

London and Manchester Healthcare (Deepdale) Limited

Finney House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Finney House is a nursing home providing accommodation and personal care for up to 96 adults. There were 41 people living at the service at the time of the inspection. Some of the people lived with mental health needs, dementia and required support with their physical needs.

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

People and their relatives told us they felt safe and protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. While some improvements had been made to the management of medicines, practices were not always safe and further improvements were required. The provider and their manager had improved their systems to ensure people's clinical needs were identified, monitored and safely met. Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people during the delivery of their care. People were supported by staff who had been safely recruited. Staff had received training and guidance in the prevention and control of infections including COVID-19.

Arrangements for staff supervisions needed to be improved to follow best practice guidance. We made a recommendation about staff supervisions.

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. People's consent was sought however some improvements were required and the manager took immediate action to address them. People's care and support had been planned in partnership with them, their specialist professionals and their relatives where possible. Staff had received training that was suitable to meet the needs of people in the home and the induction and support of new staff had improved.

People and their relatives shared positive comments about the caring nature of the staff team. They said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. There had been a focus on monitoring and supporting people's personal care, hygiene and dignity.

People received person-centred care, which was responsive to their needs. Care records reflected people's needs and had been reviewed when people's needs changed. Staff supported people with meaningful activities. People's individual communication needs had been assessed. The registered manager dealt with people's concerns and complaints appropriately. People received dignified end of life care.

The provider made improvements to the quality monitoring, governance and leadership arrangements which contributed to driving improvements at the home. The provider and staff worked hard to improve people's experiences and to address shortfalls found at the last inspection. Comments from relatives included; "They seem to be heading in the right direction for sure we can see a difference". The provider audited various areas of people's care however, they needed to sustain the changes they made and to continue to monitor areas of improvement including medicines management and seeking consent. The

service worked in partnership with a variety of agencies to ensure people received the support they needed. Staff were positive with how the service was managed and the culture and morale within the staff team had improved.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 27 October 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 10, 11, 13, 17 and 18. The provider remains in breach of regulations in relation to medicines management.

This service has been in Special Measures since 27 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on our inspection scheduling.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Finney House

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

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

Three inspectors, a pharmacy inspector and an expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Finney House 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 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 our inspection there was no registered manager in post however a manager was employed and in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service, including information from the registered provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The registered provider was not asked to complete a registered provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who lived at the home about their experiences of the care provided. We spoke with 12 members of staff including the two managers, regional manager and the nominated individual on the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 14 relatives. We reviewed a range of records. This included 12 people's care records, multiple medication records, accident and incident records, three staff recruitment records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the managers and nominated individual to validate evidence found. We looked at training data and quality assurance records and sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection medicines were not effectively managed, including maintaining adequate stocks and following best practice guidance. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- Whilst the provider made some improvements to people's medicines and errors had reduced, we found medicines were not always given safely in line with best practice guidance. We saw evidence of paracetamol being administered without a four-hour gap on many occasions to several people. This meant there was a risk of harm from paracetamol overdose. Records showed that people who required medicines at a specific time did not always receive their medicines at the times recommended so there was a risk they might have experienced symptoms of their medical condition.
- Medicines administration records were not always fully completed to demonstrate whether medicines had been offered and taken as prescribed. Staff did not always record when they added thickener powder to people's food or drinks when it was prescribed, so we could not be sure they were given drinks of the correct consistency. In addition, records of topical administration of creams/ointments were not always completed as prescribed, so we could not be sure this was done safely.
- Improvements had been made to medicines storage. However, medicines requiring refrigeration were not stored safely. Staff had repeatedly recorded when the fridge was out of range and not escalated the issue. There was a risk that medicines would not be effective as the temperature had dropped below the manufacturers recommended storage temperature. The manager took immediate action to address this.
- Medicines administration records needed to be improved. Details on the electronic medicines record (eMAR) did not always match the medicines labels, for example, medicines required to be used regularly were being administered 'when required' or intermittently, without the GP changing the prescription. In addition, guides to administer 'when required' medicines were not seen for every record we checked. The manager had audited the system; however, some records had been missed.
- Records had improved for people who had their medicines administered covertly, hidden in food or drink. However personalised details had not been added to the eMAR system. Following the inspection, we saw action had been taken to address the issue.

Systems had not been adequately established to ensure the safe use of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- The service had addressed medicines issues from the last inspection and there were improvements seen. The service had introduced an electronic medicines record and all records checked had photographs and people's allergy status recorded, which was a shortfall at the last inspection. Staff administering medicines had up to date training and were competent to do so.

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

At the last inspection arrangements for assessing, reviewing and monitoring clinical risks were not robust and risk monitoring practices were not adequate. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12 in relation to risk management.

- The provider had established a robust approach to risk management. There was oversight of people's clinical needs, and systems to identify and monitor any risks to health to ensure people received the right care. A clinical lead had been employed to monitor people. This approach was in its infancy and needed to be embedded to manage individual risk.
- Significant work had been carried out to improve clinical oversight so that risk could be minimised and addressed to ensure people were safe.
- Staff completed incident reports and the registered manager had improved their practices in relation to the recording and sharing of information on accidents and incidents.
- The management team and staff made improvements to make sure staff completed observations of people at risk of avoidable harm such as choking and service user on service user incidents.
- Following our last inspection, the provider completed a lessons learnt process to learn from the shortfalls and recurring themes in areas such as medicines and falls.
- The property was maintained, and equipment had been serviced in line with manufacturers' recommendations.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection systems and processes for safeguarding people from risks of abuse had not been effectively implemented to ensure compliance with regulations and local safeguarding protocols. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The registered manager and staff ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy. They shared safeguarding information internally, with the local authority and the CQC in line with their statutory obligations.
- Improvements had been made to protect people against the risk of self-neglect. Where this was a concern staff worked with other professionals to ensure concerns were dealt with holistically. Comments from people included, "I feel perfectly safe. I have a gate on my door, at my request, to stop others entering my room. I know the staff well and I can trust them. There are some staff that I don't know, but I have not had

any problems."

- Staff received training in how to keep people safe from abuse. They were confident about reporting and escalating concerns to support people's safety. Allegations of abuse against care staff had been investigated and robust action taken.
- The provider improved processes to make sure accidents and incidents were appropriately recorded, investigated with areas for improvement identified and acted on. Staff had access to guidance on what worked for each individual and how to improve the way they respond to people during times of distress. We observed staff speaking to people and providing them with assurance in a sensitive and patient manner to prevent distress escalation.
- The provider had safeguarding and whistleblowing policies in place and staff knew how to access them. This provided staff with the support they needed to raise concerns appropriately both within the organisation and with external agencies.

Staffing and recruitment

At the last inspection sufficient numbers of suitably qualified and competent staff were not always deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The provider and their managers had made improvements to ensure that staffing levels throughout the home were appropriate. Staff were deployed appropriately and in line with people's needs and for people who required one to one support for their safety.
- There was a drive to recruit more permanent staff and to reduce the use of agency staff. This would assist in the consistency of care provided.
- Staff gave positive feedback in relation to staffing arrangements. They told us they felt the deployment of staff had improved and helped them to provide consistent support to people. Comments included, "We have less agency staff now and it seems to ensure people are supported by staff who know them." And, "Staffing is variable at the moment but there are improvements."
- The provider had processes for recruitment checks to ensure new staff were safely recruited. Recruitment files we reviewed showed correct recruitment procedures were safely in place.

Preventing and controlling infection

- The provider and their staff protected people against the risk of infection. The environment was clean and hygienic. They had received training in infection prevention and control. They complied with COVID-19 guidance including regular testing for staff, supporting people with vaccination and the use of personal protective equipment (PPE).
- Staff had access to PPE such as face masks, gloves and aprons. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure that all staff had received appropriate support and training to enable them to carry out the duties. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The provider had a system to provide staff with supervision and appraisals. While staff had been provided with appraisal and supervision, the system for supervision was not in line with best practice guidance. Supervision records reviewed showed supervision was mostly provided when there was a shortfall to be addressed with staff. Supervision should be a two way process for staff to share their views on their roles and seek support from their managers where required.

We recommend the provider consider current guidance on staff supervision and take action to update their practice accordingly.

- The provider and their managers had supported staff with suitable induction and training at the beginning of their employment. A significant effort had been made to understand the learning needs of staff and to promote staff learning in line with people's needs. Staff told us, "My induction was four days shadowing other staff this gave me good experience." And, "It is now a lot better, we can ask for NVQ training if we need it."

- The provider reviewed the learning needs of their staff following the last inspection. This assisted in identifying specialist training areas that staff needed in line with the clinical needs of people living at the home. Training had been introduced in clinical areas such as diabetes care and syringe driver. There was ongoing work to ensure staff were up to date with their training. One staff member said, "There has been a big improvement, training is much better, the clinical side is more organised."

- The provider employed more staff to provide clinical expertise to strengthen the clinical experience in the home and to ensure people's needs could be met holistically. Staff told us they felt supported and assured with the clinical support they were receiving. This was a notable improvement.

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

- People told us they could exercise their choice. Their needs had been assessed before they started using the service. The provider introduced additional measures to monitor people's care plans and update risk assessments.
- At our last inspection people's reviews were not timely and people receiving end of life care were not adequately supported with oral hygiene. We found improvements had been made in these areas and people were adequately supported. Care and support for people was reviewed regularly or when people's needs changed.
- The manager and their staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and the manager had a policy on seeking consent and assessing mental capacity and trained their staff. Records we reviewed showed people's consent had been sought however the records of decision making were generic and not decision specific. Assessments on consent are required to be decision specific. The manager and their staff took immediate action to address this.
- DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff had asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.

Supporting people to eat and drink enough to maintain a balanced diet ; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection people were not effectively monitored to ensure they ate and drank well because of poor record keeping. During this inspection we observed staff supporting people effectively and records, when appropriate documented any associated risks with eating and drinking. Staff supported those who required help with healthy eating or a special diet to manage their health conditions.
- We observed people being supported with their meals, the atmosphere was pleasant, and food was presented in an appetising manner.
- The manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- Staff had a good understanding about the current medical and health conditions of people they supported. One family member told us, "[Relative] had a chest infection and the staff were very quick to spot the problem and get the doctor."

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

- People's individual needs were met by the adaptation and design of the service. The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
- Staff had continued to improve the lay out of the environment to suit the needs of people living with dementia. This included quiet areas on each floor and accessories for people to interact with.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to 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 ; Respecting and promoting people's privacy, dignity and independence;

At our last inspection we found evidence that people had been exposed to poor care experiences and systems were either not in place or robust enough to promote dignity and choice. People had experienced poor outcomes and practices did not promote person-centred care. These were breaches of regulation 9 (person centred care) and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- (Dignity and respect).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People and their relatives told us independence, privacy and respect were considered. One relative told us, "I would say the care has improved in the last months. I do believe that staff are getting a better understanding of the needs of the residents. Possibly better training."
- We observed people being treated with dignity by care staff who had received training in dignity and respect. At the last inspection people's personal hygiene needs had not always been met and this had compromised people's dignity. We found significant improvements had been made in this area which had contributed to the improvements in people's experiences. Comments from relatives included, "My [relative] is always fresh and clean. They look cared for. I am here nearly every day, so I see all that happens." And "I observe the treatment of other people. I think this gives you an insight into the environment people are living in and whether they are shown respect and treated with dignity."
- Records were written in a respectful manner and demonstrated that people were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.
- The manager showed awareness about people's dignity or treatment. Improvements had been made to ensure staff received training related to dignity and respect and equality and diversity. This was a shortfall at our last inspection.
- Staff had worked hard to support people to maintain their independence and improvements had been made to ensure people can receive their visitors any day of the week. At our last inspection people raised concerns about visiting arrangements at the weekend.

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

- People and their relatives told us they were able to share their views on the care they received. We observed staff giving people choices and asking for their opinion.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They told us they were confident to challenge other staff members should they observe any forms of abuse.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection people had experienced poor outcomes, systems were either not in place or robust enough to ensure people's records were complete, accurate and up to date. There was a failure to ensure care and treatment was person centred to meet people's needs, choice and reflected their preferences. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Peoples' care records had been written in a person-centred manner that reflected their personal preferences, their needs and interests. A significant amount of care records had been reviewed; they reflected people's current needs and were accurate.
- Records we reviewed and conversations with staff showed they had been responsive to people's needs. Any changes in people's needs resulted in a review including a referral to specialist professionals. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. The manager and staff followed the guidance in the care plans and reviewed people's needs without delay. This was a notable improvement from our last inspection.
- People's records were detailed and comprehensive, provided precise guidance on how best to support people and what works for them.
- The provider made improvements to ensure people and their relatives were supported to plan for their end of life care. The provider had sought guidance on end of life care from a local hospice and made arrangements for staff to receive up to date training in supporting people towards the end of their life.
- We observed people receiving end of life care had adequate care records which detailed their preferences. We saw people were comfortable and their oral hygiene needs were monitored.
- We received positive feedback from relatives in relation to the end of life care and support people received if they are bereaved. Comments included, "Our family lost my younger brother last year and Finney House were wonderful with mum. The funeral was on zoom and arrangements were made for mum to watch and join in via the large TV in the lounge. A member of staff accompanied her and gave her support." This showed a sensitive approach to supporting people with their loss.
- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. Activity coordinators worked with people to keep them engaged and stimulated.

- While there had been improvements regarding supporting people to maintain their relationships, some relatives felt this needed to be further improved. Comments included, "We would appreciate it if as relatives we can get regular phone calls on updates from key workers like what happened before COVID-19. It would be nice if we had this from Finney House." And; "I really would like more communication with the staff. I live a long distance away. When I call, I do feel the staff listen and have good intentions."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. One relative told us, "I don't have a problem with going to management with any issues that arise. I am certainly not afraid to voice my opinion, I am listened to when I have problems."

Meeting people's communication needs

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

- People's communication needs had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. Staff assessed people's communication needs and knew how to meet 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant while the service management and leadership had improved it needed to be imbedded to ensure consistence. Leaders needed to sustain the improvements and the culture they had created to support the delivery of high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness;

At the last inspection the provider had not ensured that there were effective systems to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the service was no longer in breach of Regulation 17.

- The provider and the manager had made significant improvements to demonstrate their understanding of regulatory requirements and how to address shortfalls. At the last inspection there were 10 breaches of regulation. At this inspection we found nine of the breaches and associated shortfalls had been addressed and care, quality and people's experiences improved. However, the provider continued to be in breach of regulation in respect of medicines management and needed to improve practices for seeking consent.
- The provider took immediate action following our inspection to review the quality of the care provided and the experiences of people and staff at Finney House. They created a robust action plan which was implemented and monitored at the highest level in the organisation. There was evidence of a strong focus to address the shortfalls identified at the time. This had significantly assisted in improving people's experiences and to comply with the regulatory requirements.
- The provider had introduced additional quality monitoring checks with a strong emphasis on oversight and monitoring people's clinical needs, they added a new clinical role to enhance the oversight on clinical care. We noted a significant improvement in the monitoring of people's clinical needs and the local clinical decision making process which was overseen by senior leadership at board level.
- The provider had quality audit systems that allowed a more questioning culture which helped staff to raise concerns. Regular internal quality monitoring activities had been carried out and showed improvements.
- While improvements had been made in various areas, we found medicines management systems needed to be further improved. There were shortfalls in the administration and monitoring of safe use of medicines demonstrating that the improvements made needed to be imbedded and sustained. Lessons were learnt from incidents in the home and observations on people's changing needs.

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

At our last inspection the provider had failed to report safeguarding concerns to relevant authorities and CQC. This was a potential breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager and their staff knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. Significant improvements had been made to the way incidents were shared with other organisations. They had notified CQC of events, such as safeguarding and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to gather the views of people and relatives. People using the service and their relatives felt their contributions were respected. Comments from relatives included, "The management has definitely improved. I feel I can have chats with staff, and I am listened to" And, "Things are improving at Finney House. This manager appears to have a good understanding of the needs of the residents. The manager definitely knows her job."

- Feedback from staff was mostly positive, some staff told us they were confident they could make suggestions and feel listened to however some felt while they could speak, they don't usually feel confident of changes. Comments from staff included, "I am able to approach manager and raise concerns and I can report poor care with confidence." And, "There is a good culture among staff and the reduction in use of agency staff seem to be helping." We noted the morale within the staff team had significantly improved and feedback from staff supported this.

- The manager promoted an inclusive, positive and open culture. Staff were aware of risks associated with closed cultures and knew how to raise concerns about poor practices within the organisation. "Closed" cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches.

- Relatives shared positive comments regarding engagement especially during the COVID-19 pandemic. Comments included, "I think the interaction between staff is improving. The lead has to come from the management. This appears to be happening." There were ongoing improvements to the phone system and visiting arrangements in the home to ensure people's relatives can easily get through to the home. This has been a concern from our last inspection.

Working in partnership with others

- The manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health.