Persona Care and Support Limited

Elmhurst Short Stay Service

Inspection report

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Date of inspection visit:
22 January 2019

Date of publication:
15 February 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Elmhurst short stay service provides short term accommodation care and support for up to 27 people on one floor. Care is provided for people who require respite, short term, emergency or day care. On the day of the inspection there were 24 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last 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 time of the inspection there was a registered manager in place. The registered manager was not available to facilitate the inspection, but other members of the management team were present and assisted with the process.

The service had appropriate safeguarding procedures and staff had received training in safeguarding. Recruitment procedures were robust and staffing levels were sufficient to meet the needs of the people who used the service.

General and individual risk assessments were in place at the service. The service had relevant, up to date health and safety records and fire safety measures and documentation were in place. Accidents and incidents were logged appropriately and medicines systems were safe.

The care files were had appropriate health and personal information. Support plans and risk assessments were reviewed and updated regularly.

Staff induction was thorough and staff received appropriate on-going training. There were three-monthly staff supervisions and annual appraisals.

People's nutritional needs were recorded and adhered to and people told us the food was good. The premises were clutter free and adapted for ease of use by people whose mobility was restricted or who required the use of equipment to get around.

The service sought consent from people who used the service, where required and worked within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us they were treated with kindness and compassion and we observed staff interacting in a kind and friendly way with people who used the service. Privacy and dignity was respected and people were well

presented.

People of different religions, beliefs, backgrounds and preferences were treated with equal regard and supported in a way that ensured their diversity was considered.

Care files evidenced that people were involved in discussions around their care and support needs. The service was aware of confidentiality and data protection legislation and records were stored securely.

Care files we looked at were person-centred and included information about the individual. There was a range of activities on offer and information was displayed around the home to help ensure people were aware of what was happening. This information was clear and easy to read to help ensure it was accessible to as many people as possible.

There was an appropriate complaints policy and complaints were logged and followed up appropriately. The service had received a number of compliments.

People told us the management team were approachable. The service worked well with health and social care partners.

There were three monthly team meetings and monthly management meetings. There were a number of quality assurance checks in place. To help drive improvement to service delivery.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Elmhurst Short Stay Service

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.

The inspection was an unannounced, comprehensive inspection and took place on 22 January 2019. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

We looked at information about the home in the form of enquiries and notifications that the service is required to send to the CQC. We also contacted the local authority and three health and social care professionals who have regular contact with the service. We did not receive any negative feedback.

During the inspection we spoke with the manager, the deputy manager, the head of operations, the managing director, a clinical staff member and two care staff. We spoke with six people who used the service and three relatives. We looked at electronic care files for four people and electronic staff personnel records. We also looked at training records, medicines records, health and safety records and audits.

Good

Is the service safe?

Our findings

The service followed the local authority safeguarding policies and procedures, which were accessible to all staff. All staff had undertaken safeguarding training and incidents were logged and followed up appropriately. There was a whistle blowing policy with clear information about how staff members could report concerns and the support available to them.

The service had a file with completed Do Not Attempt Resuscitation (DNAR) forms. This helped ensure those people who had expressed a wish not to be resuscitated would have their wishes adhered to in the event of a cardiac arrest.

Recruitment procedures were robust and we saw electronic records of all appropriate checks and documentation. New staff were subject to Disclosure and Barring Service (DBS) checks. These checks help ensure staff are suitable to work with vulnerable people.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. A person who used the service said, "There are enough staff and they come quickly when you need them." One relative we spoke with told us, "There are always one or two staff available." Rotas confirmed discussions with the manager about general staffing levels.

General and individual risk assessments were in place at the service. We saw risk assessments relating to the premises, the environment, safe use of equipment and infection control. These were all reviewed and up to date. There was an up to date fire risk assessment in place.

Relevant health and safety records were in place, reviewed and up to date. For example, we saw records of water hygiene checks, a current legionella certificate, maintenance of the building, records of equipment, building servicing, asbestos management, gas and electrical safety certificates and portable appliance testing (PAT).

There was a plan of the building, records of regular fire alarm, emergency lighting and means of escape checks and six-monthly fire drills. There was a grab file in the office which included personal emergency evacuation plans (PEEPs) for the people currently using the service.

Accidents and incidents were logged within care records and in an incident file. They were added to a weekly report which was sent to the service's head office and analysed for any patterns and trends to aid service improvement.

Medicines systems were in place and there was a comprehensive medicines policy which included all relevant areas. Lockable medicines trolleys were kept in a dedicated medicines room. Staff had undertaken training in medicines administration. Topical medicines, such as creams were currently recorded manually. Daily medicines checks were completed. The service had been using an electronic system for recording medicines (EMAR) which was currently under review.

A relative told us, "The home is spotless, very clean". We looked around the premises and found they were clean and fresh and there were cleaning schedules in place for domestic staff to follow on a daily basis. The previous external infection control audit had been good, with a few suggestions for improvements and these had been implemented following the audit. There was a file available with guidance and information around all infection control and prevention issues.

Good

Is the service effective?

Our findings

The care files were kept electronically and there was basic information in people's rooms. The files included a pre-admission assessment, health information, support plans, equipment required, nutritional information, risk assessments and personal information. We saw records of baths and showers and documentation of falls, incidents and accidents. There was a one-page profile which included an overview of all the relevant information about that person. Staff had been issued with electronic tablets so that they could record information as they went around the home. This helped ensure records were written in a timely way. Support plans and risk assessments were reviewed and updated regularly.

Staff induction was linked to the Care Certificate. The Care Certificate is a set of standards that staff working in a care setting are expected to adhere to. The service used an electronic system to record training. The training matrix evidenced that staff were up to date with training and had a facility to flag up when training was due. One staff member told us, "There are lots of training opportunities and we can ask for any extra training we need or want." Another said, "There are plenty of opportunities for training."

We saw evidence of three-monthly staff supervisions and annual appraisals, which gave staff the opportunity to discuss any concerns, raise issues and look at their development needs. There were also employee discussions that took place in between supervisions.

People's nutritional needs, likes and dislikes were recorded and there was also a list in the kitchen. The meals were provided by an outside source and served in the 'bistro'. The kitchen was clean and tidy and the food served looked appetising and nutritious. A person who used the service said, "Yes, the food is nice." Another told us, "The food is lovely, lots of choice." A third commented, "The food is very good, ten out of ten." A fourth said, "The food is very nice." One relative said, "The food is brilliant and they [staff] assist when needed with meals."

Staff took a menu around in the mornings so that people could make their choices. However, if they changed their minds they could have an alternative when the meals were served. Religious and cultural needs were respected. For example, Kosher food was supplied to those who required it and Halal meals had been offered when this was wanted. Special diets were supplied and thickeners were given and recorded accurately for people who had been assessed as needing this due to swallowing difficulties.

The premises were clutter free and adapted for ease of use by people whose mobility was restricted or who required the use of equipment to get around. We looked into some of the bedrooms and bathrooms, which were spacious and nicely presented. The communal areas were warm and pleasant and people were sitting in different areas of the home as they wished

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty were being met. We witnessed staff seeking verbal consent when offering assistance and support. Written consent, was kept within care files, as were MCA assessments. We saw the DoLS file, where relevant paperwork was kept. All this paperwork was appropriate and relevant. Staff had undertaken training in MCA and the management team had a good understanding of the legal requirements of the MCA and the DoLS.

Good

Is the service caring?

Our findings

One person who used the service said, "I have been here before. They [staff] are very good." Another told us, "It's superb. The girls are superb. I'm not unhappy at all." A third commented, "If I had to choose [a permanent home] I would definitely choose here. I can't fault it." A fourth person said, "It's good. Staff look after you properly. They are good and kind."

A relative told us, "I love it here, it's always warm and the rooms are gorgeous. I wish [relative] could stay. [Relative] loves the carers, they handle [relative] really nicely. I have never known [relative] happier. [Relative] is treated like they matter." A staff member we spoke with said, "It makes a difference to customers and families. This company supports families as much as customers. It's a nice place for people to be."

We observed staff interacting with people who used the service. They approached people with compassion and kindness and were respectful at all times. Privacy and dignity was respected and people were well presented. People had keys to their rooms, so had the option of keeping the doors locked to ensure privacy at all times.

People we spoke with felt communication between them and the service was good. One relative told us, "[Relative] has access to chiropody, community physiotherapy and hairdressing. [Relative's] skin is looking brilliant – they have not given up on [relative]."

People's diverse needs were respected. We saw evidence that people of different religions, beliefs, backgrounds and preferences were treated with equal regard and supported in a way that ensured their diversity was considered.

Care files evidenced that people were involved in discussions around their care and support needs. They also had input into reviews of care and those we spoke with felt fully involved in all aspects of their care and support. There were monthly customer forums for which we saw the minutes. This gave an opportunity for people to have their say about the day to day routines and happenings within the home.

Encouragement was given to people who used the service to help them do as much as they could for themselves. The service used appropriate equipment, such as special cutlery to help ensure people retained as much independence as possible.

The service was aware of confidentiality and data protection legislation. Records were stored securely and as much data as possible was kept electronically to reduce the need for paper records.

Good

Is the service responsive?

Our findings

People we spoke with told us they could choose what they did at the home. A person who used the service said, "I can do what I want." Another said, "There are lots of choices, like with the food." A third commented, "I can go to bed when I want, I join in with things if I want to, but I don't have to." A family member told us, "Staff ensure they give [relative] a shower, do [relative's] hair and nails." Another said, "[Relative] can go to bed when they want. [Relative] likes to get up late and sometimes skips breakfast, but can have a cup of tea or something to eat whenever they want." A third relative told us, "The flexibility [of the service] is good, if [relative] needs help they get help."

Care files we looked at were person-centred and included information about the individual. There was a section entitled, 'A little bit about me', which outlined details of people's family, background, interests, jobs, choices and preferences.

Individual risk assessments were recorded electronically within people's care files and related to areas such as medicines, bathing and showering, nutrition and hydration and moving and handling. These were reviewed and updated as required.

There was a range of activities on offer, including 'Shooting stars' – an exercise programme on offer three times weekly, which people we spoke with told us they thoroughly enjoyed. There was a regular hairdressing service and parties and celebrations of special days. Some people were taken shopping and others to a local day centre. A relative told us, "[Relative] enjoys the exercises and the Christmas dinner was gorgeous."

There was information displayed around the home to help ensure people were aware of what was happening. This information was clear and easy to read to help ensure it was accessible to as many people as possible. The manager told us that information could be produced in alternative formats, such as large print or braille, on request.

There was an appropriate complaints policy and an easy read leaflet outlining the procedure. Complaints were logged and followed up appropriately and these were analysed to look at any learning that could be taken from them. One person who used the service said, "I have no complaints at all". Another told us, "They are very good. I have no complaints." There were also 'Tell us what you think' leaflets, providing another opportunity for people to provide feedback.

We saw a number of compliments received by the service. Comments included; "I would like to say a big thank you to you all for your care and kindness to [relative] while she has stayed with you"; "A big thank you for all of your help, care and support during my stay"; "You have all been absolutely brilliant."

Good

Is the service well-led?

Our findings

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 time of the inspection there was a registered manager in place. The registered manager was not available to facilitate the inspection, but other members of the management team were present and assisted with the process.

There was a statement of purpose for the service which outlined the philosophy of care, aims and objectives and services provided. It included the organisational structure and gave information about the general running of the service, with useful contact numbers for the head office and the Care Quality Commission (CQC).

People we spoke with told us the management team were approachable. One person who used the service said, "The managers come round to see us." Another told us, "[The service] is very well run". A staff member commented, "The company proactively bring new things in and are very open at listening. They involve us in meetings and get our ideas". Another staff member said, "We are well supported, 80% supported. The management at present are trying to support staff. If the management are aware of an issue they will deal with it. We work as a team".

The service worked well with health and social care partners, such as GPs, chiropody services and community physiotherapists. One relative told us, "The slightest thing, they [the service] ring me and send for the GP".

The service had a business continuity plan in place, which was currently under review. This outlined how the business would continue in the event of an interruption to the service due to issues such as staffing shortages, weather conditions, loss of heating, power, lighting, nurse call systems or other unforeseen events.

There were three monthly team meetings, offering staff the opportunity to discuss any concerns and make suggestions. There were also monthly management meetings where discussions included continual service improvement. A task and finish group had been set up to address issues raised by the local authority as requiring improvement. Good progress was being made with these issues.

There were a number of quality assurance checks in place. The deputies sent in weekly reports to head office, which included information about recruitment, training, staffing, complaints and compliments, accidents, safeguarding, notifications, health and safety and actions from the last meeting. There were monthly managers' health and safety audits, kitchen and catering audits and a daily walk round. A new weekly form was being brought in to look at medicines errors, incidents and accidents, complaints, safeguardings and notifications. There were regular observations of staff, for example hand washing checks, and the records for three people who used the service were audited on a weekly basis. These checks helped

drive improvement to service delivery.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection in the home.