Lancashire County Council

Lady Elsie Finney House Home for Older People

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 November 2014 and was unannounced.

The last inspection took place on 16 July 2013 and there were no breaches of regulations found at that time.

The home is registered to accommodate up to 46 people including many who have some form of dementia. At the time of our inspection the home was full.

Lady Elsie Finney House is divided into three separate units. Each unit has an open plan lounge and dining area plus a smaller lounge. Bedrooms are single and have en-suite facilities. There are enclosed gardens with patio areas and one of the units had a large outdoor balcony.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

All of the people we spoke with and relatives told us they felt safe or that it was a safe service for their relative.

People who lived at the home told us that there were enough staff on duty to keep them safe and meet their needs. However relatives we spoke with raised concerns about staffing levels. We found staffing numbers were not adequate to meet people's needs. We observed staff completed required tasks in a hurried manner.

Robust recruitment procedures were in place which enabled the service to check on the background of staff before they were allowed to work with vulnerable people.

Staff had been trained to handle medication and records gave detailed information about individuals' medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

People we spoke with and their relatives all felt the service was effective. Staff told us they had received sufficient training to perform their role whilst records we looked at confirmed this.

We saw staff at the home involved people and or their relatives in planning care. Policies and procedures were in place and management and staff knew how to protect and involve people who did not have the capacity to make decisions for themselves around their care.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides legal protection for people who may not have the capacity to make some decisions for themselves whilst DoLS provide legal safeguards for such people who may have restrictions placed on them as part of their care plan. We saw evidence that this training had been put into practice.

People who lived at the home were protected from poor nutrition and hydration. People told us that they received enough food and drink. People's weight was monitored and where problems were highlighted referrals had been made to appropriate professionals.

We observed on the day of our inspection that when required medical assistance was sought promptly and people were appropriately referred on to medical professionals. Which showed people's on going health needs were met.

Everyone we spoke with told us the staff were caring, kind and responsive to people's needs. Staff we spoke with showed a genuine affection for the people they supported.

People received a thorough pre admission assessment before they came to live at Lady Elsie Finney Home for older people. This was followed up after admission with further risk assessments and person centred care plans.

People were protected from the risk of isolation. There was no restriction on visiting and relatives had been issued with electronic key fobs which allowed them to come and go at anytime they wished.

We were shown several facilities and amenities available for people to use whilst at the home however on the day we saw no activities taking place. We did see evidence that activities had taken place and people were able to tell us some things they had done or been involved with.

People we spoke with and their relatives had been given information on complaints and knew how to raise issues if they had any. The home had policies and procedures in place to handle complaints and a kept a full log of such incidents and the outcome.

The home demonstrated clear vision and values. The management and staff were interested and committed to supporting people who lived at the home. People we spoke with felt involved with the service and told us the registered manager and staff were available and supportive.

Staff we spoke with told us they felt supported and were able to voice their opinions on the service and raise concerns. The home also made good use of volunteers, many of whom had relatives in the home.

We saw that a full range of checks and audits were completed by the home as well as regional and external auditors to ensure the quality of service provided remained at a high standard or improved where necessary.

Summary of findings

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 safe in all areas.

People who lived at the home we spoke with all told us they felt safe. Relatives said they felt confident that their loved ones were protected from harm. Staff had been trained to keep people safe whilst robust recruitment procedures were in place.

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.

Policies and procedures were in place to manage people's medication. Staff had received training in medication and people received their medicines in a safe manner.

Is the service effective?

Good

The service was effective.

All the people we spoke with felt the service was effective. Staff we spoke with informed us they received sufficient training, supervision and support to perform their role.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were able to tell us how they would protect the rights of people who lacked the capacity to make some decisions for themselves and records we looked at demonstrated that people's human rights were protected.

People received sufficient nutrition and hydration. Their health was constantly monitored and where required referrals were made to external health and social care professionals.

Is the service caring?

Good

The service was caring.

People we spoke with as well as their relatives constantly told us that the staff were caring and kind.

We observed throughout the inspection good interactions between staff and people who lived at the home. Staff we spoke with were able to tell us about people they cared for in a genuine caring manner.

People told us they were treated with respect and their dignity was always protected. We observed this throughout the inspection.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People told us the service responded to their needs. Relatives we spoke with confirmed this. Records we looked at showed that people's needs had been assessed both before admission as well as after. A range of risk assessments had been put in place for people to manage their needs and keep them safe from harm.

We saw evidence that people or their relatives had been involved in the planning process. People were protected from isolation. Family and friends had unrestricted access to the home. We saw evidence that activities were provided although we did not witness any on the day of our inspection.

The home had policies and procedures in place to manage complaints. People we spoke with had been given information and knew how to complain if required.

Is the service well-led?

Good

The service was well-led.

The home had a clear vision and benefited from the consistency of a registered manager who had been in place for some time.

People we spoke with felt involved. Staff we spoke with told us they felt supported and all people told us the management team were both visible and approachable.

A range of checks and audits were in place to ensure the smooth running and continual improvement of the service. These were supported by regional manager audits. Several external audits were carried out by Accreditation schemes for the home to keep their awards.

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 was 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.

The inspection took place on 14 November 2014 and was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission (CQC) and one 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 used on this inspection had experience of this type of service, working with people with dementia and a background in nursing.

Before the inspection we looked at information and intelligence held on our own systems. We also looked at information sent to us by the provider in a Pre-Inspection Return document (PIR). This document gives the provider an opportunity to tell us how they are meeting standards under our five domain areas; Safe, Effective, Caring, Responsive and Well-led. It also gives the provider an opportunity to tell us of future planned improvements to the service provided.

During this inspection we spoke with six people who lived at the home and ten relatives. We spoke with eight staff, the registered manager and regional manager who was on site during our inspection. We also spoke with, to seek the views of, commissioners from local authorities who commissioned services from the home and health and social care professionals who visited.

We observed care provided throughout our inspection, looked at a sample of four care plans and used a system of pathway tracking. Pathway tracking looks at the support people receive at each stage of their care.

Requires Improvement

Is the service safe?

Our findings

The home had policies and procedures in place to protect people who lived at the home. Staff had received training in the safeguarding of adults. Staff we spoke with confirmed this and were able to tell us how they would respond to incidents of or allegations of abuse and how they would report.

All the people who lived at Lady Elsie Finney Home for older people told us that they felt safe. We were told: "I feel pretty safe and secure". "Yes, there are people around". "I do. Yes. It's safe and good. I feel comfy". And: "I do (feel safe), everybody seems to be happy".

Relatives we spoke with during the inspection also told us: "Everything seems secure". "The staff are caring, they are all reasonably dedicated". "Very, she can't be doing things here that she was doing at home, it was dangerous". "It's well designed; there are locks on the doors". "Very safe, well as safe as she can be". And: "I come in at different times of day. Even 8pm at night. Always staff around".

However one relative did say: "On the whole, before July she was a lot more mobile, but many a time I have visited and there are no staff there (referring to the lounge area). There were residents getting up without their Zimmer's, messing about in the kitchen, and they start arguing if no staff are there".

One staff member we spoke with told us: "Very safe we keep an eye on everyone. Know where they are all the time".

We observed throughout the inspection that staff were not always present in the lounges on each unit at all times. Not all of the people sat in the lounge areas required constant attention however when people required assistance help was always to hand or delivered within a short space of time.

We spoke with the registered manager about staffing arrangements. We were informed that between the hours of 9am and 5pm in addition to the registered manager there was either an assistant manager on the floor or a senior carer. We were told by the registered manager that on each unit between the hours of 8am and 9am, 2pm and 4pm and 9:30pm to 10pm there were two care staff on duty. At all other times there were three. During the night time period there were three care staff on duty. One for each unit although they would assist each other when required. We asked the registered manager if there were enough staff on duty to keep people safe. We were told: "Yes. To do the main tasks but not always for that little bit extra". The registered manager did tell us that staff were flexible and that when required she could bring in extra staff. We were given an example when extra staff had been brought on to cover a situation where one person required one to one care.

People we spoke with who lived at the home when asked if they felt there was enough staff told us: "I suppose so". "Yes, I never have to wait". And: "I think so". Relatives told us: "No there isn't, sometimes there's nobody in the lounge for 20 minutes. The staff are very good, just too busy". "No, for all the patients, they are all ill. Quite regularly there are only two members of staff on". "It depends, sometimes yes, sometimes no at changeovers. I'm not so sure at night, but they don't have time to sit and talk to the residents". And: "You could do with five or six, they do spend a lot of time with [named relative], she could do with 121".

We found when trying to speak with staff they did not have the time to talk to us for prolonged periods. Therefore many conversations were limited and segmented. As an example we attempted to speak with two care staff on one unit who were unable to give us anything more than one or two word answers to our questions in between trying to write up notes at the end of a shift before handover. We also spent some time observing on one unit. We observed two care staff after the afternoon handover dealing with laundry items on one unit whilst every few minutes trying to watch out for a person who was walking rapidly around the unit in order to prevent this person from falling or colliding with something. We were aware that one staff member from this unit had accompanied a person to hospital whilst those that remained were very busy. We had been informed by the registered manager that the senior members of staff were around to provide support and extra care when such situations arose. Staff we managed to speak with did not confirm this and made comments such as "Is that right". And "Oh really that would be nice". We did not observe the senior carer or assistant manager assisting on the units whilst we were there. Another staff member told us: "Usually enough but it can be really busy, especially if you get more than three people who need help feeding".

Requires Improvement

Is the service safe?

We found that the home had robust policies and procedures in respect of recruitment of staff. We looked at the staff files for two members of staff and saw that all required checks, documentation and references had been obtained. No person was allowed to start work until such time as off checks had been completed. Staff we did speak with confirmed the recruitment process they had been through and told us they had received induction training which covered basic induction standards. Staff said they had received sufficient training on induction to perform their role. All of the people who lived at the home and relatives we spoke with said the staff had sufficient knowledge about them or their relative to provide safe and effective care.

We looked at policies and procedures in place around medication and spoke with people to satisfy ourselves that people received their medication in a safe manner.

Relatives we spoke with told us that their relatives received their medication as and when they should. They told us: “He keeps his medicines in his mouth and won’t swallow them so the staff stay and check he has taken them”. “Medicines are very well controlled, sheets are ticked off”. “Yes, I’ve been here when she’s had her medicines”. And: “They are always on time, I come every day at various times, they are insistent on watching her take her medicine”.

Staff who we observed administering medication all told us they had received training in medication and that this was updated when required. We saw records which confirmed that staff who dealt with medicines had received training in medication. The registered manager observed practice on a regular basis to ensure staff competency was maintained. The registered manager informed us that if any medication errors were found then the relevant member of staff would be stopped from dealing with medicine and re-trained.

We found appropriate arrangements for the recording, safe administration and storage of medicines. This included controlled drugs kept by the service. Controlled drugs are those which are controlled by law under the Misuse of Drugs legislation. Records we checked were complete and accurate. Medicines could be accounted for because their receipt, administration and disposal were recorded accurately.

For those people who required as and when medication, also known as PRN medication we saw plans in place which described the type of medication and details as to when and under what circumstances it should be taken. This ensured people received their medication, when required at appropriate times and in a safe manner.

Good

Is the service effective?

Our findings

We spoke with people who lived at Lady Elsie Finney Home for older people about the service and how effective it was. Some responses were limited to single word answers such as: "Yes". However we were told: "Nothing is too much for them". And: "Its' alright here".

We therefore asked visiting relatives how effective they felt the service was. We were told: "I'm happy with the way [named relative] is cared for, I don't worry about him when we leave him". "Without a doubt". And: "Yes, occasionally he hasn't had his hair combed or been shaved". Other relatives we spoke with told us they felt like it was an effective service but did not elaborate.

Staff received the training they needed to carry out their caring role. Staff we spoke with told us they had received regular training. One member of staff said: "I have had all the training, but I don't do meds". Whilst another said: "I've done mental capacity and person centred care". The registered manager and staff we spoke with all confirmed that as part of a new training programme rolled out by the local authority had supplied workbooks to staff. The books covered various areas such as person centred support, health and safety and first aid along with more specialised subjects such as stroke awareness. These, once completed were handed in and then sent off to the local authority training team. If the required standard was reached then certificates in the various subjects were awarded.

We had been informed in the pre inspection return that staff received regular supervision and appraisal. A 'staff support policy' covering induction, appraisals and supervisions was in place. Staff we spoke with confirmed this. We were told by staff that regular supervision did not always consist of one to one meetings. We saw records which indicated each member of staff throughout the year received two periods of team supervision, observation and one to one supervision. Staff told us at appraisals they discussed topics such as their welfare and training needs.

Some people who lived at the home lacked the mental capacity to make all decisions for themselves around their care and support. We were informed by the registered manager and through the pre inspection return that policies and procedures were in place which covered all aspects of the Mental Capacity Act 2005 (MCA) and the Deprivation of liberty Safeguards (DoLS). The MCA provides legal protection for people who may not have the capacity to make some decisions for them whilst DoLS provide legal safeguards for such people who may have restrictions placed on them as part of their care plan.

Staff we spoke with had received training in the MCA and DoLS and were able to explain to us the basic principles of the act in daily use. We saw evidence of this in care plans we looked at.

We looked at three care plans for people who were unable to make decisions around their care and support. Where mental capacity assessments and tests had been done the recordings were of a good quality and gave rational as to how decisions had been reached. As an example we saw one record which stated '[named person] stood at door bags packed' This was along with a recording on a 'personal safety' risk assessment which had caring goals defined as; 'Ensure [named] is safe, secure and protected from harm'. We saw that for this person a DoLS authorisation had been applied for the same day.

We looked at samples of the DoLS paperwork and found good quality recordings with sufficient information, correct dates and timescales followed. Where necessary restrictions and conditions were reflected in care plans for the relevant people.

We spoke with relatives about their involvement when their relative had been assessed as lacking capacity around their care and welfare. People we spoke with told us they had been included in discussions and their views sought. Two people told us they had been involved in best interest discussions about Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in the event of their relative suffering cardiac arrest.

We asked people we spoke with were unable to tell us if they had been involved in their care planning. Relatives told us: "We went through the care plan, we do it regularly". "I was quite heavily involved following a complaint, it's done monthly but nothing changed, then I've been involved in an update following a fall". "Yes regularly, every month". And: "I'm involved and it's reviewed regularly".

However on relative did say "I've not been involved in her care plan, they didn't do one before she came in (two weeks ago)". We did check and there was documentation in place and evidence that consultation with relatives had taken place although not the person we had spoken with. We also spoke to one person about whether their relative

Good

Is the service effective?

had received a flu jab, and was told: "He always refused flu jabs in the past, but he had one last year, I don't know if he's had one this year". This relative didn't know who had given consent for this.

We spoke with some relatives who held Lasting Powers of Attorney (LPA) for people who lived at the home. LPA's are made by people when they have the capacity to make decisions for themselves. They hand over rights and powers to named others in order that they can act on the person's behalf in the event they lost the capacity to make those decisions. Where people were named as the donee (person with the power) in LPA's they had been involved in decision making and their views respected. One person told us: "Yes they do. I have LPA".

We looked at nutrition and hydration for people who lived at the home. There was a main kitchen area where the majority of all meals were prepared whilst each unit had its own self-contained kitchenette adjacent to the lounge area for the preparation of other snacks and sundries. Biscuits, cheese crackers and yoghurts were available on each unit. The cook in the main kitchen told us: "We don't decide, people have a choice". A menu from the main kitchen was given to the evening/night staff for people to make choices. This was returned to the kitchen the next morning.

We were told there was always a choice for people. As an example on the day of our inspection for lunch there was a choice of soup, together with a hot meal or sandwiches.

We saw a range of fresh meats, vegetables and dairy products available for use. There was a notice board which held details of people individual and special dietary needs, likes and dislikes. This was regularly updated and dated. The kitchen appeared clean and had been given a high Food Standards Agency (FSA) rating of five at its last inspection in January 2013.

We observed the lunchtime meal period. We focused on one particular table for nine people.

People were helped to tables if required and asked what they wanted. We saw the soup being served followed by a wide selection of different filled sandwiches. There was a hot option of macaroni cheese with pureed options for those who required a soft diet. A variety of deserts was also available. We observed that care staff encouraged people to eat where necessary and constantly offered choices in a kind and unhurried manner.

We enquired with people who lived at the home about the food, and received some mixed responses. One person said: "Terrible, the baked potatoes are not very nice". Whilst others told us: "Good". "Very good, I can't complain". And: "On the whole it's very good".

Responses from relatives were also mixed: "Mum eats it. It looks ok". "Some of it is alright, lunch leaves a bit to be desired, they know [named person] likes and dislikes, he gets drinks but needs encouraging". "It looks appetising, Mum eats it, she likes the food". And: "I sometimes eat what she eats, we had a dietician involved".

When required the home acted to address people's nutritional requirements. We saw from care plans we looked at that people were weighed and their weights recorded on a monthly basis. More often when required. These had been reviewed and monitored and when needed action had been taken and referrals made to relevant professionals such as dieticians. As an example we looked at the records of one person who had clearly been mobile when they had come to live at the home. Only occasionally needing help to eat and drink. Over a period of five years as their dementia had progressed we saw that changes were reflected in this persons care plan. These included an assessment by a dietician, involvement of the Speech and Language therapist (SALT) and the change to pureed diets. As a result this person had gained weight.

We saw that the home worked well with other professionals to ensure peoples health and well-being was maintained. One relative said: "She fell once. She had a hip replacement and used to fall a lot. They took her to hospital and phoned us straight away". Staff we spoke with told us that when people were ill they would seek medical attention for them straight away. One staff member said: "If someone is ill we get the doctor the same day". We saw evidence of this during our inspection as one person was seen by a doctor which resulted in a referral being made for a hospital admission the same day. Care plans we looked at held records of professional visits from health and social care professionals which showed that people were referred to other services such as their GP or district nurse as and when necessary.

We recommend that the service explores ways to improve communication between staff and relatives regarding the content of care plans for those people who may lack capacity to make some decisions for themselves.

Good

Is the service caring?

Our findings

All the people who lived at Lady Elsie Finney Home for older people told us the staff were caring although many responses we received to this question were limited to single word answers such as "Yes". One person did say: "They help me in the shower". Whilst another said: "They help me do my nails. I'm always confused. They put you right".

Relatives we spoke with told us: "They are very caring, you can tell just by the way they act with them". And: "Very, they certainly care a lot".

There were also positive responses from relatives to the question are staff kind? We were told: "Very kind, they are always there if you want to talk to them". "Without a doubt". "Very much so". Although one person did say: "On the whole, you get good staff and bad staff". This relative declined to comment or elaborate further on this comment. We saw no evidence of bad care during our inspection.

We asked people who lived at the home if they felt the staff knew enough about them to meet their needs. Again responses were limited but we were told: "I think they do". And: "I think so".

Relatives we spoke to told us "I can't believe it they will re arrange staff rota's so they can go to funerals". "From day one they have treated her as though she has been here a while". "The permanent staff do". And: "Yes he's always spoken to by name".

Throughout our time in the home we observed good interactions between people who lived at the home, their relatives and the care staff. We noted interactions were both kind and at times humorous. We saw staff treat people with dignity and respect their wishes. Staff knocked on people's doors before entering and made sure people were covered and their dignity protected when assisting with personal care.

We asked people who lived at the home if they could choose to have a male or female carer, they replied: "I'm not bothered". "I've never had to worry". And: "Don't mind". Whilst relatives told us: "I was asked when [named] came in". "[Named] accepts them, he doesn't mind". However some relatives did tell us: "I've not been asked if [named] minds being washed by a male carer". And: "I've never been asked".

Staff told us that they had sufficient information about people and were able to tell us all about people on their units, their likes and dislikes. This helped them to interact and hold meaningful conversations. One member of staff we spoke with was able to tell us about one person and spoke about this person in a very caring manner. We were told: "we all care". Some staff expressed a wish to be able to have more time to interact in this way. One relative told us: "Yes. They know me and they know my mum".

We looked to see if people who lived at the home and their relatives were involved and able to express their views. Only one person who lived at the home responded to this stating: "Yes vocally". Whilst another said: "I choose my own clothes". Relatives we spoke with told us: "I've had several meetings over the years". "If I have a concern I will go to the office, and there is a resident's meeting on 19 November". And: "Very much so".

Throughout the home we saw a vast range of notice boards, leaflets, information and posters. All of which gave meaningful information to people who used the service, their relatives and friends. Posters were displayed throughout the home and even in the lift to highlight the forthcoming relatives meeting mentioned by relatives in conversation. We were also shown minutes of previous meetings. We were informed that the home produced a monthly newsletter for people and their relatives. We were shown the edition for November 2014 (Issue 11). This gave details of trips out, events within the home, birthdays within that month and some staff recognition details.

Good

Is the service responsive?

Our findings

We were informed in the pre inspection return (PIR) that people at Lady Elsie Finney home for older people received personalised care that was responsive to their needs by means of Multi-disciplinary Person Centred Support Planning. This took into account their interests, changes and observations which are recorded promptly on care plans and were regularly reviewed. We were told people had 'One Page Profiles' written details of what was important to them and how they could best be supported.

We spoke with relatives about this to get their views to see if they felt their relative received consistent personalised care, they told us: "He's always clean and they shave him every other day. He always wears his own clothes". "I think they are pretty good at looking after each individual person". "I believe so". "They give adequate care, but sometimes the other shift will go that extra mile". And: "She has a key worker and [named] reacts to her, but they are all really good".

Care records we looked at showed that the person had received a comprehensive pre admission assessment before they had come to live at the home. Once the person arrived at Lady Elsie Finney home for older people a full care record was drawn up taking into account any changes which may have taken place since the initial assessment. We found care plans within the records to be very person centred taking account of people's past history and background. Each care plan for example; 'Mobility and Dexterity' was split into separate sections which included the persons mental ability and cognition, a caring goal and how staff were to support the person to achieve this.

The home operated a keyworker system. This is where a care worker has special responsibility and involvement with a set number of people who lived at the home. We saw personalised briefing sheets for key workers which were regularly reviewed and updated. We did note however on one of the care plans we looked at that one document entitled 'This is my life' had not been completed. The registered manager was unable to explain this although the remainder of this person's record clearly indicated that background and history were known.

Each care records contained a full range of risk assessments which were personal and gave clear directions to staff on how each risk should be managed and these were related back to the care plans. Each person had a specific night time care plan as well so that staff were aware of any changes or issues which might occur during the night. One relative said: "It's good, we know he's looked after well, he's clean and happy".

Prior to the inspection we had contacted commissioners and health and social care professionals about how the home worked with them. All of the comments we received were positive.

Relatives told us that other agencies such as podiatry and dieticians had been involved and they were kept informed. All relatives said that the GP would be sent for in a timely manner if a person was ill. We observed this on the day of our inspection. Care records we looked at showed people's on going health needs had been met. Records of visiting health and social care professionals showed that various disciplines had been involved with a range of people who lived at the home, these included, physiotherapist, occupational therapist, dietician and podiatrist.

There was open access to the home through the front door. However once passed the communal areas access was by means of an electronic key fob and pads. The home recognised people's needs for social interaction and we were told visitors were able to come and go as they pleased. All relatives were given a fob to give them unrestricted access to the units. During our inspection we were also given fobs which allowed us to observe and move freely throughout the home.

All of the relatives we spoke with informed us there were no restrictions on visiting, they told us: "There are no restrictions; I can come day or night". "None". "No restrictions". And: "I can come in anytime".

Activities and hobbies were available for people to pursue at the home. On our arrival at the home we were shown around by the registered manager and regional manager. We were told there were lots of activities for the residents. We were shown photographs of residents partaking in activities. However we did note that photographs we saw were dated from 2013. We were shown a well-equipped games room and even an old combustion engine, cleaned up and placed on a stand. We were told that this was available for people who wished to tinker with engines. However this was outside and would only be a suitable

Good

Is the service responsive?

activity in reasonable weather conditions. This also applied to the balcony available for use on the upstairs units. We did not see any of these activities taking place during the visit on any of the three units.

We were shown the latest edition of a monthly newsletter which gave details of November 2014 activities. These included for example: Blackpool Illuminations trip 06 November, Circle dance 20 November, Lancashire Day, 27 November [named musical artist], There was also information about an exhibition in a museum and some advance information for the following month of December about Christmas events.

One member of staff we spoke with told us: "We don't have an activities coordinator because we want all the staff to get involved". We also spoke to the member of staff who was responsible for planning the themes, she said: "We had a joint Halloween/bonfire night. On Remembrance weekend we had wreaths of poppies. We took some residents to Blackpool lights and had fish and chips". We asked what events and activities for people had been carried out in the last 6 months and she replied: "Country and Western, we have a pantomime planned and we did line dancing 3 months ago. I take an ice cream cart around and also chocolate, biscuits and cake. We have musical movement and circle dance, flash cards and film afternoons 2/3 times a week".

One person who lived at the home told us: "I'm a singer. We have music" And "I go to the church service on Sunday".

However not all of the people we spoke with were able to tell us about activities. We asked people who lived at the home how they spent their time and they told us: "Nothing, I don't want to do anything". "My husband comes and we walk round outside". "I have no friends in here". And: "I try to do what I can, bits of tidying up".

Relatives we spoke with about activities gave us mixed feedback. We were told: "Little touches make it good. Fish tank, sometimes TV, sometimes singers". "There are different things to do. Singers, activities". "I don't think there are enough people to involve residents, (in activities). There are no cards, jigsaws or dominoes. I don't know who the activities coordinator is or if they have one". "She did at first but doesn't now". "[named] doesn't like joining in". "She just sits, I know she loves music, it perks her up". "He just sits in front of the TV". And: "She did try circle dancing but didn't respond".

Policies and procedures were in place to enable complaints to be dealt with expeditiously. People and family members we spoke with knew how to complain if they had any concerns about their care. The service user guide contained information for people about how to complain in an easy read format. Relatives we spoke with told us: "A door didn't shut properly but they fixed it". And: "If there's anything you're not happy about, you can talk to someone and talk it through".

Good

Is the service well-led?

Our findings

Lady Elsie Finney House home for older people is owned and run by Lancashire County Council. The service had provided us with a current statement of purpose. Clear lines of responsibility and accountability were in place throughout the home.

The service benefited from having a registered manager who had been in place for sometime which helped with consistency. The manager had registered with the Care Quality Commission (CQC) on 23 May 2011. 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.

None of the people we spoke with could tell us who the registered manager was or if they were involved in improving the service. We did see that when the registered manager was walking around the home people recognised her and spoke with her. People we spoke with did however tell us: "It's a good set up here. It's so relaxing". "I like being here". Whilst one person in answer to the questions would you change anything and would you recommend the home told us: "I don't think so". And: "Yes I would. Everyone can fit in".

We were informed by the registered manager and staff that regular meetings took place between people who lived there and their relatives. We saw posters in visible places throughout the home which promoted the next meeting. Relatives told us the registered manager was visible and approachable. Relatives we spoke with told us: "I can't always come to residents meetings due to other commitments". And: "I am on the volunteers committee".

The home made good use of volunteers. Many of whom were relatives of people who lived at the home. Throughout our time at the home we saw several volunteers performing tasks such as power washing the patio in the garden area and preparing other parts of the garden for use. This helped to keep people involved with the day to day running of the home.

We asked some people who lived at the home if the staff appeared happy: We were told: "Yes, they seem alright, just run off their feet". "They seem OK". And: "They are always cheerful". Two other relatives just replied, "Yes".

Staff we spoke with told us it was a nice place to work. The registered manager and management team were approachable and listened to their concerns. We were told: "It's like home from home. Same team of staff on this unit. It's nice working with people who know what they are doing". And "people are treated equally".

The registered manager informed us that a range of checks and audits were carried out to monitor the quality of the service provided. We were shown checks that had been carried out on such areas as medication, cleanliness, care planning, health and safety and infection control. Where the checks and audits identified areas for improvement in the service action plans were put in place.

One particular audit we examined was around the personal care and well-being of each person who lived at the home. The audit checked on such things as the person's clothes to make sure they were clean, fresh and in good condition. Other checks included the person's nails, hair and skin texture. This meant the registered manager had good engagement with people who lived at the home but could monitor the quality of people's well-being at the same time.

We also saw that these audits were monitored by the regional manager during regular visits. Information gathered by the regional manager during these visits was compiled into a spread sheet, which set out areas for improvement and where improvements had been made. Different areas were covered and concentrated on during these checks. We were sent a copy of a recent report following the inspection.

The home had been successful in gaining recognition in a number of awards that identified positive caring practices taking place. These included amongst others; Skills for Care, Dignity in Care and The Social Care Commitment. These types of accreditation schemes focus on the provider's commitment to good business and excellence in people management.