

Porthaven Care Homes No 3 Limited

Falkland Grange Care Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Falkland Grange Care Home is a residential care home providing personal and nursing care for up to 64 people. The service provides support to older people and younger adults who may also have dementia. At the time of our inspection, there were 52 people using the service. Falkland Grange Care Home is purpose built to support the delivery of care to older people and those living with dementia. The service is set across two floors, comprising individual rooms with en-suite facilities. The home has spacious external and internal communal areas, to encourage social interactions, including dining rooms, lounges, a fitness studio, cinema, coffee bistro and hairdressing salon.

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

Staff understood their responsibilities to raise and record safety incidents, concerns and near misses, and to report them internally and externally where required. The provider took prompt action to address lessons learned as a result of reviews when things went wrong. We have recommended management staff complete additional training to support their analysis and investigation of incidents.

People experienced safe care and were protected from avoidable harm by staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff assessed risks to people and managed them safely. Enough staff with the right mix of skills delivered care and support to meet people's needs. Staff underwent a robust recruitment process to assure their suitability to support older people. People received their medicines safely from staff who had been trained and had their competency regularly assessed, in accordance with best practice guidance. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection.

Staff assessed all aspects of people's needs and ensured these were met to achieve good outcomes. Staff were supported to develop and maintain the required skills and knowledge to support people effectively, according to their needs. Staff understood the importance of eating and drinking well and reflected best practice when supporting people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to ensure people's care met their changing needs. People were supported to make decisions about their care and these choices were respected by staff. Staff knew how to comfort and reassure different people when they were worried or confused. People received information in a way they could understand and process, allowing for any impairment, such as poor eyesight or hearing. People were enabled to live as full a life as possible and were supported to take part in imaginative activities, which enriched the quality of their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team promoted a strong caring, person-centred culture where people and staff felt

valued. Staff were passionate about their role and placed people at the heart of the service. The management team understood their responsibilities to inform people when things went wrong and the importance of conducting investigations to identify lessons learnt to prevent reoccurrences. The registered manager effectively operated robust measures to monitor quality, safety and the experience of people and staff to drive continuous improvement 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 good (report published 30 April 2021).

Why we inspected

We received concerns in relation to a closed staff culture, insufficient staff, falls management, unsafe care and treatment, failure to record and report accidents and incidents to relevant authorities. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Falkland Grange Care Home on our website at www.cqc.org.uk.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Falkland Grange Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. 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

Falkland Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Falkland Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of the inspection the registered manager was on leave, so the inspection was facilitated by the deputy manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by the fire and rescue service, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who use the service and six relatives of different people. We spoke with 24 staff including the deputy manager, night manager, nominated individual, head chef, one nurse, three team leaders, two seniors, eight care assistants, two wellness and leisure staff, the maintenance technician and three housekeepers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care during mealtimes, social activities and medicine administration rounds to help us understand the experience of people who could not talk with us. We reviewed a range of documents, including four people's care records, multiple medicine records and daily notes. We looked at six staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six health and social care professionals who engaged with the service and the registered manager, on their return from leave.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating had remained good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Incidents and accidents were consistently recorded, although there were occasional delays.
- There were two electronic systems for recording accidents and incidents. This included the person's care records and a management oversight system. The registered or deputy manager would be notified when a new entry was made, so they could review it and take further relevant actions.
- The frequent incidents involving falls were recorded, and basic detail was input by the registered nurse or care worker who assisted the person after such incidents. There was evidence that people were referred for support, such as falls clinics, occupational therapists and specialist equipment services.
- The deputy manager had reviewed the accidents and incidents which were logged. However, the evidence of steps taken to prevent recurrence of falls were not always clear within the care documentation. Details logged in the care system did not always include enough information about the root cause, factors which contributed to the incident, witnesses, environmental factors, how risk was reassessed or effectively mitigated. We could not always be sure lessons were learned from these events.
- The deputy manager acknowledged that further details pertaining to the circumstances leading up to, during and after the falls required improved recording.

We recommend the service considers training and support for management staff in how to conduct comprehensive investigations into accidents and incidents.

- The registered manager had developed an open culture, where staff felt confident to report incidents, accidents and near misses.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt confident in their safety. One person told us they were as, "Safe as a rock, it's just family here [people, relatives and staff]. I am very grateful to them [staff]." Another person said, "In this home we are all treated as individuals and everybody [staff] that walks in through the front door are dedicated to us." A relative told us, "They [family member] are far safer here, than with us [family home]."
- People and relatives told us they knew who to speak with if they were concerned about anything and were confident action would be taken. For example, one person told us, "There are no worries here, just kindness and sharing. If I am worried, I would talk to [staff member], a lovely, lovely, lady."

- The provider had systems, policies and processes in place, which meant that any concerns were reported appropriately to relevant authorities and investigated.
- Staff had completed the provider's safeguarding training and knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the correct protocol to follow.
- Staff consistently told us they would 'whistleblow' to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. One staff member told us, "We are encouraged to speak up if we have concerns and the manager is very good at following up on things." Another staff member told us how they had reported an incident involving poor care practice by a colleague, with great trepidation, and praised the management team for their reassuring support and the prompt action taken to deal with their concerns.
- Our observations throughout the inspection confirmed that people felt comfortable and relaxed in the company of staff. We saw staff going about their duties in an unflustered manner and were able to spend meaningful time with people during the day.
- Falls were reported to the local authority, although these were not related to suspected abuse or neglect. The deputy manager was able to demonstrate they reported incidents as safeguarding events when required. The provider maintained accurate records when the local authority advised incidents would not be examined further, as the cause was accidental or unintended.

Assessing risk, safety monitoring and management

- Risks were appropriately assessed and reviewed to mitigate the risk of harm to people.
- People had risk assessments for personal and nursing care, including moving and positioning, skin integrity, dehydration and malnutrition, choking and eating and drinking. These contained good levels of detail, were individualised for each person and updated regularly.
- Some people had sustained repeated falls. This was clearly documented in their risk assessment and care plan. However, the system used for care documentation displayed some discrepancies between the level of risk; sometimes stating the person was at high risk of falls and elsewhere in the same record that there was a medium risk of falls.
- We spoke with the deputy manager, who explained this was a technical issue with the record system, which used a scoring method and did not match the risk level recorded by staff. The higher risk level was always accepted as the accurate level. We were assured this issue would be investigated further and resolved.
- There were general risk assessments for the building and premises. These included for cleaning and the use of hazardous substances, such as chemicals.
- People had personal emergency evacuation plans (PEEPs) completed which were kept in reception in case an emergency evacuation was required, for example from a fire. These were also recorded in people's care records. The PEEPs were up to date, contained the necessary information about how the person should be moved, the number of staff and equipment staff required to evacuate the person safely.
- Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans.
- Staff knew people's individual risks and how to support them safely to reduce these risks. Risks to people associated with their behaviours which may challenge others, were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe. Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- Staff shared information about risks consistently and reliably, during handovers, management meetings, one-to-one supervisions and other formal and informal ways.

Staffing and recruitment

- People and relatives consistently told us they experienced good continuity and consistency of care from regular staff, who knew them well. One person told us, "They [staff] are always smiling and make me feel like we are all one big family."
- People told us that whilst staff were busy, they thought there were enough staff to keep them safe. One person told us, "The [staff] are always busy but come straight away if ever you need them." Another person told us staff were very quick to respond to their call bell. The person told us, "They [staff] are like a fireball coming to you whenever I use the call bell, you can't better them."
- During the inspection we observed that staffing levels supported people to get up and go to bed whenever they wanted to.
- The management team completed a staffing needs analysis, based on people's dependency assessments. This ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Rotas demonstrated that enough suitable staff were deployed in accordance with the dependency tools and assessed staffing needs. We observed staff deployment was managed effectively during different parts of the day to ensure they were readily available whenever people required support. People were not left alone in areas without staff presence.
- The service did not use agency staffing. Staff told us they were happy to do overtime if there was ever any unforeseen absence, to ensure people received care from staff who knew them, their needs and preferences well. One staff member told us, "We [staff] are all happy to come in or stay on if someone calls in sick, so our residents [people] are happy because they know the carers [staff] and not worried about who is caring for them." Another staff member told us, "I used to work for [alternative care provider] and the difference here which makes Falkland better is we don't use any agency staff, so everyone [staff] knows the residents and one another."
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included their full employment histories, with any gaps explored, their conduct in previous roles in the care sector, together with their reasons for leaving and a Disclosure and Barring Service (DBS) check. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- The medicines round we observed was carried out in a calm, careful manner. The team leader was patient and kind, ensuring people received their medicines in a timely way. For example, one person was asleep, and the team leader allowed the person to continue sleeping, administering their medicine later, when they awoke.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. This meant that people consistently received their medicines when they needed them.
- We observed staff explore people's pain relief requirements in a caring way. For example, people were consistently asked if they were ready for their medicines by staff who took time to explain their medicines to them. People were then given time to take them, without being rushed.
- 'Homely remedies' (over the counter medicines) were available, accounted for and used when needed. For example, this included simple pain killers. This ensured people had access to basic medicines, even if they

were not prescribed to them, and it was safe to administer these.

- People's medicine administration records (MARs) contained the necessary information about people's medicine allergies and were consistent with their care record information. This protected people from the potential harm of being administered medicines to which they were allergic.
- We reviewed MAR charts and noted no gaps in the system. Any gaps in the MAR, for example a missed 'signature', created a flag in the electronic system that staff responded to. A nurse told us, "This is the best system I have used. It is very straight forward and alerts you if you have missed something."
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- The registered manager, deputy manager and nurses completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Daily temperature checks of medicine storage were carried out to ensure medicines were stored at the appropriate temperature to remain effective. Medicines were kept secure in medicine rooms and locked trolleys.
- MARs clearly and accurately detailed prescribed medicines and the required dose. MARs had been fully completed and had no unexplained gaps. This confirmed that people had received their medicines as prescribed.
- There were effective arrangements for obtaining and disposing of medicines appropriately. Medicines were ordered in a timely manner to ensure that people did not have a break in treatment.
- Medicines requiring additional monitoring and support were clearly detailed within people's medicine plans and were managed in line with relevant guidance and government legislation.
- We provided feedback to the deputy manager about some minor practice improvements to consider, and they acknowledged our findings and promptly took action to remedy the matters.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance. The staff at the service carried out checks before the inspection team were allowed to enter the premises.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- The service assessed people holistically, and considered their physical, emotional and social needs. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them. The needs assessments were person-centred, considered all aspects of people's lives and were regularly, reviewed and updated.
- Staff effectively used recognized, evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools and installed specialist equipment where required.
- People's preferences, likes and dislikes were always considered and respected as part of their care.
- Care records reflected the way staff should support people throughout both the day and night. This included their personal and nursing care including washing, dressing, eating and drinking and mobility.
- There was a gym, cinema, hairdresser and private dining room. People and relatives were encouraged to use the facilities, maintain or improve their independence and enjoy social stimulation and wellbeing inside the service.
- There were activities coordinators present on both floors who attempted to engage people and actively provide social stimulation. They were friendly and smiling. People responded positively to them and complimented them.
- We observed two people engaged in one to one fitness sessions with the leisure and wellness lead. One person told us how using an innovative cycling machine with the encouragement of staff had significantly improved their strength and mobility. This person laughed and said, "At this rate they'll [staff] have me walking by Christmas." Another person engaged in a boxercise class told us how this had enabled them to lose some weight and improved their mobility, which had a positive impact on their self-esteem and mental wellbeing. Boxercise is a fun, fast-paced exercise class, based on basic boxing techniques. .
- People's equality characteristics were recorded in care documentation, and staff were observed to treat people equally and with respect.
- Staff always spoke to people with compassion, even if just passing in the hallway on their way elsewhere. This promoted inclusion and a shared experience within the service. One relative told us, "All the staff are so cheerful and never pass [family member] without a kind word or friendly smile. It really creates a lovely atmosphere to live in."

Staff support: induction, training, skills and experience

- People thought staff were extremely competent and well trained. People and relatives were impressed with staff expertise in delivering their day to day care, particularly in relation to moving and positioning

them. For example, one person told us, "The carers [staff] are lovely and very skilled, very good when using the hoist." Another person said "They [staff] are always pleasant and have got hoisting me down to a fine art."

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff told us their training prepared them to meet the needs of people. A staff member with experience of the training provision of other providers told us, "The training here is good because [provider's trainer] relates the training to the residents [people] we care for and how to do things [aspects of care them]."
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia. Staff demonstrated their knowledge during inspection via sensitive interactions with people who were confused or disorientated. Staff were observed to be kind, patient and caring for people they interacted with.
- New staff had completed a thorough induction process aligned to the Care Certificate, which equipped them with the required skills and confidence to carry out their role effectively. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Two new staff told us their training made them feel confident they were ready and able to meet people's needs. One new staff member told us, "There is a lot to learn but [Team Leader] has been absolutely fantastic showing me how to do things and answering all my questions."
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervisions.
- Staff had received training in dementia awareness and confirmed this had improved their knowledge and skills to care for people living with dementia.

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

- The provider placed a strong emphasis on the importance of eating and drinking well.
- People's risks of malnutrition and dehydration were assessed and effectively mitigated. People enjoyed a balanced diet and received enough food and drink to ensure their wellbeing.
- The head chef and their team were passionate about protecting people from the risks of malnutrition and dehydration and took the lead in this respect.
- Staff had received additional training to support people with specific nutritional needs. For example, staff had completed training in relation to diabetes and dysphagia. The head chef was also the service dysphagia champion and provided practical guidance to staff in this respect. Dysphagia is a medical condition which describes the difficulty people experience when swallowing foods or liquids.
- The head chef had extensive knowledge in providing texture modified food to whet people's appetite and keep them safe whilst eating. Texture modification is when food is mashed or pureed to make it safer to eat. The head chef explained how they presented such food in a way that people recognised their favourite meals.
- Menus were prominently displayed on each floor. There were some pictures of food and drinks and signs and symbols were included to help people living with dementia, who may not understand the words on the menu.
- There was more than one meal choice and people were asked or shown plated food so they could actively make decisions about their eating and drinking. Staff assisted people with eating if needed. Staff offered alternatives if the person appeared disinterested in the meal they were provided. One person said, "I'd love a bacon sandwich" and the staff member laughed and joked with them about putting sauce on it.
- Drinks and cups were available on tables at kitchenettes on each floor. There was clear signage of the

'hydration stations', and these were prominently displayed to encourage people to help themselves to drink and have enough fluids each day. People had drinks offered at other specific times, such as morning tea and lunch. However, staff were observed to encourage people to consume enough fluids by regularly offering drinks to prevent dehydration.

- People's weights were routinely checked, and risk assessments and care plans were in place for nutrition and hydration.
- The head chef and kitchen staff worked closely with the leisure and wellness team to maximise people's enjoyment of special events linked to food such as the Queen's Jubilee celebration.

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

- People consistently experienced positive outcomes regarding their health and wellbeing. For example, successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives. For example, we reviewed circumstances relating to a person who had been discharged from hospital with a serious pressure ulcer. The deputy manager quickly engaged with a tissue viability nurse (TVN). Staff delivered effective treatment in line with the TVN guidance to achieve a successful outcome, which enabled them to mobilise and promote their independence.
- Staff worked with GPs and specialist nurses to make sure care and treatment met people's needs. A GP visited the service weekly, and staff liaised with them regarding people's changing medical needs.
- Staff made prompt referrals to relevant healthcare services to ensure people's needs were met. Out of hours calls to healthcare professionals were also made by staff. This included the rapid response team, who often dealt with minor ailments or injuries.
- Annual health reviews were undertaken for all people and medicines reviews were always documented.
- Other healthcare professionals such as dentists, podiatrists, specialist nurses, occupational therapists and the nurse practitioner were involved as required, which ensured people maintained a healthy lifestyle.

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

- The design, decoration and adaptation of the building was suitable for people who lived at Falkland Grange Care Home. Many people lived with dementia and were accommodated across both floors; the environment was adapted to their needs.
- The provider ensured the environment was 'dementia friendly'. Simple premises principles from best practice guidance were used to promote a suitable living experience.
- Rooms and corridors were well lit, and fixtures and fittings were carefully chosen to ensure they were suitable for people living with dementia.
- Several sections of the building required certain doors to be locked to prevent avoidable harm to people. We found doors were always locked (if required), which mitigated risk of people sustaining avoidable harm or leaving without suitable support.
- There was enough storage space for large and bulky items, such as hoists and accompanying slings used for moving people. Equipment was clean and each person who needed a sling had their own. It was not clear how often the slings were laundered, but the deputy manager acknowledged this feedback and planned to take steps to ensure this was recorded in the future.
- There was a wheelchair accessible lift between floors, and clear pathway around the outside of the building. There was accessible parking near the front entrance. Beautiful gardens were at the side and rear of the building, encouraging people and others to use the outside spaces. This included tables, chairs and umbrellas. A recent 'fairy garden' was created by people and staff as part of a provider-wide competition.

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 MCA 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 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- People's human rights were protected by staff who demonstrated a clear understanding about how to obtain lawful consent from people.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions for themselves as possible.
- People told us staff consistently sought consent before delivering their care. For example, one person told us, "They always ask my permission before they do anything." Another person said, "Nobody [staff] comes in until after they have knocked and ask if they can do this or that for me [aspects of care]. Another person with a hearing impairment told us staff took their time to make sure they understood when staff were seeking their consent to deliver care. They told us, "Their [staff] communication is good. They understand I need to have face to face eye contact and speak slowly and clearly so I can lip read."
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us that the registered manager and the management team were very approachable and readily available if people wished to discuss anything. A relative told us, "The manager [registered manager] always listens and deals with it. If we ever have a problem, we tell her, and it's sorted."
- The registered manager and management team had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager and deputy manager to provide the best person-centred care possible to people. For example, a team leader told us, "[Registered manager] is passionate about doing the best we can for our residents [people] and is clear about her expectations. She [registered manager] drives us all to do the best we can." Another staff member told us, "They [registered manager and deputy manager] are both down to earth but set high standards."
- Staff overwhelmingly reported that, whilst the registered manager and deputy manager had high expectations of them, they were also very supportive. One staff member told us, "They [management team] have been very supportive, both with my work and personal circumstances. The way they have supported me means I will always give my best for the residents, who I love, but also the managers."
- People, relatives and health and social care professionals described the registered manager to be dedicated to the people living in their home, who led by example and provided a good role model for staff.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received individualized care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people's needs and preferences with us.
- People, relatives and professionals told us the service as well managed and organised.
- Staff consistently placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider.
- The diverse staff group demonstrated an inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

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

- The registered manager assumed responsibility when concerns had been raised or mistakes had been made.

- The registered manager understood their responsibilities to inform people when things went wrong, and the importance of open and transparent investigations to identify lessons and take action to prevent any further occurrences.
- Where accidents and incidents had occurred, the management team had completed investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.
- The registered manager adopted an open approach and pledged to work with people and their families. Relatives praised the management team for being honest whenever they had raised concerns. For example, one relative told us, "When something goes wrong or there has been a problem the manager phones immediately to let us know what has happened." Another relative told us, "It is reassuring to know that they [staff] will call us to let us know if they [family member] has had a fall or is unwell."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were robust measures to monitor quality, safety and the experience of people within the service. The registered manager had embedded quality assurance within the culture and running of the service. Staff assumed clear individual and collective responsibilities relating to this.
- The governance structure ensured there was oversight at each level, with respective management staff and other designated staff responsible for specific audits. Further regular reviews were carried out by the registered manager and deputy manager, with quarterly quality assurance visits completed by the provider's regional director and nominated individual, which reflected the CQC standards and regulations. These reviews detailed improvement action required, with deadline dates for completion or progress reports.
- There was a strong sense of leadership from the registered manager and the senior team which set the standards for all staff. The registered manager and management team were highly visible and had a clear oversight of the safety and quality of care delivered within the home.
- The management team often worked alongside staff and monitored the quality of their care in practice. For example, the night manager worked one day every weekend.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.

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

- Relatives told us they felt the communication with the registered manager and staff made them feel part of 'the team' and their contributions were valued.
- Staff consistently told us they felt empowered and were working together with the management team for the benefit of the people living at Falkland Grange Care Home. For example, staff said the registered manager was always approachable and responsive to new ideas. One member of staff told us, "We [staff] are all told it is our home and encouraged by [registered manager] to share our ideas about how to make the home better."
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised and praised good work by individuals in supervisions and team meetings. For example, one senior care staff told us it was the proudest moment of their working life when they were nominated by a person as 'The Carer of the Month'. The person nominating explained the quality of care provided to them reminded them of the loving care they had shown whilst caring for their relative.

Continuous learning and improving care

- The provider had developed systems to effectively monitor and improve the service. This meant that people's care was consistently responsive to their needs and people were being supported in a way that was

safe and personalised to them.

- The management team had completed comprehensive audits that identified shortfalls and how these needed to be actioned. The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.
- The registered manager was proud of the home's determination to develop the skills of all staff and had appointed champions in relation to dementia and dysphagia. The night manager had completed additional training in relation to dementia. They were working with the head chef to develop processes to fully explore the dining experience of people living with dementia, to identify areas for improvement.

Working in partnership with others

- The home worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people. For example, the night manager had engaged with a recognised university in relation to dementia mapping. Dementia mapping explores people's experience of a particular aspect of care, such as mealtimes, to drive continuous quality improvement in providing person-centred care.
- The home maintained positive working relationships with others, and we received consistently positive feedback from other healthcare professionals involved. One healthcare professional said, "I have been impressed. Staff always know [the person] and have all of the up to date information I need."
- The registered manager and team were active participants in local quality forums and had developed links with other providers of social care to share learning.