

London and Manchester Healthcare (Deepdale) Limited

Finney House

Inspection report

Flintoff Way
Preston
Lancashire
PR1 6AB

Tel: 01772286547

Date of inspection visit:
27 August 2019

Date of publication:
25 September 2019

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

Finney House is a residential care home providing personal and nursing care to 65 people, aged 65 and over at the time of the inspection. The service can support up to 96 people. Finney House accommodates people across four separate units, each of which has separate adapted facilities. Two of the units specialises in providing care to people living with dementia.

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

Staff supported people in a safe and effective way. Staff supported people to maintain their independence, considered positive risk-taking and encouraged people to be involved in making day to day decisions. They managed people's medicines in a safe way.

Staff undertook training courses which enabled them to support people in a safe and effective way. Staff told us they felt supported and involved in development and decisions about how the service was led.

The registered manager completed and regularly reviewed effective assessments of people's needs and preferences. Staff assessed people's changing needs and when they were transferred between health care services there was a good standard of information sharing.

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 consistently told us they received support in a kind and respectful way. People had built trusting relationships with staff and spoke highly of them. The registered manager created an inclusive ethos where people were encouraged to have their say. Staff approached people in a friendly and respectful way and protected their dignity.

The registered manager ensured people received person-centred support. They arranged meaningful activities and continually asked for people's feedback about what type of activities they would like to engage in. Staff supported people to make end of life care decisions including their preferred place of care. People were able to stay at Finney House for end of life care and staff liaised with specialist palliative care community professionals.

The service was well-led. There was a substantial senior management team which meant a good standard of quality assurance had been achieved. People, relatives and staff told us they could approach the registered manager and felt confident they would be responsive to their ideas or concerns.

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 requires improvement (published 11 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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

Inspection team

This inspection was conducted by three inspectors, one specialist advisor for medicines management, one specialist advisor for dementia care and two Experts 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

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning took into account information we held about the service including information submitted by the registered managers about accidents and incidents.

We also looked at information shared by the local safeguarding authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with ten people, seven relatives and one visitor. Not all of those who lived at the home were able to communicate with us. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three members of the management team, two registered nurses, one senior care worker, three care workers and the maintenance person. We looked at two staff recruitment and training files, ten people's care records and multiple records relating to the management of people's medicines, staffing, quality assurance and governance.

We spoke to three visiting professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. 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 we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff assessed, monitored and effectively managed risk. Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Staff supported people to take positive risks. This allowed people to maintain their independence as much as possible. The environment was spacious and enabled people living with dementia to maintain an active lifestyle. Staff told us this reduced the risk of people displaying distressed behaviours.
- People consistently told us they felt safe. We asked what made them feel safe and people told us, "I think it's nice here", "I'm looked after, you get nice meals and I have a nice room" and, "I have no complaints, they [staff] make sure I am safe."
- The environment was safe and well maintained. Equipment was routinely checked for safety and staff demonstrated good awareness of how to respond to an emergency situation.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and procedures in place to protect people from abuse. Staff understood how to identify abuse and how to report their concerns.
- Safeguarding alerts had been made by senior staff in line with the local safeguarding authority's expectations. People's care records showed how staff would protect them from abuse.

Staffing and recruitment

- Sufficient numbers of skilled and competent staff were deployed across all units. We received mixed feedback from people and their relatives in relation to staffing levels and staff response times; "I am happy with the response time", "They are pretty good at answering my call button", "Sometimes I have to wait a little while, but somebody always comes" and "The staffing levels go up and down, they do tend to rely on agency staff at weekends."
- We corroborated what people and relatives told us about staffing by speaking to staff. Staff told us "We have enough staff, it's just by having agency workers makes it harder because they don't know the place".

The head of commissioning told us, "We have worked hard to recruit and retain staff, some agency cover is needed due to people being on one to one support. However, the use of agency staff has significantly reduced." Staffing rotas showed staff were deployed across the service with consideration of skill mix and experience.

- The senior management team undertook safe staff recruitment processes.

Using medicines safely

- There were effective and safe processes in place for the management of people's medicines. Medicines were stored in a safe area and staff administered people's medicines in a safe and person-centred way. There was a process in place to support people to self-administer medicines and this was assessed on admission to ensure people were safe to do so.
- Record keeping in relation to medicines care planning, administration of medicines, covert administration and clinical room checks was robust. There was a quality assurance process which showed close oversight of the way medicines were managed.
- Staff had received training in medicine awareness and those responsible for the administration of medicines had been checked for competency.

Preventing and controlling infection

- The service was exceptionally clean, well presented and protected people from the spread of infection. Staff followed safe procedures in relation to hand washing and use of protective clothing.
- All bedrooms had ensuite facilities and communal bathrooms were routinely checked for hygiene standards. Staff received training in the prevention and control of infection.

Learning lessons when things go wrong

- There was a robust system for analysis of accidents and incidents which showed clear recording of lessons learnt. There was analysis of incidents which allowed the registered managers to assess, monitor and prevent the risk of incidents being repeated.

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had failed to provide a suitable environment for people living with dementia. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The building was designed to a high standard. Each unit had comfortable communal areas and plenty of space for people to enjoy quiet time or time with their visitors. People's bedrooms had been personalised to meet their needs.
- The two dementia units had been carefully designed to enable people living with cognitive impairment to maintain their independence. For example, signage allowed people to determine which direction their room was. Tactile objects throughout the units provided stimulation to benefit people living with dementia.
- People utilised quiet reading lounges. These environments were low lit and had been painted in a dark colour. The calming ambience demonstrated effective outcomes for people living with dementia and in need of a low stimulus environment.

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

At our last inspection the provider had failed to consistently assess people in line with principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were consistently assessed in line with principles of the MCA. Consent to care and treatment was requested where possible and recorded.
- Since the last inspection the provider had employed a specialist speech and language therapist. They had trained staff in effective ways to aid people's communication when undertaking an assessment of their capacity. Staff carried a key ring with prompts to remind them to carry out best practice in relation to asking for people's consent.
- Mental capacity assessments were completed with good detail and showed clear information when a best interest decision had been made. People had access to Independent Mental Capacity Advocates (IMCA). An IMCA is someone who is provided for any person aged 16 years or older, who has no one able to support and represent them, and who lacks capacity to make a decision about their care or treatment.
- Staff understood their role in carrying out any deprivation of liberty safeguards. DoLS information was clearly recorded throughout people's care records.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. Staff worked with other agencies to provide consistent, effective, timely care.
- People's care plans showed clear information about people's holistic needs and they incorporated advice from external health care professionals. For example, one person had a recurrent medical condition that was impacting on their physical health. Staff had referred the person to their GP and appropriate investigations and treatment had been undertaken. Another person had been prescribed medication. Staff had followed guidelines and sought advice from a consultant psychiatrist, which included physical health assessments to ensure the medication was not causing any adverse physical health side effects.

Staff support: induction, training, skills and experience

- People were supported by staff with sufficient skills, knowledge and competence. Staff received a wide range of training which enabled them to maintain an up to date understanding of best practice within health and social care.
- New staff received a detailed induction training programme which was delivered before they were deployed to support people.
- Staff told us they received regular supervision and felt supported. Each member of staff had an individual personal development plan, which included a reflective account of their achievements.

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

- People received good quality food and fluids to maintain a healthy diet.
- We asked people if they were satisfied with the standard and variety of meals provided. People told us; "It is not bad at all, the variety varies. There are sandwiches for tea and supper but if you want something you just ask and you get", "They are quite adequate", "On the whole they are very good", "It's good" and, "it's

alright."

- People received a good standard of meal time service and were supported in a person-centred way.

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

- People had access to a wide range of healthcare services and support. We received positive feedback from three visiting professionals. The service was engaged in local authority steering groups such as dignity and safeguarding champions this meant staff had access to best practice information
- The service received recognition of valuable contribution to a research study undertaken by Manchester Institute for Collaborative Research on Ageing. The research project looked at ways to improve quality of life for older adults with combined sensory and cognitive problems. Engagement with the project improved staff awareness of the importance to ensure people with sensory and visual impairment had the necessary aids to improve and maintain their wellbeing.

Is the service caring?

Our findings

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

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

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

- People received a very good standard of person-centred support. Staff engaged with people in a respectful way and understood the importance of maintaining people's dignity.
- The senior management team acknowledged some staff needed development in relation to their understanding of promoting equality and diversity for people they supported, colleagues and visitors. Staff were provided with necessary support to improve.
- Staff understood their roles and responsibilities which included the importance of treating people as their equal.
- We received consistent feedback from people and relatives about how staff treated them. People told us; "They're [staff] good", "Staff are very good, kind", "Really caring and kind" and "Always, I can only praise them [staff]".

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

- Staff involved people in making decisions about their care, when it was possible. A speech and language therapist was employed and undertook assessments of people's communication skills. They also worked with staff to aid understanding of how best to communicate with people and gain their involvement in the decision-making process.
- Staff encouraged people to be involved in the care planning process and care records showed regular care reviews were undertaken.
- The senior management team encouraged people and their relatives to complete surveys and express their views on a regular basis. Monthly 'you said, we did' notices were advertised to feedback about the action taken to act on their views and ideas.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a kind and respectful way. Staff knocked on people's bedroom doors before they entered.
- Staff encouraged people to maintain their independence. Care plans focused on what people could do to remain in control of their lives. People who lived on the dementia care units actively walked around and maintained a sense of purpose when engaged with tactile objects such as dignity dolls, clothing and reminiscence items.
- Staff protected people's dignity during meal times.

Is the service responsive?

Our findings

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

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

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

- Staff supported people in-line with their care plan. Staff understood people's needs and care plans showed clear information about their needs and preferences. For example, when an outing triggered verbal communication for a person who had not showed this level of speech whilst living at the service the positive outcome was acknowledged and recorded.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

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.

- Staff supported people to effectively communicate. The registered manager had embedded a system to improve staff understanding in relation to how best meet people's communication needs.
- The registered manager had developed a wide range of communication approaches which supported people to understand and express their needs. One person had started to use verbal communication with use of visual prompts.
- There was a robust process in place for the management of complaints which included evidence of quality assurance and trends analysis. The complaints procedure was available in six languages; English, Gujarati, Polish, Chinese, Urdu and Punjabi. An easy read complaint procedure was also available for people living with a sensory or cognitive impairment.
- The senior management team operated in a transparent way and shared lessons learnt with all stakeholders.

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

- Staff encouraged people to socialise and provided them with choice and control. There were scheduled activities across all units. If people did not wish to participate staff respected their decision.
- Care plans clearly outlined people's hobbies and interests. The management team responded to people's requests in relation to activities and social inclusion.
- People were supported to maintain important relationships. There were no restriction on visiting times. Relatives told us they could freely visit and felt involved.
- Staff understood people's cultural preferences and they were supported to access religious activities. The

management team facilitated cultural celebrations.

End of life care and support

- Staff provided good end of life support. There was a process in place to assess people nearing end of life and this included person-centred information. Advanced care planning was undertaken, and people's preferred place of care was discussed with relevant health care professionals.
- People received holistic care and treatment. Staff supported people in receipt of palliative care in a kind and respectful way. Staff were extremely responsive and effective in their approach and had built good working relationships with the local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 senior management team were committed to providing an open and inclusive culture. The organisation had recruited a second registered manager and their role was to focus on clinical governance.
- Stakeholders were encouraged to be involved and asked for their opinions.
- There was a strong commitment to effective information sharing. Regular analysis of how the managers acted on their duty of candour responsibilities was undertaken by the nominated individual.
- Staff were confident to report any concerns. Accident and incident analysis were undertaken and showed clear communication with people, their involved relatives and professionals. The registered managers informed the Care Quality Commission when an event or incident had happened.
- Staff told us they were supported by the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager's and senior management team understood their role and responsibilities. Each member of the senior management team undertook specific tasks to ensure effective management across all departments.
- There were effective systems in place to ensure continuous learning and improving care. Quality assurance processes showed clear assessment of the service and where shortfalls had been identified the senior management team evidenced when action had been taken, including lessons learnt.
- We received mixed feedback about the senior management team, some people told us they were unsure of who the registered manager was; "She [registered manager] always comes across as very sympathetic", "I have seen her [registered manager], but not regularly", "Sometimes, but I don't know what they [registered managers] do" and "On the whole I would say it is well managed."

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

- Community engagement was valued and people's feedback was requested and acted on. Relatives and the public were invited for open days and scheduled activities. Every month the registered manager formulated and shared a summary of the action taken from people's comments and ideas.

Working in partnership with others

- Staff worked in partnership with all stakeholders. We received positive feedback from visiting professionals; "The provider has acted on feedback from professionals to implement improvements." And "The manager engages with multi agencies."
- The senior management team had engaged with community professionals and was involved in a research project, this was in relation to improving communication for people who have cognitive or visual impairment. Staff told us this project had improved their knowledge in relation to how best to support people to effectively communicate.