

Lancashire County Council

# Lady Elsie Finney House Home for Older People

## Inspection report

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21 July 2017

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection visit at Lady Elsie Finney House Home for Older People took place on 20 and 21 July 2017. The first day of our inspection visit was unannounced.

Lady Elsie Finney House Home for Older People is a residential care home offering accommodation and personal care for up to 46 older people who may be living with dementia. The home is divided into three separate units known as Meadows. Each Meadow has an open plan lounge and dining area plus a smaller lounge. All bedrooms are single and have en-suite facilities. There are enclosed gardens with patio areas and both of the first floor Meadows have large outdoor balconies. At the time of our inspection there were 43 people living at the home.

The service had a registered manager. 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 on 14 November 2014, we found the provider was meeting the requirements of the regulations inspected. However, although people who lived at the home felt there were enough staff to keep them safe, some relatives thought staff were too busy at times to provide effective care. Since we last inspected, staffing levels had been reviewed and increased.

During this inspection, we looked at care plans and guidelines on how to support people safely. We noted one person was identified as having diabetes. A second person was identified as having a history of problematic behaviour. A third person's care plan stated, 'Sometimes I am unable to stand.' However, care plans did not guide staff on managing the risk and did not reflect people's needs.

We observed powder used to thicken drinks was accessible to people who lived at the home. NHS England had previously raised a nationwide patient safety alert highlighting the risks of choking related to inappropriate storage of these powders. The registered manager was unaware of the alert.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment).

The registered manager arranged surveys with people who lived at the home. They used a mixture of happy and sad faces to allow people to reflect their views plus they had the option to leave comments. When concerns had been shared the registered manager was unable to show how they analysed, responded and addressed information gathered.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 (Good governance).

We have made a recommendation about the management of some medicines.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. We have made a recommendation about the documentation and analysis of staff learning and development.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were met.

Staff had received training around recognising abuse and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

People told us they were happy with the activities organised at Lady Elsie Finney House Home for Older People. Activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Medicine protocols were safe but not always followed. Documentation we viewed did not always guide staff on what dose of 'as and when' medicine to administer.

Risks to people were identified, however, information about how to manage the risk and keep people safe was not always present in the care plans.

There were enough staff available to meet people's needs safely. Recruitment procedures the service followed were safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the appropriate training to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

**Good** ●

### Is the service caring?

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People, were appropriate, and their relatives were involved in making decisions about their care and the support they received.

**Good** ●

### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities and events to stimulate and maintain people's social health.

Relatives of people who lived at Lady Elsie Finney House Home for Older People told us they knew how to make a complaint. They felt confident any issues they raised would be dealt with.

Good 

### Is the service well-led?

The service was not always well-led.

The registered provider was unable to show how they analysed and responded to information gathered, including taking action to address issues raised.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the home. People and staff felt the registered manager was supportive and approachable.

Requires Improvement 

# Lady Elsie Finney House Home for Older People

## **Detailed findings**

### Background to this inspection

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

One adult social care inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of caring for older people.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to inform us about. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We took a walk around the home to make sure the environment was clean, safe, and spent time observing staff interactions with people. Not everyone was able to tell us about their experiences of life at the home. We therefore 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 observed how the staff engaged with people who lived at the home and how people were supported during meal times, during individual tasks and activities.

We spoke with a range of people about this service. They included seven people who lived at the home and two relatives. We spoke with the registered manager, area manager and nine staff. We checked documents in relation to four people who lived at Lady Elsie Finney House Home for Older People and three staff files.

We reviewed records about medicine administration, staff training and support, as well as those related to the management and safety of the home.

## Is the service safe?

### Our findings

Observations made during the inspection visit showed people were comfortable in the company of staff who supported them. We asked every person we spoke with if they felt safe living at the home, they all said yes. One person told us, "I'm fine here. They all do what we want them to do." A relative said their family member was safe, stating, "I wouldn't want her to go anywhere else."

During this inspection, we looked at care plans and guidelines on how to support people safely. We noted one person was identified as having diabetes. Diabetes develops when the body can still make some insulin, but not enough, or when the body becomes resistant to insulin. It can cause serious long-term health problems. The care plan did not identify the signs and symptoms of diabetes. A second person was identified as having a history of problematic behaviour. We asked one staff member if that meant the person displayed behaviours that challenge. They told us the person was not aggressive. However, a second staff member contradicted this and stated the person can be aggressive towards staff. This meant documentation did not reflect the person's needs and did not offer strategies to manage the risk and keep them safe. A third person's care plan stated, 'Sometimes I am unable to stand'. However, the care plan did not instruct staff on how to assess the person's mobility. This showed the documentation did not identify risk and reflect the person's needs.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment). The registered provider did not have clear and accurate documentation to assess risk and adopt measures to make sure the risk was as low as possible.

We observed medicines administration and looked at related documentation. The staff member administered people's medicines by concentrating on one person at a time. We observed consent was gained from each person before their medicine was administered. Everyone we spoke with told us they got their medication on time.

Medicines were stored clearly and safely within the medicine trolley. When not in use we observed the trolley was locked and tethered to prevent its removal from the home. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. We noted when the instruction identified a variable dose could be administered, for example, one or two tablets there were no instructions to guide staff on the amount to administer. We found the MAR chart did not always have the same information as the 'as and when' documentation. For example, the 'as and when' documentation guided staff to administer one or two tablets. The MAR form stated two tablets. This meant people were at risk of receiving more or less tablets than were necessary.



We recommend the service follow good practice guidance on the management of as and when medicines.

After our visit, we received confirmation from the registered manager that all medicine documentation related to the as and when medicines had been updated and now gave clear guidance to staff on the administration of medication.

On the first day of our inspection, we observed powder used to thicken drinks was accessible to people who lived at the home. NHS England had previously raised a nationwide patient safety alert highlighting the risks of choking related to inappropriate storage of these powders. The registered provider was unaware of the risk but assured us they did receive the alerts and responded appropriately to keep people safe. We shared our concerns and on the second day noted the powder was stored securely. The registered manager is investigating why they had not received the alert.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around we checked the water temperature from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed. We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings, in order to protect people who can be vulnerable from falling.

At the last inspection, we observed that staff were extremely busy, especially around changeover and meal times. People who lived at the home felt there were enough staff to keep them safe, but some relatives thought staff were too busy at times to provide effective care. We asked about staffing levels during this inspection visit. People, relatives and staff we spoke with felt there were enough staff to meet people's needs safely. We noted staff were not rushing and had time to respond to people in a safe and timely manner. This was an improvement since our last inspection.

When asked about safeguarding people from abuse, staff were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. One staff member told us, "That's one thing they are strict on here, any concerns you go to the office straight away."

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. Training records we looked at showed staff had received related information as part of their induction to underpin their knowledge and understanding. This showed the provider had identified the risk about abuse or unsafe care and had shared information to manage the risk safely.

We looked at how accidents and incidents were recorded. These were documented appropriately and in detail. Any accidents or incidents were recorded on the day of the incident. Staff also recorded information if further action was required such as attention from a specialist health care professional.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable. We found the provider had followed safe practices in relation to

the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All staff we spoke with told us they did not start work with Lady Elsie Finney House Home for Older People until they had received their DBS check.

# Is the service effective?

## Our findings

We looked at how Lady Elsie Finney House Home for Older People trained and supported their staff. We asked people and their relatives for their views on staff abilities. We asked staff who received training for their views. Everyone was positive on the skills and abilities of the staff. One relative told us, "Many times I come and they [staff] are in training." A staff member told us, "You get loads of training."

During this inspection, we looked at how the provider ensured staff had the skills and knowledge to carry out their role. We spoke with staff about their experiences of induction and ongoing training. We did this to assess if they had the skills and knowledge to support people effectively. About induction, one staff member told us, "You got to shadow staff. It was a big help being extra and not working, you got to know the residents."

About ongoing training, one staff member told us, "The training is bob on. I've never had so much training." A second staff member said, "The best training was the dementia course, it was really good."

However, we looked at the staff training records. We were told by the staff member responsible for the training matrix, "Some of our information is inaccurate." They told us they waited to receive training certificates from staff to confirm attendance on the training before updating their training records. We spoke with the registered manager about how they ensured staff were suitably competent and skilled if their records were inaccurate. They told us they would review their processes to record training in a timely manner.

We recommend the service introduce processes that effectively documents training and guides the registered provider in supporting staff with their learning and development to fulfil their role.

After our inspection visit, we received information from the registered manager that stated they will take a robust approach to updating the training records with a timescale to work to. On a monthly basis, designated staff will use the training matrix to identify out of date / refresher training days. They will then organise training in order to meet the training and development needs of the staff team. They shared examples of training already booked in areas around mental capacity, medication administration and oral hygiene.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team, to review their training needs, role and responsibilities. Regarding supervision a staff member said, "I discuss any concerns I have and they get sorted. The supervisions are good."

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. Throughout our inspection, we observed staff offered people choices on food, drink and activities.

As part of the inspection, we observed people receiving their breakfast and lunchtime meals. One person told us, "No problems, food is nice." A second person commented about the food, "It's very good." We noted people who needed support were served first. Staff were patient and gave people the time they needed. One staff member told us, "We are always brewing." A second staff member commented, "With drinks you have to be on the ball, we are always pushing fluids."

During lunch, two people had the soup served in cups as identified in their care plan. Staff knew people's likes and dislikes but still offered choice. Due to their cultural background, one person was offered food that allowed them to eat with their fingers but also considered the risk around safe swallowing. One person had a food intolerance and we noted specialist food was purchased and stored separately. This showed people were supported to have sufficient to eat, drink, and maintain a balanced diet.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with fresh food. We were told all meals were home cooked and freshly prepared. The chef was aware of food preferences and which people were on special diets or soft foods.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Records we looked at showed involvement from various health professionals such as GPs and district nurses. We noted the community mental health team had been asked to attend a staff meeting to promote a more proactive working relationship. One person told us, "If you tell them you don't feel good, they get someone." This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

## Is the service caring?

### Our findings

As part of our observation process, we witnessed good interactions and communication between people who lived at the home and staff. Staff walked with people at their pace and when communicating got down to their eye level and used eye contact. They spent time actively listening and responding to people's questions. People we spoke with told us they were treated with kindness.

One person told us, "All the staff are nice." A second person commented, "There's always a lot of laughter." A relative told us, "The way [relative] is looked after, couldn't be better, they are now on the end of life regime." A visitor who had been legally appointed to help the person make decisions told us, "[Friend] has got keyworkers; one goes out to buy her clothes, deodorant, they take an interest in her, and talk to her."

The atmosphere throughout the home was relaxed and calm. One staff member told us, "It's their home at the end of the day. I treat people how I would want my mum and dad to be treated." A second staff member commented, "You have to think about the care you give. You have to leave your troubles at the door. If you are having a bad day people shouldn't have to have my burden."

To foster caring connections people had a one-page profile that gave brief information about the person, their history and likes and dislikes. For example, one profile told us, 'I have a dog called [dog's name] who visits me a lot with my husband. He makes me happy.' About the one page profile, one staff member told us, "With new clients it's a conversation starter. We get to know people through knowing what to talk about." A second staff member commented, "I like to get to know at least one thing, from their past, that makes them happy." It gives us something to talk about. When speaking with one person the staff member guided them to share positive experiences from their past. There was a rapport between the person and staff member and their input helped the person be involved and lead the conversation.

Care files we checked contained records of people's preferred means of address, meal options and how they wished to be supported. Information included, 'My life story' and 'Memories that make me smile.' For example, one person worked in an aircraft factory during world war two. A second person enjoyed holidays at Butlins and excelled at sport. Having people's histories in their care plans encourages staff to see beyond the task and promoted positive relationships.

People told us they had been involved in their care planning arrangements. We saw people had signed consent to care forms which confirmed this. This showed the provider supported people and their relatives to express their views and be involved in care planning and delivery.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. People were proud to show their personal belonging with one person pleased to be able to share their framed photograph of a cruise and discuss their late partner. Rooms were clean and tidy which demonstrated staff respected people's belongings. We observed staff knocked on people's bedroom doors before entering.

We observed people all looked well dressed. For example, those who needed support with dressing were coordinated. We observed women were having their fingernails cut/painted and the hairdresser was on site. We observed two people had their hair set in rollers in their lounge chairs and the hairdresser came back to take the rollers out and set their hair. One staff member told us, "People are helped to wear matching tops and bottoms and have make up if they want it." They told us it was important people felt good.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and we saw information on advocacy services advertised in the home.

Some of the care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and/or health care professionals. The registered manager told us they had attended end of life training held at the local hospice. They told us, "It [end of life care] is important. I want staff to treat people with dignity and respect. We want to get it right and respect what people want at the end of their life." This showed the provider respected people's decisions and guided staff about positive end of life care.

## Is the service responsive?

### Our findings

We asked about the care and support people received at Lady Elsie Finney House Home for Older People. One person told us, "At first didn't like it, after leaving your home. But staff here, if they can help you they will." A second person commented on the care delivered, "You ask them [staff] if you want anything, they are really helpful."

To ensure they delivered responsive, personalised care the registered provider respected people's views and included these within their care plan. For example, one plan held the information, 'A cup of tea about 9am will help me to face the day with a smile.' One staff member told us they had reassured people when they first used a hoist. On the same subject one person commented, "At first I was nervous of the hoist but now OK, staff can't do too much for us"

The provider assessed each person's needs before they came to live at Lady Elsie Finney House Home for Older People. We spoke to the registered manager about how they ensured the care was personalised and met people's needs. They told us they completed a pre admission assessment before people moved into the home. Their care plan was built on the initial assessment and was then on going as they got to know the person. They told us they looked at if they could meet the person's needs but also would they fit in with people who already lived at the home. This ensured the placement would meet the needs of everyone they supported and staff would have the skills and time to keep them safe.

We looked at four care plans during our inspection visit. Within each person's plan, a personal profile provided a pen picture of the person. There was information about people's mental health and wellbeing. We noted plans included risk assessments, and mobility and night time support. Care plans provided staff with detail about people's GP details, past and present medical history, mobility and dietary needs. From the care plan, we were able to see how people living with dementia were supported. For example, one person found it difficult to find the right words and became upset. The care plan offered guidance on how to support the person. This showed the provider had gathered personalised information to guide staff to deliver support that was responsive to their needs.

Around planning people's care, the registered manager told us there were times when a person's needs changed and they required guidance from multi-disciplinary agencies to ensure a safe and effective environment. They told us they liked people to remain at the home but if their deteriorating health meant they had to move, they worked with families to find an appropriate alternative placement. This showed the registered manager was responsive to people and assessed and reviewed the care and support they received.

We asked about activities at Lady Elsie Finney House Home for Older People. People told us there were lots of activities at the home. We observed the home was preparing for a visit from approximately 40 children from the Al-huda academy. They told us this was their second visit and people from the home had been to the academy for a visit. People told us they enjoyed the children visiting which included music and dancing.

On the first day of our inspection, we observed the activities co-ordinator went to all three meadows with a quiz. On the second day, we met a visiting pet therapy dog. Throughout our visit, we noted one person had her own chair and music just outside the lounge. They told us they enjoyed the music and did not like, "Nattering with the others." About the activities co-ordinator, one staff member told us, "She really puts her heart and soul into it. She's tip top, she gets people involved."

We spoke with the activities co-ordinator who told us they worked with people individually and in groups. They told us it was about getting to know people. For example, one person did not participate in activities but if you played hymns whilst they were on bed rest it put a smile on their face. They told us they had been trained by 'Oomph!'. They told us, "I enjoyed the training and it gave me confidence." Oomph! trains care staff to provide activities to enhance the mental, physical and emotional wellbeing of older adults. The activity co-ordinator told us they received guidance from the organisation on what activities could be relevant. We saw evidence of craft activities that had taken place. The activities co-ordinator had won 'co-ordinator of the month' for their work. The registered provider had won a Lancashire County Council 'Poppy Award' in recognition of their community activities with people from the home.

We saw the music and TV programmes were appropriate to the likes of people and staff questioned if channels needed to be changed. In each area of the home, a quiet lounge was available for people and their visitors. In one lounge, there was a 'rem pod'. These are pop-up reminiscence tools for people living with dementia. By talking, viewing old photographs or listening to music in a pod, staff can help ease any distress or anxiety people may be feeling. The pod we saw had a wireless and old-fashioned television. There was a false wall decorated with retro orange wallpaper and dated crockery was stacked on a sideboard. The registered manager told us the pod had been successful and the pods were swapped between care homes to prompt different memories. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

People told us their relatives were welcome to visit anytime. Relatives we spoke with told us there were no restrictions on when they visited. One relative told us, "I like visiting, staff make you welcome." Staff confirmed there were no restrictions on when families and friends visited. They commented, "We have a couple who go to the pub, he tries to get back by 10 pm, it's fine."

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one relative told us, "Not complained, just had questions, which were answered. I wouldn't want mum anywhere else."

A staff member commented, "The door is always open to you if you have concerns." We noted the registered manager had responded appropriately when dealing with formal complaints. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive. There were no ongoing complaints at the time of our inspection visit.



## Is the service well-led?

### Our findings

The registered manager promoted a positive culture within the home with people, their relatives and the staff team. People, relatives and staff told us the management team were visible within the home. The management team were knowledgeable about the care and support needs of all the people living at the home.

One person told us, "Manager knows me personally, greets me by name." A second person commented about the management and staff, "They are a lovely team." A staff member said, "We work well together, we get on well."

There was a clear line of management responsibility throughout Lady Elsie Finney House Home for Older People. One staff member we spoke with told us, "[Registered manager] is good, they do walk rounds and know people who live here." A second staff member commented, "They are approachable and will listen."

It was noted at the time of our inspection the registered provider had did not have a robust quality auditing system in relation to medicines and training. The registered manager did not have systems and processes to identify and assess risk in care plans. We spoke with the registered manager about this following our inspection, who told us corrective action had been taken.

The registered manager arranged surveys with people who lived at the home. They used a mixture of happy and sad faces to allow people to reflect their views and they had the option to leave comments. We saw responses were mostly positive and included, 'I like being here because staff are kind.' However, in response to the question, 'Are staff approachable?' Two people had ticked the unhappy face. One person had commented, 'Afraid to ask staff.' Another person had responded, 'Depends who's on.' A further question, 'Do staff listen to what you have to say?' had received the response, 'Not very often.'

We spoke with the registered manager about these responses and what action had been taken. They told us they had discussed the negative comments with staff. We were made aware that concerns raised by people who lived at the home had been shared at a staff meeting and observations would take place. They did not have any evidence they had discussed the feedback with the people who had raised the concerns. They were unable to show evidence they had responded appropriately to the feedback and that any action had been taken. There was no system in place to analyse and act on the feedback received from questionnaires with the people who had raised concerns.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 (Good governance). The registered provider was unable to show how they analysed and responded to information gathered, including taking action to address the raised concerns.

The provider completed a range of audits as part of their quality assurance for monitoring the home. Audits included care plans, wheelchair and walking frame checks. There were audits around the environment, such as mattress checks and hand hygiene. Health and safety audits included fire alarm checks and emergency

lighting.

The registered manager attended monthly meetings with peers and the area manager. They told us these meetings were informative. There were regular Meadow / unit meetings and daily handover meetings for care staff. About staff meetings, one staff member told us, "They are very good you can put your views across." A second staff member commented, "Unit meetings are good to see what's going on and ask for feedback." About the meetings a third staff member said, "It's nice to air your views and have a good vent." This showed the registered manager had a system to share information and to provide and receive feedback on the care and support delivered.

We noted there was a Lady Elsie Finney House newsletter. This shared dates for the diary such as forthcoming events. For example, the July newsletter highlighted when a singer would be visiting and a strawberries and cream Wimbledon event. The newsletter recognised staff achievements, shared forthcoming staff training and emphasised the registered manager had an open office. This showed the registered provider sought to build and maintain relationships with people, relatives and staff through their ongoing engagement.

We found the provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The registered provider did not have clear and accurate documentation to assess risk and adopt measures to make sure the risk is as low as possible.  12(1)(2)(b)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The registered provider was unable to show how they analysed and responded to information gathered, including taking action to address the raised.  17(1)(2)(a)