

## Barchester Healthcare Homes Limited

# Falmouth Court Care Home

### Inspection report

Falmouth Court Care Home  
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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

Falmouth Court is a residential care home providing personal care to up to 66 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 32 people using the service.

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

Falmouth Court is a newly built service which was not yet fully occupied. We were told this was due to challenges in recruiting new staff, especially senior carers. The registered manager told us, "We want to be sure we can provide the best care for people and don't want to overstretch the staff we have. So, we are not admitting any more people until we have recruited the right staff."

There were enough staff to meet people's needs and ensure their safety. Staff knew people well. The service had some staff vacancies at this time. Processes in place helped ensure safe recruitment.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

People received their prescribed medicines in a safe way. Staff used paper Medicines Administration Records (MAR) to record all administrations. Regular medicine audits were taking place. However, we have made a recommendation in the Safe section of this report regarding the process in place when staff add handwritten entries on to the MAR. These entries were not always signed by two staff in line with services' medicines policy.

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.

Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to meet people's needs and reduce risks.

The food looked appetising and there were staff available to support people where needed. The dining experience was enhanced by the pleasant ambiance in the dining areas. Hosts served people with their meals and wine if wished.

Care plans were paper based and contained current accurate guidance and direction for staff to meet people's identified needs. Care plans were regularly updated and reviewed. Staff supported people well and

people experienced good outcomes.

Staff felt supported by the management team. Their comments included, "We are well treated by the management. When we have been a bit short staffed over the weekend or evenings, the manager always calls us to check we are all ok. They will even come back in, if necessary," "I love the managers they are the best people to work for, so easy to work with. They respect you and recognise you for what you do, not at all intimidating" and "It is a nice group of people to work with."

Relatives' were very positive about the service. Their comments included, "They are amazing here, absolutely amazing," "We could not be more impressed with the care they get," and "(Person's name) has a lovely room, more activity than they can deal with, they want for nothing," "They want for nothing" and "(Person's name) wanted to have their own food so they put a fridge in her room, and we bring things in for them."

There were activities provided seven days a week. People had asked for some activities to be provided later in the afternoon/early evening so that their visitors were not rushed. People were regularly provided with opportunities to go out into the local area on the service transport. There were many occasions where members of the local community came into Falmouth Court. Relatives told us, "There is so much going on in terms of social activity" and "They have lots of activities that (Person's name) can get engaged in."

One visiting healthcare professional told us, "People living here are often up and about and busy, often they are out. Sometimes it is difficult to find them as they are in different places in the home enjoying an activity or socialising."

People were provided with learning opportunities by the activities team. Where some people found they could no longer carry out their hobbies due to healthcare conditions, staff supported them to learn new ways to enjoy their hobbies. We saw many examples of people learning new skills and improving the quality of their lives.

The registered manager and the provider had effective oversight of the service. There was a robust audit programme in place to help identify any areas of the service that may require improvement.

People, staff and relatives were asked for their views and experiences at meetings held by the registered manager. These events led to changes being made in the service in response to feedback. Comments about the registered manager were positive.

The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.

The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 14 January 2022 and this was the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### 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?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

# Falmouth Court 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.

#### Inspection team

The inspection was carried out by one inspection 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

Falmouth Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed five people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 6 people who lived at Falmouth Court, 10 staff including the registered manager, the deputy manager and the registered manager from a sister service in the county. We spoke with 2 relatives and a visiting healthcare professional during the inspection and 13 relatives on the phone to gather their views.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

● Where staff had entered prescribed medicines by hand on to the Medicine Administration Record (MAR), these entries were not always signed by two staff. This practice helps reduce the risk of any errors being made in the records. This had been identified at the last medicines audit.

We recommend the provider takes advice and guidance from a reputable source regarding the process in use when handwritten entries are made by staff on to the MAR.

- People received their medicines in a safe way, as prescribed for them. Relatives confirmed that their loved ones did get their medicines appropriately.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Staff recorded medicines following administration on Medicine Administration Records (MAR). We found no gaps in the MAR.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and according to the guidance provided in the protocols.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

### Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe. They told us, "Yes they are absolutely safe, they are in safe hands I have felt comfortable enough to leave them there" and "They look after them well, yes they are safe there."
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

### Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. We observed staff assisting people to move using a variety of aids. Staff were competent in managing this and treated people with dignity and respect whilst undertaking these tasks.



- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviour's and falls.

- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

#### Staffing and recruitment

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- The service had vacant posts and was recruiting at the time of this inspection. The management team were required to cover some shifts where a senior was not available.
- There were enough staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. One staff member told us, "It is better than it has been recently, we are slowly getting more staff."
- Staff told us they worked well as a team. Comments included, "It is a good place to work, the managers are great, supportive, and available any time. We get offered the same food as the residents if we wish to eat a meal on shift. We are looked after well here."
- Relatives comments included, "I think there are enough staff from what I experience and have seen," "I visit regularly and there is always someone around, they are careful they maintain her routine, yes staffing is adequate, perhaps more than adequate, they make sure everything is documented" and "Staff response times are pretty good from what I have seen."

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

The service was supporting visits from friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks

### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.
- The registered manager had reflected on events that had not always gone as well as expected. They told us that they had learned to seek support more quickly than they did previously.

# 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.

This is the first inspection of this newly registered service. We have rated this key question 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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.
- Staff and managers at Falmouth Court were keen to provide the best care and were motivated and passionate about their roles and supporting people well.

Staff support, training, skills and experience

- People received effective care and treatment. Staff had received required training. Staff confirmed they were prompted to attend updates when they became due.
- There was an electronic system that recorded staff training. This information was monitored by the provider.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.
- Staff meetings took place. Staff felt they were well supported.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and their managers.
- Relatives told us, "Staff take good care of (Person's name)," "Staff know how to get in touch with the feelings of the person," "There has been a sustained quality of care," "I haven't met anyone grumpy and looked like they did not want to be there from the lowest staff upwards; I have come across senior staff working with junior staff and training them – I was there for an activity when they had Chinese food and they invited me to join in" and "Nothing really phases them, they know what they are doing" and "The staff have risen to everything, I cannot speak highly enough of them, they are very competent."

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

- The dining experience was enhanced by the pleasant ambiance of the dining areas. People were served by hosts who were attentive to their needs. Wine was available if people wished. Menus were displayed on all tables and perused by people arriving for meals. People were supported with their dietary needs where this was part of their plan of care.

- People's preferences and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well. One staff member told us, "We know them (people living at Falmouth Court) well. They can have whatever they want within reason. The food is good here, even we can eat it when on shift."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People were regularly weighed, and action was taken if any unplanned loss was noticed.
- People told us, "The food is excellent and they will always try to make what you like".
- Relatives told us, "(Person's name) has put on weight," "Very good and they tailor for individual needs as well, the chef comes around and has spoken with (Person's name) about what they like," "Brilliant, the chef's amazing, we have had a few meals there me and my sister, they have a three-course meal at lunch time and tea time," "Its outstanding, (Person's name) has diverticulitis and it's modified to suit them. There is quite a lot they do not like and they cater for their needs" and "They even provide meals outside of meal times they are very accommodating."

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

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- People's preferences, likes, dislikes, were recorded in their support plans.
- Care plans contained records of health and social care professionals visits to people. One visiting healthcare professional told us, "Staff know the residents well and they follow any advice given to them. There is a positive culture here."

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. 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.

- People were supported in accordance with the requirements of MCA. Staff took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- One person told us, "There is no strict routine here, we do what we want, when we want."
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.
- The registered manager had records of appropriate applications made to the DoLS team. There was one person who had authorised restrictions in place at the time of this inspection.

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

- Falmouth Court is a new purpose-built service. Décor was to a high standard with many ornaments, artwork and decorative features throughout. Electronic candles were sited around the service. These were used to create a calm environment at night when some people were unsettled.

- The service provided 5 spa baths throughout the building. The spa baths incorporated coloured lights and jacuzzi type features. Bathrooms were decorated in warm muted colours with dimmable lighting to make bathing an enjoyable experience. This had a positive impact on some people who had previously declined personal care. One person told us, "The spa bath relaxes my knee."
- Dementia signage had been considered and corridors were themed to help orientate people to their surroundings.
- People were able to move around the service from floor to floor, with activities and events taking place in different parts of the service at different times. This encouraged peoples' movement around the building.
- People were able to invite their friends and family to socialise with them at the service in ground floor café area where there were hot drinks and snacks available or use the private dining areas.
- Relatives commented, "Impeccably clean" and "Yes, very clean; I have to say the house keeping staff are amazing; they really care."

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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 told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity.
- Relatives told us, "(Person's name) has built up a really good relationship with the staff," "I would say there is a lot of kindness and warmth, they are little rays of sunshine," "I would describe the staff as friendly, kind and professional; they are joyful and happy," "Staff pop in and talk to (Person's name) and have a laugh with them, they are respectful that it is (Person's name's) room," "I get big hugs when I go in. They keep a diary of what (Person's name) does throughout the day," "Nothing is too much trouble, they are approachable and that goes a long way."
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating. Staff were knowledgeable about how people communicated.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

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

- People were supported to express their views and be actively involved in making decisions about their care and support. The provider had conducted a survey of people's views and experiences and actions had been taken to address any issues that came from this process. People were positive about the service.
- People were able to choose how they spent their time. There were secure outside areas around the building when people could walk, do gardening or sit and enjoy the squirrels that lived in the trees surrounding the building.
- Staff told us they were well supported, and their views were sought at meetings and one to one's. Staff we spoke with were happy working at the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. Comments included, "The staff are very good here" and "There is always someone around if you need anything and they are cheerful enough."
- Relatives told us that staff promoted people's independence and respected their right to make choices for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery

### Planning personalised care

- There was information held in care plans which showed people's needs, routines and preferences. Care plans were detailed and personalised. People were supported by all the staff teams to experience good outcomes supported by the learning opportunities provided at Falmouth Court through the activities programme.
- One person was immobile, suffered from low mood and refused to engage with any rehabilitation programme offered by physiotherapists. Staff met with the family who told them the person loved to play guitar. By re-engaging the person with their guitar, it improved their mood and helped them to feel more motivated to engage with rehabilitation. This person was now independently mobile after accepting physiotherapy.
- People and families were involved in the review of care plans. During such a review family shared important information with staff about one person who was demotivated and not engaging with staff in any activities. They had used to play music regularly. Their family arranged to have their piano delivered to the service. This person now played regularly, much to the enjoyment of many people and staff. Their mood was now much improved, and they were now engaging in the busy social life of the service.
- Some people had shared that they had always been very early risers and wished to continue to get up early. So, the registered manager had added a new shift for a staff member to come in to work from 6am until 6pm in order to support people who wish to rise early.
- Staff were confident that they knew people well and were meeting their needs. They were aware of changes which took place in their mood or care needs and knew how to support them in the way which suited the person. For example, staff noticed that the care needs of one person was impacting on their partner, especially at night. They spoke with the person and their family who agreed that it would provide improved outcomes for both people if they slept in separate rooms. During the day they were encouraged to spend time together. This had increased the engagement with others of one partner as they had had a settled night's sleep.
- Staff supported people well. Relatives' comments included, "They are amazing here, absolutely amazing," "We could not be more impressed with the care they get," and "(Person's name) has a lovely room, more activity than they can deal with, they want for nothing," "They want for nothing" and "(Person's name) wanted to have their own food so they put a fridge in her room, and we bring things in for them."
- A staff member told us, "It is all about the residents here, whatever they want or need they get. That is what we are all about. We have 'enrichment' training that helps us focus on person and how they feel."

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

- Activities were provided seven days a week, at different times of the day and in different areas of the service. This was done to encourage people's movement throughout the service. At a recent residents meeting people had asked if some activities could be provided in the early evening. This was so that their own plans and visitors were not curtailed in order to attend. This was now in place. A cinema room was available, complete with snacks to enjoy during the film. Relatives told us, "There is so much going on in terms of social activity" and "They have lots of activities that (Person's name) can get engaged in."
- Falmouth Court worked hard to bring the community in to the service. They offered 'Blue Light Breakfast' once a week, providing free food and drink to all emergency service workers. This was popular with emergency workers.
- Professional musicians were invited to come and play for the residents at advertised events. Local charities and community groups were invited to use meeting rooms available at Falmouth Court. A relative told us, "(Person's name) likes to play bridge and they have got someone from the local bridge club to come and play with them". 'Open Days' were held regularly to invite the local community in to enjoy refreshments and spend time in the service.
- Some people had asked to clean their own rooms, eager to remain as independent as possible. The registered manager had enabled people to do this by purchasing light vacuum hoovers for them to use.
- One person used to love knitting and crochet but was now unable to do this due to their healthcare condition. This person had a low mood and was withdrawn with others and staff. Staff helped to teach this person to learn another way of producing fabric and wool items which were now a key part of the forthcoming Coronation decorations around the service. Their work was also being displayed in the front window of a charity shop in Truro. This person was now proud, motivated and enjoying a meaningful life again.
- Some people living at the service were used to looking after the gardens of their previous homes. People missed this activity. So, the staff organised for a potting shed to be delivered so that like-minded people could sow seeds and grow cuttings to put out into the grounds of the service. Several people were involved in planning what they wished to grow, then making trips to the garden centre to buy compost and seeds.
- There was a great sense of camaraderie in the social group of people seen outside checking on their seedlings and discussing the next steps. One person's mobility had increased as a result of going outside and pottering in the shed with others, and this had the additional benefit of also improving their long-term circulation related condition.
- One visiting healthcare professional told us, "People living here are often up and about and busy, often they are out. Sometimes it is difficult to find them as they are in different places in the home enjoying an activity or socialising." People's comments included, "It is important to me to be able to keep busy myself independently."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. Some people were not able to fully communicate verbally and so support plans detailed how the person communicated and how they liked to receive information.
- People, relatives, staff and healthcare professionals confirmed that information was provided by staff to people in a manner that they could understand and process it easily.

#### Improving care quality in response to complaints or concerns



- People and their relatives were aware of how to complain if they needed to.
- No complaints were in process by the service at the time of this inspection. Many compliments had been received from people and their families in a recent survey.
- Many compliments were received about the service provided at Falmouth Court. Comments included, "Amazing job, their patience is great," "Brilliant home, positive staff" and "Feel all the team are fantastic." Relatives told us, "They are all brilliant, if there is ever an issue, we just have a word and they make it happen," "They provide holistic care which I like, from the handyman to the care staff they are all excellent."

#### End of life care and support

- The service was providing end of life care to people at the time of our inspection. Staff had received specific training on how to support families and friends at this difficult time, along with skin and mouth care.
- Relatives told us, "The detail around individual care is excellent."
- Staff told us they felt confident working with people at the end of their lives and saw it as a privilege. One staff member, previously trained as a florist, told us, "I make floral displays for people when they have died, from the staff team, as this is the last thing we can do for them."

# 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.

This is the first inspection of this newly registered service. We have rated this key question 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 who lived at Falmouth Court were supported and encouraged to achieve good outcomes. This is detailed in the responsive section of this report.
- There was a positive culture within the staff and management team. Staff felt supported by the management team. Their comments included, "We are well treated by the management. When we have been a bit short staffed over the weekend or evenings, the manager always calls us to check we are all ok. They will even come back in, if necessary," "I love the managers they are the best people to work for, so easy to work with. They respect you and recognise you for what you do, not at all intimidating" and "It is a nice group of people to work with."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been kept under regular review. Daily records were detailed, up to date and person centred, giving an insight into the daily lives of people living at the service. However, we noted there were several different records that were required to be completed by care staff. Many of these records duplicated the same information in different places in the care plan. We discussed this with the registered manager and deputy manager as staff had confirmed that they spent a lot of time recording and we had noted they did not always complete all the records with all the information all the time due to time pressures. We were assured this issue was under discussion.

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 management team and the provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs, accidents or injuries.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The provider and registered manager had effective quality monitoring systems in place. Reports were

produced from quality assurance visits and audits carried out by the provider and they were used to continually review and improve the service.

- The management team reflected on the development of the service and focused on outcomes for people. Many people chose to move rooms, and this was facilitated. Methods they used to monitor the service included regular reviews of people's care, seeking people's views, regular observations of staffing numbers and audits.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Managers provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood. There was an additional role between senior carers and the deputy manager, called community leads. These staff worked on the floor and supported the management team.
- Important information about changes in people's care needs was communicated at staff shift handover meetings. However, we noted that the handover used for the shift changes on the day of inspection was not entirely accurate. Some people had moved rooms and this had not been updated on the handover sheet.

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

- The service had systems in place to positively engage with all stakeholders. Relatives told us they regularly engaged in conversations with senior staff and managers. They felt their views were valued and considered.
- Relatives were positive about the service, they told us, "When (Person's name) was extra poorly, they would ring us more often. They do all they can for them," "They have relatives' consultation where we discuss what's happening at the home and that's every quarter," "The manager and the deputy are not only approachable but available," "The deputy manager is amazing, they are all very caring" and "It is a very lovely home who care about residents and each other."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The provider sought feedback and staff could be nominated by people as Employee of the month. A relative told us, "I have recommended a member of staff who was extra especially kind and nice to (Person's name)."
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Regular meetings were held with all teams of staff, people living at the service and their relatives. This helped ensure the management team were aware of people's views and any issues.