Lotus Care (Finch Manor) Limited

Finch Manor Nursing Home

Inspection report

Finch Lea Drive
Liverpool
L14 9QN

Tel: 01512590617

Date of inspection visit:
13 April 2021

Date of publication:
06 May 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Finch Manor is a care home providing personal care for up to 85 older people. The service is purpose built and the accommodation is in five units over one floor, although at the time of the inspection, only four units were in use. Each of the units supports people living with different conditions such as dementia and nursing needs. There were 55 people living at the service at the time we inspected.

People's experience of using this service and what we found
At the last inspection, we found concerns with the safety and quality of care being provided at this service. People living at Finch Manor did not benefit from a service that was safe or well-led and we found multiple breaches of regulation.

As this inspection, we checked to see whether improvements had been made and found they had.

Since the last inspection, a new registered manager had joined the service, and the management team had been restructured. Both people and staff spoke positively about the new manager and the changes they had made.

We found that the service had improved their systems and processes to ensure that care provided to people was safe, and the quality of care and support was consistently monitored.

People spoken with and their relatives told us they were happy with the care being provided and valued the staff.

Parts of the service had been reconfigured and we observed people were calm and at ease in their environment as a result. People were supported to have maximum choice and control of their lives, and staff supported people in line with preferences.

The appearance of the physical environment had improved since the last inspection. New bathrooms, satellite kitchens and flooring had been installed and most areas had been newly painted.

Although significant improvements had been since the last inspection, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

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 11 September 2020) and there were multiple breaches of regulation. In line with our enforcement procedures, we issued Warning Notices in respect of Regulation 12 and 17.

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 enough improvement had been made and the provider was no longer in breach of regulation and the Warning Notices had been met.

This service has been in Special Measures since 19 October 2019. 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
We carried out an unannounced focused inspection of this service on 23 July 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

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

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?

Requires Improvement

The service was not always safe.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Finch Manor Nursing Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Safe care and treatment and Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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
The inspection was carried out by two inspector and a medicines inspector.

Service and service type
Finch Manor Nursing Home 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 a manager 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a 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. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, three members of nursing staff and the quality lead. We undertook a tour of the service to check the environment and observed the delivery of care and support.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with six members of staff by telephone, including care, domestic and kitchen staff. We also spoke with five relatives about their views of the care provided.

Requires Improvement

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 improved to Requires Improvement. Although we were assured the service was safe, and significant improvements had been made since the last inspection, further time was required to demonstrate consistency of improved practices.

Using medicines safely
At the last inspection we found that medicines were not always managed and administered safely. This meant that people were at risk of not receiving their medicines as prescribed, and in line with 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.

Due to the seriousness of the breaches, a Warning Notice was issued for Regulation 12.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation and the Warning Notice had been met.
• The service had addressed the issues from the last inspection, and we found medicines were managed safely.
• Staff had worked hard to improve how medicines were ordered, stored, administered and managed.
• Treatment rooms had been remodelled and provided safe storage for medicines. An issue with fridge temperature recording was addressed during the inspection.
• Medicine records were clear and accurate, and each person had personalised care information for staff to follow. Records showed that medicines were administered as prescribed.
• Staff received medicines training and a clinical lead supported staff and liaised with healthcare professionals to make improvements. Regular audits ensured medicines were checked and issues were addressed.

Assessing risk, safety monitoring and management; Preventing and controlling infection
At the last inspection the provider had failed to provide enough oversight of checks in place to monitor health and safety concerns in the service. People's risk assessments had not been completed effectively and some people did not have appropriate risk assessments in place. This meant people were at risk of avoidable harm.

This was a breach of Regulation 12 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.
• People told us they felt safe living at the service, one told us, "I feel safe here, there are lots of staff around and they look after me well."
• There was a robust system in place to ensure checks to monitor the safety of the environment were completed to help keep people safe. Where issues had been identified, actions had been put into place to address them.
• Appropriate risk assessments meant that staff had guidance on how to manage and mitigate any identified risks to people.
• People's care records reflected their current care and support requirements and contained any appropriate guidance provided by external health care professionals.
• We were assured that the provider was using personal protective equipment (PPE) effectively and accessing regular testing for staff. Staff told us they were tested regularly and felt protected from the risks of COVID-19.
• Staff had received formal training in infection, prevention and control, and on how to use personal protective equipment (PPE) appropriately.
• The service was facilitating visits for relatives in line with best practice guidance. Relatives told us they felt safe when visiting the service and valued the work staff put in to make this happen.

Learning lessons when things go wrong
At our last inspection the provider did not have an effective system to monitor trends arising from accidents and incidents and using this information for learning, to help improve the quality of 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 found enough improvement had been made and the provider was no longer in breach of regulation.
• Systems were in place to ensure incidents and accidents were monitored. The recording of the information was effective for monitoring any trends and prevent any future risk and reoccurrence. There was evidence that a system was in place to learn from lessons and improve practices going forward.

Systems and processes to safeguard people from the risk of abuse
At our last inspection, we found evidence that people had been harmed and systems had not operated effectively to both identify and investigate evidence of abuse.

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 we found enough improvement had been made and the provider was no longer in breach of regulation.
• Incidents and accidents which required safeguarding referrals to appropriate external agencies, were made in line with the service's own safeguarding policy and that of the Local Authority. This meant that causes of actual and potential harm to people were investigated appropriately to help minimise the risk of reoccurrence.

Staffing and recruitment
• Staff told us they welcomed the changes made by the new manager and felt happy in their work. Staff also told us they felt well supported in their role and there was enough staff to meet people's needs.
• Staff had completed the relevant training they needed to meet people's needs, including dementia care

and those requiring intervention to manage more challenging behaviours.
• Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Requires Improvement

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 improved to Requires Improvement. Although leaders and the culture they created supported the delivery of high-quality, person-centred care, and significant improvements had been made since the last inspection, further time was required to demonstrate consistency of improved practices.

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

At our last inspection we found systems to monitor the service were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the seriousness of the breaches, a Warning Notice was issued for Regulation 17.

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

• At the last inspection we found there was a failure to act on past feedback to improve the service, which increased the risk to people in the areas of consent to treatment, safeguarding from abuse, safe care and treatment and monitoring risks to welfare.

• At this inspection, a new registered manager was in place. It was evident that the manager had been instrumental in developing a more positive culture within the service and integral in developing more effective systems to help improve the safety and quality of care. Despite the challenges of COVID-19, the manager had worked hard to drive forward improvements which demonstrated that the provider was committed to continually improving people's experience of care and support.

• Since the last inspection, risk assessments had been implemented and updated to help ensure any identified risks to people's safety and well-being were identified and mitigated. This included risks to people's health and well-being from conditions such as diabetes, epilepsy, skin integrity and dietary needs. We found care plans contained detailed guidance for staff to follow, which was reflective of people's preferences and individual needs. This meant people were receiving care and treatment which was appropriate for their needs.

• There was evidence that people had been appropriately referred to external agencies such as health care practitioners. Where advice had subsequently been provided, people's care records had been updated to reflect the professionals' latest guidance.

• Unit leaders had been introduced for each of the four units in the service. This helped ensure greater accountability and oversight across each of the units, meaning that any concerns were identified and managed in a timely way.

• Weekly audits were undertaken, by both the registered manager and the provider. Where audits had identified issues, actions were undertaken, or plans put in place to remedy issues. Weekly meetings had also been introduced between the registered manger and the provider to ensure that any issues were communicated and acted on.
• Accidents and incidents had been analysed to provide effective learning and help drive forward the quality and safety of care.
• There was evidence that manager's meetings, staff meetings and resident meetings took place, where issues were discussed and actions documented, providing an audit trail to evidence that both people and staffs' feedback was considered and acted upon.

At the last inspection, the provider failed to act in accordance with legislation regarding the Mental Capacity Act 2005 (MCA), meaning we could not be assured that people were involved about decisions about their care and support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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.
• It was evident from people's care records, that care and treatment had been provided with the consent of the relevant person. Mental capacity assessments had been completed appropriately for people when needed, and there was evidence that best interest's decision meetings had taken place for people who had been assessed as not having capacity. One person told us, "[Staff] always ask for my permission before they do anything, and they always knock before they come into my room."

At the last inspection, we found the provider was in breach of Regulation 14 (Nutrition and Hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were not assured that people were receiving appropriate support with their nutritional and hydration needs.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.
• Information regarding people's nutrition and hydration needs was recorded in their care records. Where people had been identified as having specific dietary needs, such as a diabetic diet, there was appropriate guidance for staff on how to best support people with their dietary requirements.
• Where people had been assessed as being at risk of losing or gaining weight inappropriately, records showed that nutritional and hydration intake had been monitored. It was evident that for people at risk of weight loss, they were weighed on a regular basis and any loss of weight was acted on.

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
• Systems and processes were in place to prevent abuse of people. The registered manager understood their individual responsibilities and took appropriate action where necessary.
• The registered manager sent us statutory notifications to inform us of any events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• Minutes of resident meetings demonstrated that people's views were consulted so they had a say on the running of the service.
• Feedback was sought from people's relatives and staff. Relatives told us they felt their loved one was safe

and well cared for by staff. They also told us that the home kept them fully up to date and communication was good. Comments included, "The care is very good, [Name] is happier than they have ever been, communication from the home is excellent" "[Name] is settled and looked after well, staff are marvellous, nothing is too much of a problem" and "[Name] is loving it and loves the staff, it has really brought them on, I am very impressed with the home."

• Staff attended regular team meetings and told us their views were listened to and acted upon by the management team. Staff commented that not only were they able to raise issues within meetings but at any time, as the manager was readily available and willing to listen.

• The service worked effectively with others such as commissioners, safeguarding teams and health and other social care professionals. Safeguarding teams and commissioners were also advised of notifiable events.