

Lancashire County Council

Lady Elsie Finney House Home for Older People

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

Lady Elsie Finney House Home for Older People is a residential care home offering accommodation and personal care for up to 46 older people who may be living with dementia. The home is divided into three separate areas known as Meadows. Each Meadow has an open plan lounge and dining area plus a smaller lounge. All bedrooms are single and have en-suite facilities. There are enclosed gardens with patio areas and both of the first floor Meadows have large outdoor balconies. At the time of our inspection there were 44 people living at the home.

Lady Elsie Finney House Home for Older People 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.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found that care plans did not always contain information around identifying and managing risks to people. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe.

During our last inspection we found that although feedback had been gained from people who used the service. There was not always evidence that the feedback had been acted upon. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at the feedback gained and any improvements made in this area. The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The provider also used questionnaires to gain people's views about the service they received. This information was feedback to staff and management in meetings and any actions needed were taken.

At our last inspection we found issues with 'as and when' plans for people's medicines. The MAR chart did not always have the same information as the 'as and when' documentation and variable doses were not always recorded. We made a recommendation about this.

During this inspection we looked at how the service was managing medicines. We found monthly audits were being completed and management had oversight of these. We found protocols for 'as and when required' medicines were in place as per the provider's medicines policy. These protocols were in depth and contained person centred information to guide staff.

At our last inspection we found that some of the training documentation for the staff was inaccurate. We made a recommendation about this. During this inspection we found staff training was on going and evidence was seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively.

The home was clean and tidy however some areas required attention such as carpets and areas of high dust. Audits and daily walk rounds were being completed. However, upon further inspection we found that bath and shower chairs had ingrained dirt on these. Replacement equipment was sourced before the end of the inspection. The registered manager amended the audit paperwork to include these areas to be regularly checked.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice.

Staff told us that they were provided with personal protective equipment. We found people were protected by suitable safe procedures for the recruitment of staff.

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

We found 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.

We found in depth assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service.

Peoples needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. People were supported by staff to live healthier lives. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs.

People we spoke with and their relatives told us that the staff were kind and caring. Staff understood the needs of people they supported and it was apparent trusting relationships had been created. We saw people were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity.

We saw care records were written in a person-centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints

procedure. We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. One person told us, "There has been activities on today my relative likes getting involved."

We found the registered manager was familiar with people who lived at the home and their needs. We found the management team carried out audits and reviews of the quality of care.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

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.

The home had systems to manage risks and plans were implemented to ensure peoples safety.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Access to healthcare professionals was available when required.

Is the service caring?

Good ●

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who lived at the home. Staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

Good ●

There was a complaints policy, which enabled people to raise issues of concern.

Assessments were completed before people moved into the home to ensure their needs could be met.

Care plans were completed and reviewed in accordance with the persons changing needs.

Is the service well-led?

The service was well led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been completed by the manager.

Staff enjoyed their work and told us the management were available for guidance and support.

Good ●

Lady Elsie Finney House Home for Older People

Detailed findings

Background to this inspection

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

This inspection took place on 19 July 2018 and was unannounced. A further inspection site visit took place 20 July 2018 which was announced. The inspection team comprised of two adult social care inspectors.

Before the inspection visit we contacted the commissioning department at Lancashire county council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating and found that they were.

During the time of inspection there were 44 people who used the service. We spoke with a range of people about Lady Elsie Finney House Home for Older People. They included three residents, four relatives, the registered manager, an area manager, the catering manager, a member of cleaning services, a visiting professional and six staff members.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

At our last inspection we found care plans did not always contain information around identifying and managing risks to people. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. We did find missing plans around pressure area care, however this was addressed during the inspection. The risk assessments viewed were person-centred. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

At our last inspection we found issues with 'as and when' plans for people's medicines. The medicines administration record (MAR) chart did not always have the same information as the 'as and when' documentation and variable doses were not always recorded. We made a recommendation about this.

During this inspection we looked at how the service was managing medicines. We found monthly audits were being completed and management had oversight of these. We found protocols for 'as and when required' medicines were in place as per the provider's medicines policy. These protocols were in depth and contained person-centred information to guide staff. We spoke to staff who were able to tell us about individual people's medicine regimes. We looked at training records and found staff who administered medicines had received appropriate training for this.

One relative told us about a time the staff had been proactive in supporting their relative with their medicines. The staff at the home recognised the dose that had been prescribed appeared incorrect following a hospital visit. The staff followed this up with the hospital and it was found the notes were incorrect. The staff showed their knowledge of medicines and of the person. The relative told us, "Thank god the staff were on the ball."

The home was clean and tidy however some areas required attention such as carpets and areas of high dust. Audits and daily walk rounds were being completed. However, upon further inspection we found that bath and shower chairs had ingrained dirt on them. We discussed the issues we found with the registered manager and the cleaning services manager. Replacement equipment was sourced before the end of the inspection. The registered manager amended the audit paperwork to include these areas to be regularly checked.

Staff told us they were provided with personal protective equipment. The registered manager told us an infection prevention champion had been identified. An infection prevention champion supports all staff on matters concerned with Infection Prevention and Control and acts as a role model, initiating best practice in infection prevention and control issues within the work area. A main responsibility of the role is to ensure

that staff working within their area are up dated in Infection Prevention and new infection prevention and control initiatives. This helps to ensure that people are protected from any risk associated to the spread of infection.

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. Accident and incident forms were being used. The documents we viewed were fully completed and had information related to lessons learnt. We saw evidence of lessons learned having been shared with staff during team meetings and supervisions.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

People we spoke with and their relatives said that they felt safe. One person told us, "My relative is safe at the home, they are well cared for." Another said, "I'm impressed with the home, my relative is certainly safe."

We found people were protected by suitable safe procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We found that maintenance checks were completed and there had been improvements. A range of checks were carried out on a regular basis to help ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. This helped to ensure people were kept safe and free from harm.

During this inspection we saw the registered manager had a system which was being used appropriately to determine how many staff were required. The registered manager had an up to date training matrix so they could ensure the correct skill mix of the staff. This meant people were supported by a consistent trained staff team.

Is the service effective?

Our findings

At our last inspection we found that some of the training documentation for the staff was inaccurate. We made a recommendation about this.

During this inspection we found staff training was on going and evidence was seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. New staff completed induction to ensure they were able to complete the role. One staff member said, "We get lots of training we are always learning something new".

We reviewed staff supervision and appraisals at this inspection and found these were taking place and were documented. Staff told us they were able to access informal support from other staff members and management in between supervisions.

We found in depth assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used to create their care plan. Individuals and their relevant family members, where appropriate, had been consulted during the assessment process.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. We saw evidence people were given choices on what meals and drinks they wanted. We observed lunch being served, we saw some people who had difficulty cutting their food being offered support to eat their meal. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

We spoke to the catering manager for the home. They advised us that the home works in partnership with an outside agency to put on theme days. There are five theme days per year which include a railway journey and summer holiday. The company provides activities related to the theme and the service puts on food related to this, such as fish and chips by the sea side.

The Food Standards Agency had awarded Lady Elsie Finney House Home for Older People their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Records we looked at confirmed all staff who prepared food completed food safety and hygiene training. The kitchen was clean and tidy with modern equipment. Staff completed associated safety and cleaning records, such as appliance temperature checks, to maintain food safety.

People were supported by staff to live healthier lives. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs. We saw documentation to facilitate a transfer of care for people; the home had hospital passports in place for people should they need to visit the hospital.

These documents included person-centred information to help others who may not know the people well to care for the individuals according to their wishes.

We looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. There were some dementia friendly aspects to the home, including different coloured toilet seats in the communal areas and contrasting colours for handrails. This helped people to identify them more easily.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), MCA, Health and Safety and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations. This demonstrated the manager was aware of their responsibility to use national guidelines to inform care and support practice at the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. The assessments we saw were person-centred and included details about how the service had facilitated the persons understanding. We saw evidence where best interest decisions had been taken on a person's behalf. The service had included other professionals and family within the decision. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

Is the service caring?

Our findings

People we spoke with and their relatives told us that the staff were kind and caring. One person said, "The staff are calm and relaxed, they do their best." And, "The staff are really friendly and I would recommend the home to others."

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. We saw staff singing and dancing with people.

Staff understood the needs of people they supported and it was apparent trusting relationships had been created. One relative told us, "There is a good relationship between the people who live at the home and the staff."

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering. Relatives we spoke with told us, "The staff all treat my relative with respect, they respect his views."

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

We saw people were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Care records included documented visits with advocates. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Is the service responsive?

Our findings

A relative we spoke with told us the home was responsive. They told us, "The staff know my relative really well, they know their likes and dislikes and know before they do what they need."

We saw care records were written in a person-centred way and we observed staff followed the guidance in care records. For example, we observed staff working with people on a one to one basis helping them to mobilise the home and avoid situations that could cause distress. The staff were gentle with the person and used good communication and distraction techniques.

Care plans were clear, concise and regularly reviewed; this meant people received personalised care, which met their changing needs. We saw examples of how people were supported in line with accessible information.

Documentation was shared with other professionals about people's needs on a need to know basis, for example, when a person visited the hospital. This meant other health professionals had information about individuals care needs to give a clear overview of the person's current needs.

We saw care documentation which showed end of life care had been discussed with people who lived at the home. We saw people had plans around end of life care and these plans were person centred. They included information around what music people wanted playing, who they wanted involved in their care and any advanced decisions they may have made. This helped to ensure their wishes for their final days were recorded so they could receive the care and support they wanted at that time.

The documentation was set to be introduced for everyone living at the home. The home had also identified a staff member to become the end of life champion. They will be working on the documentation and engaging families in the process. We looked at the service's training matrix which showed staff had received training in end of life care.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. One person told us, "There has been activities on today, my relative likes getting involved." A staff member told us, "We have DVD evenings, nail painting and hand massage."

Is the service well-led?

Our findings

During our last inspection we found that although feedback had been gained from people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at the feedback gained and any improvements made in this area. The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The provider also used questionnaires to gain people's views about the service they received. This information was fed back to staff and management in meetings and any actions needed were taken.

The home had a registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Many of the service users were unable to answer specifics about the leadership. Relatives we spoke with all agreed that they knew the manager and referred to them in a positive way. One person said, "The managers nice, if I had a problem I would be able to go to them."

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of medication and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The registered manager spent time working alongside staff to monitor the culture and performance of staff.

Staff reported a good working environment, they told us they were happy in their work and felt well supported. One staff member told us, "I feel valued and listened to, we are consulted about changes in the home."

We found the registered manager was familiar with people who lived at the home and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a personalised way.

We looked at policies and procedures related to the running of the home. These were reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

The registered manager explained and records we looked at confirmed they worked with other agencies to ensure they were providing care in line with best practice. We found the organisation had maintained links with other organisations such as the local commissioning groups. The registered manager kept up to date with current good practice guidelines by attending local groups and meetings at which they shared learning and discussed new developments in care.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.