

HC-One Limited

Falstone Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Falstone Manor is registered to provide accommodation for up to 51 people with residential and nursing care needs. 48 people were using the service at the time of the inspection.

People's experience of using this service and what we found

At the previous inspection, medicine records were not always up to date and audits had not always identified or actioned issues in a timely manner. At this inspection, we found these issues had been addressed.

People and family members told us the service was safe. Appropriate arrangements were in place for the safe administration and storage of medicines. Risks were well managed and checks were carried out to ensure people lived in a safe and clean environment.

Although we received mixed responses regarding staffing levels at the home, our observations and evidence viewed did not raise any concerns. A dependency tool was used to calculate staffing levels and regular analysis was carried out into call bell response times.

The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

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.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People, family members and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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 Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, a nurse specialist advisor and an Expert by Experience formed the inspection team. 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 Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and from health and social care professionals who work with the service. We also reviewed information about the service on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and seven family members about their experience of the care provided. We spoke with the registered manager, area director, area quality director, three nurses, one nursing assistant, one care staff and two domestic staff. 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.

We reviewed a range of records. This included four people's care records and a sample of medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the previous inspection, we found medicine records were not always up to date. At this inspection, we found appropriate arrangements were in place for the safe administration and storage of medicines.
- Medicine administration records were accurate, up to date and regularly reviewed.
- Medicines were safely stored in secure, purpose-built rooms.
- Nursing staff were appropriately trained and demonstrated a good knowledge of people's individual needs.

Staffing and recruitment

- We received mixed responses regarding staffing levels at the home. Some people and family members told us there weren't enough staff on duty. For example, "There's never enough staff" and "Not always enough staff, no." However, others told us staffing levels were sufficient. For example, "Definitely, yes [enough staff]" and "There's enough staff to take me out."
- Nursing staffing levels varied. On some days, there were two qualified nurses and one nursing assistant on duty. On other days there was one nurse and two nursing assistants. Although some concerns were raised about the nurse's workload, most of the feedback was positive. Nurses told us, "No disrespect to agency nurses, as they do a fantastic job, but it works better with nursing assistants as they know the residents" and "The nursing assistants are very competent."
- Our observations did not raise any concerns regarding staffing levels. For example, staff responded to calls for assistance in a timely manner and there were plenty of staff supporting people in the lounges and at meal times.
- A dependency tool was used to calculate staffing levels and was regularly reviewed. Staff rotas showed there were 11 nursing and care staff on duty each day and six on duty at night.
- The management team reviewed and analysed call bell response times. Senior staff carried out regular spot checks to ensure calls for assistance were responded to in a timely manner.
- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe. Comments included, "Yes, everything really is pretty safe overall" and "Yes, 100% [safe]."
- The registered manager understood safeguarding procedures and had followed them. The local authority safeguarding team told us the service was proactive and paperwork was always submitted in a timely manner.
- Staff demonstrated a good knowledge of safeguarding and had been trained in how to protect people from

abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Checks were carried out to ensure people lived in a safe environment.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. A person told us, "It's spotless and immaculately clean."
- Staff demonstrated a good knowledge of infection prevention and control. Staff were observed washing their hands and appropriate personal protective equipment was readily available.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- People and family members told us staff were appropriately trained and skilled.
- Staff were supported in their role and received regular supervisions and an annual appraisal.
- New staff completed an induction to the service and staff training was up to date. Staff told us they had received relevant training for their role.

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

- People were appropriately supported with their dietary needs.
- Guidance had been sought from relevant healthcare professionals when required. Their recommendations and guidance were documented in the care records.
- Mealtimes were pleasant, sociable events. Dining rooms were nicely decorated and staff supported people in a calm and engaging manner. People told us the food was good and there was plenty of choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary. A family member told us, "Yes they are very good indeed and they've got this thing where the GP comes out every two weeks."
- The service worked with health and social care professionals such as GPs and community nursing teams.

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

- The premises were purpose built and appropriately designed for the people who used the service.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family members told us staff were kind and considerate. Comments included, "Oh yes, they [staff] are all nice" and "They [staff] are lovely and are caring towards them [people who used the service]".
- Staff supported people in a kind and compassionate way. For example, we observed one member of staff enter a person's room and gently prop the person up with a cushion as they had fallen asleep. We observed staff talking and singing to people in the lounge, checking everyone was okay and offering cups of tea.
- Staff knew people well and demonstrated a person-centred approach. For example, one person had previously served in the armed forces. Their 100th birthday was celebrated by staff inviting soldiers from the person's former regiment to visit.
- None of the people using the service at the time of the inspection had specific religious or spiritual needs. However, people were supported to go to church and representatives from the local church regularly visited the home.
- People were treated as individuals and staff supported them to live their lives how they wanted.

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

- Records showed people were involved in making decisions about their care. However, some people told us they weren't aware of what was in their support plans. The registered manager told us they were aware of this and were making improvements to care planning and review processes. These included sending formal letters to family members to invite them to care reviews.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff respected privacy and dignity. Comments included, "They [staff] are careful to make sure the doors and windows are closed" and "They [staff] always close the curtains and shut the door and [relative] is clean and tidy."
- Records described how staff were to respect people's privacy and dignity.
- People told us staff supported them to be independent. Care records described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed, included important information about the person and were person-centred.
- People's individual preferences and personal care needs were recorded. These described what the person required from their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation and lived full and active lives. Staff knew people well and understood what was important to them.
- Some people and family members told us there weren't enough activities available. However, we found there was a strong focus on wellbeing and meaningful activities. These included; a dance academy, valentine's day celebration, wine and cheese party and a Britain's got Talent event. A family member ran a weekly cinema club and there were regular visits from performers and local groups.
- Individual activities records were maintained for each person. Scrapbooks were kept with photographs of events and activities that people had taken part in.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members were aware of how to make a complaint and told us previous complaints had been dealt with.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- People were supported with their end of life needs.
- End of life support plans were detailed, included people's preferences for their end of life care and were regularly evaluated.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection, we found audits had not always identified or actioned issues in a timely manner. At this inspection, we found the provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care.
- Regular audits were carried out. These were up to date and any identified issues were documented and actioned.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.
- The registered manager and staff understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people and family members told us they were comfortable raising any concerns and the management team were approachable. Comments included, "I think the staff and management all work together, it's like a lovely little family" and "I don't think you could make it any better, I'm happy with everything." However, some people and family members raised their concerns about staffing levels.
- Staff told us the management team were supportive and approachable.

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

- People were able to feed back on the quality of the service. A 'Have your say' electronic tablet was in the entrance to the home. Monthly resident pictorial surveys were uploaded to the tablet and reports were printed and shared at residents' and relatives' meetings.
- Annual questionnaires were sent to people and family members. The service kept in touch with those relatives who lived abroad or a long distance away by telephone and email.
- There was a mixed response from people and family members regarding responses to feedback. Some told us they did not always receive or see responses. A 'You said, we did' board was on display in the corridor, describing what the provider had done in response to recently raised issues. Responses to feedback was provided at residents' and relatives' meetings. A file was kept on each floor which included previous meeting minutes and the agenda for the next meeting. The registered manager told us people and family members were encouraged to add to the agenda.

- Staff were consulted and kept up to date about the service and staff meetings took place regularly.

Continuous learning and improving care; Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority and clinical commissioning group.
- The service had developed good links with the local community. These included; a supermarket, schools, church and providers of local events.
- The registered manager told us the service was "always evolving" and they were currently focusing on improving body, soul and mind.
- The provider was aware of developments in information technology and had plans to introduce electronic care and medicine records at the service.