London and Manchester Healthcare (Deepdale) Limited

Finney House

Inspection report

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15 June 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Finney house on the 13,14 and 15 June 2018. The inspection was unannounced in that the home did not know we were coming to inspect on the first day of the inspection. We returned to the home on the 19 June to provide feedback to the management team and representatives of the company operating the home.

Finney House is a purpose-built care home in the centre of Preston. 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 home is registered to support up to 64 people. Due to a restriction on admissions given at the last inspection the home was supporting 25 people. Finney House provides support to people over three floors, with each floor supporting people with different needs. The ground floor focuses on supporting people with residential needs, the middle floor focuses on supporting people with nursing needs and the upper floor supports people living with dementia including some people who also have nursing needs.

At the time of the inspection the top floor still required some work to meet the needs of people living with dementia in order to provide the specialist support to the people living on that floor. CQC has received a notification from the registered provider of a variation to their Statement of Purpose, to include dementia. The provider has given the CQC assurances the top floor will be better adapted to support people living with dementia moving forward which will support this.

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

At the last inspection in late August and early September 2017 we rated the home inadequate overall and inadequate for all key questions except caring which was found to require improvement. We found 11 breaches to seven of the regulations including registration regulations for the submission of notifications. At this inspection we found the home had a secure and permanent staff team and steps had been taken by staff at the home and the senior leadership to address the concerns from the previous inspection.

Since the last inspection the provider has worked with the Local Authority Quality Improvement Panel. Action plans had been developed by the provider from the findings of the last inspection and Local Authority and Clinical Commissioning Group commissioning contract reviews to drive improvements. The home has reported monthly to this group and met intermittently to update the team on the improvements against the action plan.

At the last inspection we found assessments were not completed when people needed support in certain areas. We also found that when assessments had been completed they were not always implemented.

Since the last inspection new assessments had been developed, including capacity assessments in different formats and choking assessments. However, we found that these had led to inconsistencies across some care plans. When we reviewed the support provided to people, we found records did not include all the information required to for staff to meet people's needs. Other assessments we looked at were not consistently updated which led to care plans not being informed by the latest and correct information. We have found an ongoing breach in this area.

At the last inspection we raised concerns around the environment on the top floor where people were living with dementia. We recommended the home complete the 'enhancing a healing environment' audit developed by the Kings Fund. At this inspection we found that the audit had been completed but little action had been taken to implement the findings. The top floor area in the home had more people living on it and, whilst we were told increased monitoring had been undertaken to ensure the environment met the needs of the people in that area of the home, there was no evidence of this. We have been assured the environment will be developed once the home is able to admit new people to the home. At the time of the inspection the top floor area did not meet the needs of the people living there and we have found the provider in breach of the associated regulation.

There were concerns around how the home acquired consent for the support people received. We found this had much improved but there were still some concerns. It was clear more consent had been gained but this was not always given as required and by the appropriate person with the authority to give consent under the Mental Capacity Act (MCA).

At the last inspection we found that those people being restricted with equipment or decisions about to support them had not received appropriate assessment and consent had not always been acquired. At this inspection we saw action had been taken in this area but it was not consistent across the home. We saw assessments that determined best interest decisions were required and the appropriate paperwork had not been completed and signed off by the person with the authority to do so. We also found where capacity assessments identified people had the capacity to give consent that the home had gone on to make decisions in their best interest and applied for Deprivation of Liberty Safeguards (DoLS). We have found the provider in continued breach of this regulation.

At the time of the inspection the home was developing policy, systems and procedures to support people to have maximum choice and control of their lives. This would ensure that moving forward staff supported people in the least restrictive way possible.

You can see what action we told the provider to take at the back of the full version of the report.

At the last inspection we also made 13 recommendations. At this inspection we have made four recommendations. Two of those are around the dementia support at the home and include staff training and the monitoring of the environment on the dementia floor. We have also made recommendations about the detailed monitoring of accidents and incidents to identify themes and trends. As well as the configuration and affirmation of the quality assurance framework and the consistent and complete production and use of a dependency tool. We have also recommended a consistent completion of care planning and assessment paperwork.

At the last inspection we found there was not enough suitably trained and competent staff to support the

people living in the home at that time. Following a restriction to admissions the home now supported people with less complex needs. We found the home had recruited a full staff team who had received a good induction to their role. Staff confidently met the needs of people living in Finney House. However, as stated above we have recommended that staff working on the top floor with people living with nursing and dementia needs received more focused and specialist training. We were assured that this was to begin.

The home's management team had better developed systems for quality audit and monitoring and whilst these still required time to properly embed they were beginning to identify issues as they arose. The home was sending the CQC all the required notifications in line with the registration regulations.

Other breaches from the previous inspection had been met in their entirety. This includes better and safe management of medicines, more focused and appropriate person-centred care being provided and appropriate support was in place in case people needed it at the end of their life.

We found the provider had reviewed the home's policy and procedures and had acted to ensure staff at the home were aware of their content and implementation. We found complaints were better managed in that they were handled effectively and people received timely and appropriate response.

The home continued to develop its community relationships and had focused on the ethos and values of the home. Staff were content in their roles and felt supported. People living in the home were complimentary of the improvements made and felt confident things would continue to improve.

When we completed our previous inspection in August and September 2017 we found concerns relating to end of life care. At that time this topic area was included under the key question of caring. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of responsive. Therefore, for this inspection, we have updated our findings under the new key question area.

Following the last inspection Finney House was put into special measures. An urgent notice was given to restrict further admissions. We have found at this inspection that enough action has been taken to remove the home from special measures and lift the restriction. The home will continue to work with the commission and quality improvement team to monitor the safe admissions to the home.

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.

Individual risk assessments to support people's needs were not always followed or up to date. Changes to assessments were not made at the point where people's needs had changed

Safeguarding incidents had been managed and staff had a good understanding of what constituted abuse

The home had a stable staffing team who were developing their skills to meet the needs of people in the home.

The security and safety of the building had been considered and equipment was appropriately and safely tested.

Medication management had much improved and the nurses took consideration ensuring administration was safe and done with dignity

The home had taken steps to make improvements ensuring all the staff were aware of concerns and what was required to reduce risks moving forward.

The home was clean and had infection protection and control procedures in place.

Is the service effective?

Requires Improvement

The service was not always effective.

More work needed to be done on the top floor area of the home for it to best meet the needs of the people living there.

We saw consents for service delivery were acquired but not always from the appropriate person. Application of the MCA was inconsistent across the home.

Staff felt supported and there was access to training. More in-depth training on supporting people living with dementia and nursing needs was required and we were assured was to be delivered.

The home had developed better procedures based on up to date policies and procedures which had begun to be shared with staff via a policy of the month.

People were supported with their nutrition and hydration. We saw that those at risk received additional support

There were newly developed champion roles and referral to external professionals for additional support was taking place as required.

Is the service caring?

Good

The service was caring.

We saw positive relationships had developed between staff and people living in the home.

People were more involved in both agreeing to the service they received and in the general service delivered across the home. People living in Finney house were more positive about the future.

The staff team had worked with people in the home and developed projects around dignity and respect. This included the dignity tree with people's handprints representing involvement and the values journey in pictures for people to share their experiences.

We saw staff always treated people with dignity and respect and a positive values base was developing.

People told us they had choices throughout their days including when to go to bed and when to get up and what they ate and choose to do.

Is the service responsive?

Good

The service was responsive.

Plans of care involved people's thoughts and wishes. We saw information had been gathered on people's lives and personal histories

People were involved with developing the home's activity plans and we saw involvement in meetings to discuss events moving forward and discussing and evaluating events that had been provided.

The home had developed care plans around people's thoughts and wishes at the end of their life and plans were in place to be completed if this occurred.

A complaints procedure was in place and accessible to people in the home. We saw a system of receiving, managing, investigating and responding to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led

An application for adding the service user band of dementia was not received by time of writing the report.

A new set of ethos and values had been created and was beginning to embed with the now stable staff team.

The home's policies and procedures had been shared with staff across the home and each month the polices shared were signed off in team meetings.

A system of quality audit and quality assurances had been developed and was beginning to embed. Risk assessments were reviewed and monitored across the home.

The home had developed championship roles for some of the staff team who were becoming dedicated practitioners in these areas. Additional training was provided and they were leading workshops to drive improvements in their chosen areas.

Finney House

Detailed findings

Background to this inspection

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

During the last inspection the home were supporting people directly from hospital for assessment and reablement. We had found that the home was unable to provide safe effective care to these people. The home agreed to stop supporting people from this referral route and we issued an urgent notice of decision to restrict any further admissions to ensure people living in the home were kept safe whilst the necessary changes were implemented.

Since the last inspection the home has worked with the CQC, Local Authority and Clinical Commissioning Group to review practice and make improvements where required. The home no longer supports people directly from hospital for assessment and have had the opportunity to improve staffing concerns and concerns around the support provided to people.

At the time of this inspection we have reviewed the previous and current risks and have taken assurance from the provider that action will be taken to mitigate those risks. The home will not accept any urgent discharges from hospital moving forward. We have found that to do this would impact on the improvements made since the last inspection and prove detrimental to those currently in receipt of support.

This inspection took place on 13, 14 and 15 June 2018 and the first day was unannounced. The home was inspected by three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of working and supporting people living with dementia.

Prior to the inspection we reviewed all the information available to us internally by way of notifications received from the home and information received from members of the public, staff at the home and local stakeholder groups. The home had not completed a Provider Information Return and had not been requested to complete one in time for this inspection. This is a form that asks the provider to give some key

information about the service, what the service does well and any improvements they plan to make. We requested information from the Local Authority and Clinical Commissioning Group as part of our inspection planning and reviewed the homes website.

During the inspection we spoke with 24 staff including senior staff and the registered manager. We spoke with staff from all departments including domestic, catering and maintenance staff. We spoke with unit managers, nurses, senior carers and carers as a part of the inspection.

We spoke with five visitors to the home and to 14 people living in the home.

We looked at 13 files for people living in the home including files held in people's rooms to support them. We looked at six medication administration records in detail and five staff recruitment files. We also looked at policies and procedures and the homes management information.

We looked around the home on all floors and looked in communal areas, including bathrooms and lounge areas. We also looked in people's bedrooms, the kitchen, laundry, store rooms and areas dedicated to managing clinical waste.

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

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the provider to be in breach with the regulation associated with the safe assessment of people. At this inspection whilst we saw systems had improved and paperwork had improved due the reduction in admissions. However, we still found concerns in how assessments were completed and reviewed.

We saw the home completed assessments of people's needs at point of admission and monthly thereafter. Most of the assessments undertaken demonstrated that there had not been a change. However, when we looked at this in more detail we noted key assessments had not routinely been updated when people's needs may have increased. For example, we saw one person had fallen at the end of May 2018. A body map was completed after the event showing an injury. This was reviewed again on the 4 June where the injury was still visible but had not been reviewed and updated since. Their protection plan for an increased falls risk was dated 22 May 2018 and was not reviewed until the 4 June 2108 and showed no change. Their falls and fracture risk assessment was dated 4 June 2018 and was not completed correctly. Their risk assessment and care plan was not updated to reflect the fall. Another person had fallen on the 9 May 2018 and their assessment in the falls file stated their risk assessment and care plan had been updated but it had not. When risk assessments and care plans are not updated following incidents and accidents there is a risk people will not receive the support they need to reduce any associated risks.

We looked at the information for the person who had fallen on the 9 May 2018 in more detail. This person had a written protection plan following a safeguarding incident. We observed that the protection plan was not being followed. The plan stated the person should walk with a zimmer frame with a wheelchair behind them pushed by a carer in case they got tired and needed to sit down. We saw this person being supported by two staff members. We looked in their care plan and risk assessments to see if the risks had changed and their plan of care had been updated to reflect this. Their equipment and safety risk assessment was last reviewed on the 10 June 2018 and clearly stated that it remained relevant in that they were still using their zimmer, wheelchair and bed support rails. We saw the sensor mat was not being used and the person had an assessment to say it should be. There was also a night care plan which was written on 11 November 2017 which showed the sensor mat was to be used which had been reviewed, the last time being the 10 June 2018, which recorded no change.

When assessments are not reflective of the support provided or assessments are completed and not implemented or updated when people's circumstances change there is a risk people won't get the support they need. This is an ongoing breach Regulation12 (1) and 12(2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had developed their accident and incident reporting and were about to implement a falls management system to better support people following a fall. We saw the home had completed summary logs to better manage themes and trends. There was an incident analysis completed but this form didn't include all the details to draw any real conclusion. The log did not include the detail of whether the accident/incident was witnessed or unwitnessed. We did see an action plan was completed but this

identified no themes. When we looked at the information behind the monitoring we saw there had been three unwitnessed falls on the residential unit in May 2018. We recommend the accident analysis and monitoring includes more detail to enable better identification of themes and trends.

People living on the top floor were living with dementia and some also had nursing needs. We had been assured people on this floor would receive increased supervision and monitoring of accidents and incidents to ensure the environment was supporting the people living there. Evidence shows people living with dementia perceive the environment differently and find it more difficult to process visual cues and orientation. This piece of monitoring is yet to be developed.

At the last inspection we found the provider in breach of the regulation associated with staff numbers and suitability of staff. On the days of this inspection we saw there were enough staff on shift to meet people's needs. People we spoke with thought there was enough staff and staff agreed. We saw the home had developed a dependency tool to ascertain the numbers and designation of staff required but it was difficult to inform this from the information on people's needs in their files. We also saw that people with very different levels of need, fell within the same category of need, on the tool used. It was noted that medication was omitted from the tool. We were told the home were using the Isaac and Neville dependency tool which included medication. We recommend the home uses and adopts a consistent tool to assess the numbers and skills of staff needed based on all the needs of the people living in the home. Staff told us the team were more cohesive and in most circumstances shifts were covered when staff called in sick at short notice.

At the last inspection we found the provider in breach of the regulation associated with restrictive practice. At this inspection we saw assessments had now been completed to show where restrictive practice was required to keep people safe.

We found when incidents had occurred the manager responded appropriately reporting incidents to the Local Authority safeguarding team and the CQC. We saw the home had developed a tracker monitoring tool to manage safeguarding incidents and concerns. The tracker identified if the alert had been substantiated or not and detailed the impact on people living in the home.

The home had the latest safeguarding guidance in place and held investigation notes where required and requested by the local teams. We found staff had a good understanding of safeguarding and when to raise concerns.

We asked people in the home if they felt safe and were told, "I am very safe here." Another told us, "The home is lovely. I am safe and very well cared for. I can manage to look after myself but help is at hand." A visitor told us, "I am not afraid to speak up." We received other comments such as, "Help is always offered." And "This is my home."

Everyone told us that things had improved and staff were known to them which increased their feelings of security.

We found the home was monitoring the security and safety of equipment appropriately and formal professional testing of equipment was evident. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP) and these were available in a central location if the need arose. The home also had a well-stocked grab bag for use in the event of an emergency that included blankets, torches and information about the appropriate people to be contacted.

We looked at five recruitment files and found staff had applied for the roles they had then been appointed

to. Interviews were completed and suitable checks were made to ascertain staff were suitable for the role and to work with vulnerable adults.

We asked people about how they managed their medicines a family member told us, "This home cares well for my sister. Her medication is looked after by the staff. They appear to have good knowledge of medications and its use."

At the last inspection we found the provider in breach of the regulation associated with the safe management and administration of medication. We found systems had been much improved on this inspection. Closer audit had been implemented to reduce the risk of errors going unnoticed. We saw there were suitable checks at the handover of shifts so any anomalies or questions could be asked and rectified if appropriate. We also saw staff had a consistent team approach to how medicines were accepted to the home, sorted and administered. This showed us that medicines were now being managed safely and people's medication needs were being met.

At the last inspection we had some concerns about the access to sluice rooms as they were open to people in the home. At this inspection we found all doors were locked.

We saw the home had effective systems in place for handling clinical waste and staff had appropriate equipment for reducing the risks of infection and contamination.

We saw monitoring was in place for the cleaning of the building and domestics ensured the building was clean and tidy.

The home had a procedure of learning from incidents and we saw good improvement planning when things had gone wrong. There had been some incidents in relation to the use of hoists and slings earlier in the year. We saw the home had taken immediate action and had ensured all the hoists were in good operating order. The home had now purchased individual slings for each person who required them and these were kept on the back of their bedroom door.

We saw notification was now kept on each hoist of where and when and what it was used for and by who. All staff had received more moving and handling training and each staff member had received supervision which they had signed to say they understood what was being asked of them.

Policies and procedures were reviewed and shared with staff at team meetings which were again signed off as understood by those present. The information was also made available in the staff room for any who had not been present and action had been taken to ensure all staff members were informed of the expectation in the use of the hoists and individual slings.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found the provider in breach of the regulation associated with consent. We found the home had not acquired consent from people to deliver support including handling their medication. At this inspection we found the picture had improved but there was still work to do. We looked at assessments for restrictive practice including the use of bedrails. We saw where assessments had been completed they had not always been signed as agreed to by the relevant person. This included when people lacked or had capacity to consent. We also found where it had been assessed that a person didn't have capacity they were asked to consent and where people had a power of attorney for care and welfare, consent was given by other family members who did not have the authority to do so.

We saw several capacity assessments had now been completed which were decision specific. We also saw some pictorial assessments used where people lacked the capacity to either verbalise their needs or had another injury which limited speech. However, these assessments had not been completed successfully as the information within them included all the available picture cues other than just the ones relevant to the decision. For example, a pictorial assessment wasn't titled but had been used to assess if the person required a best interest decision for washing and dressing. The assessment included pictorial cues for other support needs including falls, a clock, feeling poorly, being confused, being lost, needing a GP and other cues. The assessment was only partially completed and determined a best interest decision was made. However, the assessment also identified the person had some understanding of their needs in relation to washing and dressing. A best interest decision had not been completed and the care plan simply referred to the person not being independent and requiring staff support to dress them. The completion and outcome of the assessment had not led to a review of care or impacted on any element of the support provided.

There were several plans and assessments that had space for sign off and consent from either people in the home or their advocate. These included best interest decisions. We saw the Functional Analysis of Care Environment (an accredited assessment tool (FACE)) assessment was used to determine decision specific capacity. Where this was completed and it was determined people did not have capacity, a best interest decision was required to ensure the decision was the least restrictive option. We saw the assessment was not consistently used and did not always lead to a formal best interest decision. When consent was required for decisions it was not always lawfully given.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

It was clear that since the last inspection there had been a lot of work done to better implement the legal requirements of the MCA. However, information for people who needed support under the MCA was jumbled and repetitive. There was not a clear care pathway from assessment to best interest decision or DoLS application that was consistent with the developed care plans for the individual being assessed. This included one best interest decision for the use of sun cream that did not account for the persons allergy to salicylates (a product found in many creams). We also saw one DoLS application was made when the person had been assessed as having capacity. When people are assessed as having capacity to make decisions then their consent should be acquired for that decision. A best interest decision or DoLS is both the most restrictive option and illegal for someone who has capacity.

The inconsistent use of capacity assessments and best interest decisions did not give people the protection of the MCA. Consents were not acquired as they should be and not always from the person with the legal authority to give it. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we recommended that the home completed the Kings Fund, 'Enhancing a healing environment audit' to support the improvement of the environment for those people living with dementia. At this inspection we found the audit had been completed but the results of it had not been implemented. We could see some work had been done in relation to decoration of the unit but there was still much to do. We discussed this at length with staff and the management team. We were told by one member of the management team that the upper floor met the needs of the people living there and that changes would be made when this area required changes based on people's needs. When we spoke with staff and from our observations we found this was not the case. Staff told us they had to remove items from the kitchen area including kettles and toasters to ensure people didn't harm themselves. We were also told and observed that people were getting very disorientated in this area of the home. A key reason for this would be because the area was decorated all a similar tone.

We spoke with staff about this and were told, "We need to help improve this level of care. I am trying hard. We spend a lot of time talking to residents and getting to know their likes and dislikes. The past is where most of our residents are happiest. We have plenty of staff now but levels will have to increase if we take more dementia patients." Another told us, "The environment isn't suitable, we need to move things from the kitchen to ensure people don't burn themselves."

One person could not find their room regularly throughout the course of each day. Each corridor was decorated the same and there was no distinction from the central communal area for each corridor. A simple visual coloured cue at the start of each corridor would aid the orientation of people on that floor. We found the environment on the top floor still did not to meet the needs of the people supported in that area. We found home was in breach of regulation 15 (1) (c) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

We were given assurances by the management team that changes would be made to this area of the home once admissions re-commenced. We were also assured that increased and detailed audits were undertaken on this floor to ensure the environment met the needs of people. We found this piece of work was still to be started. There was some signage on this floor but some of it was confusing including a sign to the library pointing to wallpaper decorated with books on shelves. There was also one wall decorated with post office signage and a post box. We discussed these with staff on duty and the management team. The concerns were addressed by the end of the inspection.

At the last inspection we found the staff in post were not skilled to meet the needs of people living in the home. The home was supporting complex people and many were at the end of their life. Staff had not received appropriate training in this area. We also found people were admitted into the home on emergency placements and the staff had not completed appropriate assessment or care planning to ensure their needs were met. At this inspection it was clear that this client group were no longer being admitted into the home. New care staff had been appointed and a training coordinator with an interest in dementia had also been recruited. We no longer found the provider in breach of this regulation.

However, we recommend the provider ensures the skills of the staff working on the top floor are considered when assessments for new admissions are undertaken and staff skills continue to be developed.

Staff received support as required. Every staff member we spoke with told us they had received a comprehensive induction and received regular training. The team were mostly new to post and additional work had been done to build the team to work together and be accountable for their actions.

The home had built on stakeholder relationships and developed a structure whereby staff could share their concerns and issues and ideas to better improve practice. Staff had been allocated champion roles and there were champions for falls, dignity, IPC, MCA, safeguarding and nutrition. Each champion had received dedicated training in their area, and the provider had dedicated workshops to support staff in sharing their knowledge within the home.

Referrals were made as required to the relevant professional teams including the Speech and Language Therapy Team, falls team and dieticians.

We reviewed the information the home held on supporting people with their nutrition and hydration. We saw people were mostly weighed monthly but if weight loss was noted this was increased to weekly. We noted staff increased monitoring of those people most at risk, including monitoring their food and fluid intake and ensuring there were no other potential risks, including risks of choking.

Care plans and appropriate assessments were completed to measure and monitor people's needs in this area. Records were kept of people's likes and dislikes and of any special dietary requirements. We saw that when people lost weight the kitchen prepared food with extra calories to support them. We saw those people with specific dietary requirements had appropriate diets provided.

The home was sourced with food from an external catering company which people at the home had varying opinions on. On a Thursday night the home's kitchen cooked a meal based on the resident of the days choice. It was clear people in the home all preferred the home cooked food option. We found the food supplied met the needs of people in the home and where people disliked the option the kitchen did provide an alternative.

We asked people in the home about what they thought of the food, one person told us, "The home got a nutritionist to see me and came up with a diet plan. I still don't like the food sometimes but the chef said he would change it." Another told us, "The food is just ok." Most told us, once weekly, the meal is chosen by someone in the home and it is prepared in house. This meal is particularly enjoyed. A visitor told us, "I have seen the food and it appears ok. [My relative] enjoys the day the residents get to choose the meal. I think it's because it's always an old-fashioned dish."

Good

Is the service caring?

Our findings

The home had a calm atmosphere with staff and people in the home engaging in conversation and gentle banter. People living in the home praised the staff saying they were kind and thoughtful. We saw good interactions between staff and people which were not rushed and considered people's thoughts. Staff bent down to people's height or sat next to them in a chair to engage in conversation.

There had been additions made to care plans which included details of people's lives and good person-centred information about people's preferences. We saw that people had begun to be involved in the development and review of care plans. Standard documents had been developed to capture involvement and we saw some that were still to be signed by the relevant person. We were assured that these were all in the process of being signed off.

The home had set up better communication forums for people in the home and included key meetings and forums including discussions around activities. We saw minutes for these meetings which showed us people had begun to influence the social calendar at the home.

Since the last inspection several easy read documents had been developed. This included capacity assessments for medication, washing and dressing and consent for photography. These were not used for everyone who lacked capacity yet but we were told they were being introduced. The use of communication tools for general daily activity was now embedded across the team and every staff member had a key ring of pictures of common support needs including hungry, thirsty and toilet which they told us they were confident to use.

The home continued to have visiting clergy of different faiths visiting the home and people were supported to attend church if they chose to do so.

People told us staff now had time to sit and talk with them and they had developed good relationships with staff and felt listened to. People told us they had choices of what to do throughout the day. We received comments such as, "Couldn't have picked a better home.", "I am happy here.", "Staff couldn't be nicer." And, "The staff are kind and lovely", "I am allowed independence."

The home had developed projects to highlight and embed assessment to include focus on protected characteristics. Staff and people in the home had developed a values journey mural for people and the home. It included aspects of dignity and respect of the individuals in the home. We also saw staff were respectful in all their interactions with people.

We saw evidence of conversations taking place about dignity and what was important to people. People had put handprints as leaves to a dignity tree to show they had given their input into the conversations.

There was a new initiative which helped show us how the people in the home had reacted to any given situation whether it was a surprise birthday cake or an entertainer or simply a conversation held with a staff

member. A golden ticket was written when a staff had engaged in a conversation with someone for longer than 30 minutes. The ticket identified the topic and the thoughts and views of the person around the conversation or activity.

We continued to see staff knock on doors before entering and taking people to their room to provide personal care when required. People were well groomed and the hairdresser still visited the home regularly.

Visitors told us they could visit when they choose and were always made to feel welcome.

We saw those people who required the support of glasses and hearing aids for better communicate on had access to them and they were in good order.

Good

Is the service responsive?

Our findings

At the previous inspection we found that records were not kept in a contemporaneous way. Clear records were not kept of the support required and the support delivered. We found the provider had not met the requirements of this regulation at the last inspection. During this inspection we found better records were being kept. However, the home had a structured care planning system to which further documents had been added. This had led to some inconsistencies in the information held and some repetition of information. We discussed this with the management team who told us they were in the process of streamlining the paperwork once they had ascertained what worked best for the people they supported.

At the last inspection we had breached the provider for not considering people's assessment of needs and preferences when planning the delivery of their care and support. We found that due to the transient resident population in the home staff did not develop enough information about the individual's likes and preferences to deliver person centred care.

At this inspection we found the home had adopted a more comprehensive and inclusive approach to care and support planning. We found activities meetings had started to take place and people had the opportunity to speak about how they liked to spend their time and their personal experiences in life. We saw this information was now captured within people's care plans including their access to social and emotional support.

We saw staff spent time talking to people about their preferences and these were introduced into the activity programme. This included themed dining experiences, trips out and entertainers visiting the home. There was an activity timetable on display on each floor. Over the course of the inspection we saw that these were generally limited to one floor or people did not want to engage with the timetable. We were told people on the top floor did not want to take part in the home's activities and staff on that floor had developed their own programme. This was not written down anywhere and was difficult to measure. We were told as more people came to live on this floor this would become difficult and more dedicated specialist activity hours would need to be dedicated to that floor.

We asked people about the activities available to them and one person told us, "There may be an activities program but it's not that good." On one day of the inspection we saw baking was on the programme but this was not undertaken. We asked the activity coordinator why and were told no one wanted to do it. We had seen on one person's preferences that they liked to bake. We asked them if they had been asked if they wanted to bake and they told us they had not.

However, we saw a wide variety of evidence including pictures, programmes and story boards of events and activities people had been involved in. We saw different initiatives the home had developed to involve people and to showcase events and activities including the values journey mural. The home commissioned a speech and language therapist who had developed communication books specific to different individuals to involve them in understanding and influencing their own care and social calendar.

New procedures had been introduced to capture people's needs and ensure they were being met. This included a more comprehensive and formal handover and meetings at 11am between the registered manager and staff from each department to ensure everyone knew their role for the day.

At the last inspection we had found the provider in breach of the regulation associated with end of life care. Under the previous assessment framework this was reviewed as part of the caring key question but when the framework was evaluated and refined this is now considered under this key question. We found each care plan had a developed preferred priorities of care plan written to help show staff people's preferences at the end of their life. At the time of the inspection there was no one in the home on end of life care but we saw each care file had an end of life care plan ready to be completed if the need arose. Staff told us they had now received training in this area and were more confident if they were required to support people now.

We spoke with some people we had seen at the previous inspection. Some of these people were previously very poorly. We saw great improvements in people's physical and mental health and wellbeing. The home had developed a story board with people to discuss the improvements made. When we spoke with people we were told this had helped them gain confidence in continuing with their rehabilitation and maintaining a positive attitude.

We asked people their views on the care and support they received and we were told. "I have a choice, as to how I spend my day." Another told us, "I know the staff really well and they know me. If I need a doctor the staff just deal with it. I don't have to worry. My independence is respected and I can move around the home freely."

At the last inspection we found the provider had not met the regulation associated with complaints. At this inspection we saw a developed system of complaints monitoring. This included detail of complaints received and when, clear procedures of when and how they should be investigated and responded to. There was also clear guidance to ensure the home moved forward from any complaints and improved procedures because of any complaint investigations if required.

People told us they knew how to complain and we saw a copy of the complaints procedure was accessible to people both in their resident packs in their rooms and on display in the main foyer notice board. We were told, "I know who to tell when things go wrong. "And, "I know who to direct my complaints to; the nurse in charge."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider in breach of Regulation 17 'Good governance'. We found systems of quality assurance were fragmented and the audits did not identify concerns within service provision. At this inspection we found the home had a suite of quality audit and assurance documents. This was completed from monitoring of provision and procedures used at the point of delivery. Management would then develop action plans and ascertain if any action was required procedurally to drive improvement, this in turn was assured by quality visits undertaken by the nominated individual and other members of the senior leadership team. The rationale for these visits was focused and it was clear from the records what had been reviewed.

However, we found there were still some inconsistencies in the frequency and type of meetings and audits in line with the different frameworks developed within different management documents. We also found some action plans were signed off as complete which were not and some which were taking a disproportionate amount of time to meet. We recommend the provider reviews the assurance frameworks ensuring there is a consistent one and reinforces the requirements to ensure and embed the system moving forward.

Audits now better identified concerns and issues and we saw risk assessments were reviewed as necessary. The changes required were shared with the staff team to ensure they embedded moving forward.

The provider had recently resubmitted a notification with an updated statement of purpose including the addition of dementia care and how this was to be delivered. We spoke with the management team around the addition of this service user band as they were hoping to specialise in dementia care. We spoke with the registered manager about the good practice guidelines for supporting this client group and were assured action would be taken to ensure they were followed.

At the last inspection there was a high turnover of the staff team together with a high level of people being admitted or leaving the home. The service was relatively new and there had been difficulty recruiting staff. People accommodated at the home had complex needs and were discharged directly from hospital for assessment. We found this rapid turnaround contributed to the issues found during the last inspection.

At this inspection we found a stable staff team and there was a developing ethos and values base. Staff were content in their roles and felt supported from peers and the management. Staff were concerned when the numbers of admissions increased that staffing numbers may not increase at the same time. They shared the following concerns with us, Staff told us, "We have good training but would like more. We spend a lot of time with the residents. I hope things don't change when we get more residents." And "To keep our standards of care the number of staff will have to increase with the number of residents."

Visiting professionals were more positive about the home and the service it delivered. The staff team were working with a multi-disciplinary team to drive improvements and quality which we could see had helped influence sustainable change. The home's registered manager was forging out their role in the structure of the service and was seen by staff as fair and approachable. The registered manager's office was currently in

the ground floor reception area but was in the process of moving to the nursing floor close to the central hub. This would allow them greater oversight of the home's day to day management and make them more accessible to people and their families.

The home had an information pack available for all new and prospective people in need of the service which included key information including the staff structure, the homes complaints procedure and available services at the home. We saw these were available in the bedrooms.

At the last inspection we found the home again in breach of Regulation 17 'good governance' as they were not following their own policies and procedures. At this inspection we found staff were aware of their responsibilities and systems showed us staff were accountable for the roles they undertook. We saw the home had delivered a policy of the week which was shared with staff and signed off at the monthly team meeting.

We spoke with the registered manager who told us they were well supported by the senior leadership team. We discussed the completion of pre assessments and noted prior to this inspection they had been completed by various different people. We were assured moving forward these would be completed by the registered manager or their deputy and only by other leadership members when they required additional support. This assured us there was direct knowledge of the staff skills to meet the needs of any new admissions moving forward.

At the last inspection we found the provider was in breach of Regulations 16 and 18 of the registration regulations which related to the submission of notifications for deaths and other incidents which the provider is required to send to us. At this inspection we found the provider was adhering to the requirements of the registration regulations including the submission of all notifications.

The provider and home had both internal and external validation of service procedures through provider monitoring and audit procedures and the commissioning of an external consultancy. Prior to this inspection an external consultancy had completed a comprehensive audit of provision identifying any shortfalls and areas for improvement. This also helped the provider confirm where improvements had been made.

During the inspection we spoke with the management team, the nursing and care staff, visitors and people living in the home about the service delivered. Everyone told us how it had improved since the last inspection. People told us, "I can ask for help if I need it but I like to look after myself where possible", "Things have improved over time", "The carers have improved" and "Things have improved but still a bit to go."

The home had completed questionnaires with family and people living in the home and the responses to these were generally positive. The information collated from feedback including resident and relative meetings, the feedback box and the questionnaires were collated and an action plan was developed. The home displayed on the notice boards what they had done in response to feedback as 'You said, we did' information. The action taken was also shared at meetings with both residents and relatives and the internal staff members.

The home had developed a named resident of the week who was able to select their choice of home cooked food each week on a Thursday. This person's views were directly sought on the day about provision of the support they received and any concerns or improvements they wanted to see.

We saw staff had begun to influence how the home was managed and investment in the staff team was

evident. The champions received additional support in their chosen area and led workshops in the home to drive improvement.

Whilst the provider was registered to deliver the one service of Finney House it was part of a wider group which was keen to develop a standard set of paperwork across the group. We saw systems were developed across the group to address and meet the new CQC Key Lines Of Enquiry (KLOE). The KLOE are used in CQC inspection methodology and are questions we ask of the service inspected.

This Provider had developed audit and questionnaires under the key questions of 'safe', 'effective', 'caring', 'responsive', and 'well- led'. We noted the home had made a start on the key question of safe and had delivered workshops to the staff team on equality, diversity and human rights in response to the key line of enquiry under the safe key question on this area. The providers intention was to review all key questions and the KLOE beneath them in a 12-month period. This was to form part of the audit cycle.

The home was displaying the ratings from the last inspection both within the home and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the MCA were not consistently applied. Consent was not acquired from the appropriate person and Deprivation of Liberty Safeguards were applied for when someone was assessed as having capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always completed accurately, were not always updated at point of change and were not always followed to reduce identified risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The top floor of the home was not suitably designed or maintained for the purposes of the people living on that floor. Specific guidance had not been followed to ensure standards were met.