceptionally person-centred and tailored specifically to meet the needs of each person. People, and where appropriate relatives, were actively involved in determining the content of care plans. A relative commented included, "Things have to be done for my [family member]. When they first came in we went through all that. They do have a six-monthly meeting where we talk about things, they just done one last month."

End of life care and support

- People could discuss their future care wishes; these were included in a care plan.
- Staff went the extra mile to care and support relatives when people passed away. When a person died unexpectedly, the deputy manager knew the relative needed to be informed. They were concerned about their wellbeing and the impact on them if the police visited, so they drove to the relative's home in the middle of the night so they could hear the sad news from a familiar face. They also stayed to offer comfort and support to them.
- Some relatives wrote to the provider to say thank you for the excellent end of life care staff had provided to their family member. They described having peace of mind due to the dignity shown to their family members.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to complain if needed; they only gave us positive feedback about the home. They commented, "If I had any concerns I would go straight to [staff member], she's always helpful and yes I'm aware of the complaints procedure."
- The provider had a complaints procedure to ensure complaints were thoroughly investigated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The home had a positive atmosphere; staff morale and teamwork were good. Staff commented, "The atmosphere is excellent."
- The registered manager was committed to ensuring people received especially good care; they checked that staff provided a quality service to people. A staff member commented, "Management are really good, there door is always open."
- The registered manager was supportive and approachable. People and relatives said, "They are very pleasant" and "There are no problems with the management here, none whatsoever." Staff said, "[Registered manager] is approachable. If you have any problems she is there for you."
- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, relatives and staff had good opportunities to give feedback; regular meetings took place where they could discuss topics of interest.
- People and relatives were consulted on an on-going basis; the feedback was usually positive. The provider analysed the findings and developed action plans to address any areas for improvement. During the last consultation 100% gave positive feedback about the kindness of staff and the overall quality of their care.

Continuous learning and improving care.

- Staff, including the registered manager, described a culture of continuous improvement and learning. They commented, "We all get involved, we all want to do well for the home."
- The provider operated a structured approach to quality assurance; this was effective in identifying and addressing issues. This included a range of checks focussing on quality and safety; action plans were developed to address any issues identified.
- The provider's quality assurance systems incorporated some independent oversight of the home in the form of external checks from more senior management.
- Management monitored key clinical information, such as where people had pressure sores or experienced weight loss; this meant swift action could be taken to respond to changes.
- A root cause analysis system was used to investigate some incidents with a focus on learning to prevent situations happening again.

Working in partnership with others.

- The provider worked with local commissioners to promote positive outcomes for people.
- A GP weekly surgery had recently commenced; there were effective links with other external healthcare services.