

Persona Care and Support Limited

Spurr House Short Stay Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Spurr House Short Stay Service provides accommodation and personal care for up to 36 older people, some of whom are living with dementia. Care is provided for people who require respite, short term or emergency support. At the time of our inspection there were 32 people staying at the home. The home is a large detached property in its own grounds. All accommodation is on the ground floor and the home is split into four self-contained units, each with their own lounge area.

This was an unannounced inspection which took place on the 5 and 6 June 2017. The inspection was undertaken by one adult social care inspector and an expert by experience. This was the first inspection of this service since the service transferred to a new provider.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. This was because medicines were not managed effectively and the service had failed to make all the required notifications to CQC.

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

Staff had received appropriate training in the safe handling of medicines and had regular assessments of their competency. We found that protocols were not always in place to guide staff on administration of "as required medicines" e.g. paracetamol. Routine checks on the storage temperature of stocks of some medicines were not carried out or recordings were incomplete.

The service had not notified CQC of all events they are required to. They had notified CQC of events such as serious incidents and when Deprivation of Liberty Safeguards applications were authorised, but had not notified CQC when safeguarding concerns were raised. We have written to the provider asking them to tell us how they will meet this regulation in future.

The service is required to have a registered manager in place. 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. The service had a registered manager in place who was present during this inspection. Everyone we spoke with was very positive about the registered manager and the way the service was managed.

Staff we spoke with were aware of safeguarding and how to protect vulnerable people. Staff were confident the registered manager would deal with any issues they raised.

Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out

their roles effectively.

The home was clean. There was an on-going programme of improvements taking place. Areas of the home had been redecorated, with new furnishings and flooring fitted. The work was planned to be completed by October 2017.

Accidents and incidents were appropriately recorded. Risk assessments were in place for the general environment. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

People told us they liked the food and their preferences were respected. People at risk of poor nutrition and hydration had their needs assessed and monitored.

We saw records that showed people had given their consent to the support they received. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

All the people we spoke with were positive about the support they received and the caring attitude of the staff. People we spoke with said, "The staff are welcoming, caring and friendly" and "They couldn't improve on the care provided."

We found there was a relaxed and caring approach by staff and staff were polite and treated people with respect.

Peoples support needs were assessed before they moved into Spurr House Short Stay Service. Care records guided staff on the care people needed and reflected their support needs and personal preferences.

There were sufficient activities available for people if they wished to join in. People told us they were happy with the activities on offer.

Staff were positive about the service and the way it was managed and the improvements that had been made since the new provider took over the service.

We saw there was a system for gathering people's views about the service, including regular meetings. There was a system in place to record complaints and the service's responses to them.

There was a system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

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 always safe.

Medicines were not managed effectively. Staff had been trained in medicines administration and had their competence checked.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Staff were aware of safeguarding procedures and how to raise concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training, supervision and support to allow them to do their jobs effectively and safely.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us they liked the food, it was home cooked and they were always offered choices.

Good ●

Is the service caring?

The service was caring.

People told us staff were caring.

We saw a relaxed and caring approach by staff. Staff were polite and treated people with respect.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

Good ●

Is the service responsive?

The service was responsive. □

Good ●

Care records guided staff on the care people needed and reflected their support needs and personal preferences.

There were sufficient activities available for people if they wished to join in.

There was a suitable complaints procedure for people to voice their concerns. People were confident any concerns they had would be dealt with quickly.

Is the service well-led?

The service was not always well-led.

The required notifications in relation to safeguarding had not been made to CQC.

Everyone spoke positively about the registered manager and the way the service was managed. Staff were positive about the new provider and the changes that had been made to the service.

There were systems in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Requires Improvement 

Spurr House 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.

This was an unannounced comprehensive inspection which took place on the 5 and 6 June 2017. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of services for older people and dementia care.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service.

As some people living at Spurr House Short Stay Service were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with ten people who used the service, five visitors, the registered manager, the deputy manager, four care workers, a laundry assistant, the chef, the operations manager and the quality and customer experience lead.

We carried out observations in public areas of the service. We looked at four care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe at Spurr House Short stay service. People who used the service told us, "I feel very safe here. I can't go home so this is a very safe place for me", "They come four times a day to give me my medication. Its different people but they always wear a red pinnie [apron]", "If you ask for a shower sometimes they are busy, but they always come back and you never have to wait more than an hour" and "There are no restrictions on our movements."

We looked to see if people received their medicines safely. People told us they received their medicines as prescribed.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We looked at seven administration records (MAR's) during the inspection. We observed that each person had a MAR chart in place; this included a photograph of the person. All the MAR records we reviewed were completed to indicate if the person had received their medicines.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only suitably qualified people had access to them. We found that all stocks of medicine and controlled drugs medicines we reviewed were accurate.

We found that protocols were in place to guide staff on administration of 'as required' medicines. We found one person's topical pain relief cream which was prescribed for use 'as required' did not have specific instructions on how staff would know when to apply the cream or where to apply it. We were told by the staff member giving out medicines that this was because the person would ask staff to apply it if it was needed. We discussed this information not being on the 'as required' medicines information with the staff member. They told us they would make sure a protocol was put in place that stated this to ensure staff were clear on when and where to administer the topical pain relief cream to ensure the person's needs were met.

We checked medicines which required refrigeration and found temperatures were taken daily to ensure that medicines were being stored correctly. All other medicines were stored in three different rooms. We found that in two of the rooms the room temperatures were not being recorded daily.

We saw that in the third medicine room the temperature in each of the four medicines trolleys was taken daily by staff. However we found gaps in recordings of temperatures in three of the trolleys for the week before our inspection. This meant medicines were being not monitored in accordance with national guidance. Storing medicines at the wrong temperature can alter their effectiveness. Because of the lack of

temperature checks and recordings we could not be sure medicines were being stored within safe limits and were safe for use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to provide safe care and treatment. We found the provider did not ensure the proper and safe management of medicines.

During our inspection the temperature of all rooms used for medicines storage was checked and found, on that day, to be within safe temperature limits. The registered manager told us they would immediately review procedures and put temperature checks in place in the two rooms that did not currently have them. They also showed us an audit completed the day before our inspection by a senior staff member which had identified that the medicines trolley temperature records were not complete. We saw that they had identified which staff had not completed the records and the senior staff member had planned to discuss this with them.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with told us they were confident they would be listened to and that the registered manager or the provider would deal with any issues they raised. One staff member told us, "I would tell my senior straight away."

We found there was a safe system of recruitment in place. We looked at three staff personnel files. The staff files we looked at contained interview notes, a health questionnaire, at least two written references and copies of identification documents including a photograph.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people were protected from the risk of unsuitable staff.

We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. Staff files we looked at contained a full employment history including a written explanation for gaps in employment. However in one staff's employment history we saw two gaps in employment that were not explained in writing. The registered manager was able to tell us the reason for the gaps and showed us an email that had been sent to the person at the time of recruitment asking for confirmation of the reasons for the gaps. The registered manager told us they had received an explanation but the email containing this could not be found. They told us the provider would review their procedures and include a checklist of requirements to ensure all reasons for gaps were noted in future.

The registered manager told us that during recent recruitments they had involved people who used the service in the recruitment process. This had included people who use the service having drinks and cakes with candidates and meeting them informally. Managers of the service also joined in and saw how candidates interacted with people.

We saw the service had policies and procedures to guide staff including recruitment, equal opportunities,

sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who staying at the service.

The registered manager told us that at times when people staying at the service needed more support because of their needs, the staffing levels were increased to ensure the required support was provided. The registered manager told us that cover for sickness and leave was usually provided by existing staff and this helped to ensure continuity of care. The provider was in the process of developing its own casual bank of staff to further ensure people were supported by staff that knew them well. Records we reviewed showed us that staffing levels were provided at consistent levels and that most of the cover for sickness and annual leave was provided by staff from the service.

During our inspection we observed people received the support they needed in a timely manner. We saw that staff provided support to people in an unhurried and calm way. Staff we spoke with told us they were able to meet people's support needs with the staffing levels they had.

The registered manager showed us a new staff call system that had recently been introduced to improve the support provided to people and timeliness of responses. Staff each had electronic hand held devices. They could use these to call for assistance and also managers of the service could see on a central display board where staff were.

The service was entered and exited via a main door which was controlled by an electric lock operated from a reception area. This ensured staff were aware of who was entering or leaving the building.

We found people's care records contained risk assessments. We saw these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included falls, bathing, nutrition and hydration, moving and handling, mobility and medicines.

We noted that one person who had started to use the service a couple of days before our inspection was identified as being at risk if they left the building without staff supervision and had tried to leave the building on a number of occasions since starting to live at the home. We saw that staff were checking and recording the person's whereabouts at 30 minutes intervals and that the morning handover had included information that "observations might be needed", but there was no written guidance or instructions to staff on undertaking these observations or on what they were to do if the person left the building. Staff we spoke with were aware of the need for 30 minute checks of the person's whereabouts and records we looked at confirmed this had been discussed at the morning handover. The registered manager told us they would update the person's care records to ensure the information was included. We also saw that the service had made an urgent application for a Deprivation of Liberty Safeguards (DoLS) authorisation. This would ensure the person's rights were protected and the service did not inappropriately restrict their freedom.

We saw risk assessments were in place for the general environment. Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risk.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We found that regular fire safety checks were carried out on fire alarms and fire extinguishers.

We looked in several bedrooms and all communal areas and found these to be clean and tidy with no malodours. We saw communal toilets and bathrooms were clean and contained appropriate hand hygiene guidance, paper towels and liquid soap. People we spoke with told us the home was always clean. One person who used the service told us, "They have cleaners who keep the place very clean."

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention.

We looked at the systems in place for laundry. As the service was a short stay service people usually took their clothing home to be washed. We were told that arrangements could be made for people to have a 'service wash' if they needed the service to wash their clothes. Bedding and towels were washed by the service. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The records included a description of the incident and any injury, action taken by staff or managers. One record we reviewed showed that a person who used the service had fallen and banged their head. Records showed that the service had provided first aid, sought appropriate medical assistance and had also reviewed the use of equipment to help prevent further falls. We saw this included a sensor mat to alert staff if the person got out of bed. We saw that the provider also reviewed accidents and incidents to look check for patterns of common themes so that action could be taken to prevent any reoccurrence.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This informed managers and staff what to do in the event of an emergency or incident and included fire, flood, power failure and missing persons. This meant that robust systems were in place to protect the health and safety of people in the event of an emergency situation and to ensure the continuation of service provision.

Is the service effective?

Our findings

People we spoke with told us the service provided them with the care and support they needed. Visitors told us, "My [relative] has come on leaps and bounds since [person] came here" and "Communication is really good. They keep us informed about what's happening."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection authorisations for DoLS were in place for eight people who used the service. Applications for DoLS authorisations had been made for a further two people. We saw that one of those applications was an urgent application that had been made as someone had come into the home in an emergency. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

People's care records we reviewed contained evidence that the service had identified whether each person could consent to their care. They contained information about each individual's capacity to make decisions. We saw that, where appropriate, relatives had been consulted about people's wishes.

Staff we spoke with knew which people who used the service were subject to DoLS authorisations and demonstrated how they gained people's consent to the support they provided, and gave us examples of how they ensured people were involved in decisions about their care.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

We were told by the registered manager that when staff started to work at the service they received an in house induction. Records we saw and staff we spoke with confirmed this induction had included reading policies and procedures as well as completing required training and shadowing experienced staff. Staff who were new to caring roles also completed the Care Certificate. This is a standardised approach to training for new staff working in health and social care and is considered best practise. During the induction staff were required to undertake all mandatory training courses and to complete work books to demonstrate their

knowledge and understanding

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. The registered manager showed us the training matrix they used to record all staff training. Records we looked at and staff we spoke with showed that staff received training that included moving and handling, first aid, medicines, safeguarding adults, fire safety, health and safety, infection control, food hygiene, nutrition and MCA and DoLS. Staff told us that training opportunities were good and that managers of the service made sure that people were up to date with their training. One staff member told us, "They [managers] keep on top of it and make sure we do the training."

Records we reviewed showed that staff received regular supervision. Staff we spoke with were positive about the support they received. Staff told us, "I feel very supported", "If I ask for help, I always get it", "I feel very supported. I can always get hold of them [managers] at any time" and "I get support." We found that regular staff meetings were held.

We toured the building during the inspection and visited all communal areas, several bedrooms and the bathrooms. On the first day of our inspection we found the shower rooms had some furniture and equipment which appeared to be stored and not used in the room. This would not have prevented the rooms being used but did give the appearance of the rooms being cluttered. We discussed this with the registered manager who told us they would arrange for the items to be moved. On the second day of our inspection we saw that the shower rooms had been tidied and the items removed.

The home was split into four self-contained units, each with their own lounge areas with a television and small kitchen/dining areas where people and their visitors could make drinks and snacks. Some communal areas had been redecorated and some communal areas had had new furniture, carpets or non-slip flooring. We saw that some communal areas were still in need of redecoration. The registered manager told us that there was a planned programme of works being undertaken and that new beds had been purchased, new furniture had been ordered and redecoration of all remaining communal areas was planned to be completed by October 2017.

We saw that people who used the service could move freely between the units and lounges without restriction and we saw people moving around the home so they could talk to friends or visitors in other units.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

The registered manager told us that food preparation was contracted to an outside service who worked from the home's kitchen and provided all meals. We spoke with the chef on duty in the kitchen. We found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences and took pride in making sure people's preferences were respected. We saw that food was prepared fresh on site. We saw there were plentiful supplies of fresh vegetables, fruit meat and dried goods.

Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean. The service had received a 4 star rating from the national food hygiene rating scheme in October 2016 which meant they followed safe food storage and preparation practices.

Everyone we spoke with was positive about the food provided at the service and the flexibility of the kitchen staff. People we spoke with told us, "The food is good, I eat in the dining room or they will make me some toast if I'm hungry", "They always ask me if I want a drink", "The good thing is the food is always hot" and "The food is excellent."

During our inspection we observed a lunch time meal. We heard staff offering people choices of where they would like to sit and what food they would like and asking if people wanted extra food. One person asked for their egg to be changed for a "runny" one. Staff immediately said yes and went to the chef to get a replacement. Staff offered people alternatives were they said they didn't want what was on offer

We were told by the chef that people made their choices the night before, however we found that staff also gave people choice at lunch time and asked each person what they would prefer. We saw there were table clothes and artificial flowers on each table and condiments people could use to season their food.

The home is a short stay service and people's health needs are usually met where they live permanently. However people we spoke with and care records we looked at showed that whilst people were staying at Spurr House Short stay service people had access to a range of health care professionals including doctors, speech and language therapists, district nurses and opticians. The service also had a therapy room which was used when health care professionals came to visit people at the service. This helped to ensure people's healthcare needs were met.

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and the caring attitude of the staff. People we spoke with said, "They [the staff] are very patient, I've seen patients being very obstreperous but I've never seen them lose their patience or raise their voice", "Anything they can get for you they will" and "...it's very good and I'm well looked after."

Visitors we spoke with told us, "The staff are welcoming, caring and friendly" and "They couldn't improve on the care provided."

The registered manager told us that the service placed great importance on getting to know who people were and what was important in their lives. We found that the registered manager, and all the staff we spoke with, spoke very fondly about people who used the service. They knew them well and knew their likes and dislikes and what was important to them. Staff we spoke with said, "I get to know people when I am helping them shower. I find it interesting what people used to do" and "It's lovely when you see someone settle in well."

During our inspection we saw that staff respected people's privacy and dignity. We saw they always knocked on people's bedroom doors before entering and heard staff refer to people by their first name or by Mr or Mrs. We found this reflected the individual person's preference.

We spent time observing the care provided in communal areas of the home. We found there was a relaxed and caring approach by staff and staff were polite and treated people with respect. Although staff were busy, they took time to make sure people were listened to and were provided with the support they needed. One staff member said, "I think we are friendly and sociable staff. It makes a difference [to people who use the service] if staff are laughing and joking."

One staff member we spoke with told us they were improving the garden space and that this would include a memorial garden. This was going to include a tree on which people could put 'angels' with the names of people who had used the service and staff who had passed away. They told us this was to help people grieve but also to provide a lasting memory of them. There were plans for a buffet and opening ceremony when the garden was ready.

The registered manager told us people's visitors were welcomed and there were no restrictions on visiting. Visitors we spoke with told us they were made to feel very welcome. We observed visitors coming and going throughout our inspection.

The registered manager and staff we spoke with showed the service promoted people maintaining their independence. One staff member said, "We have to promote it [independence], we have to be aware that people are going home."

We found that paper and electronic care records were stored securely. Policies and procedures we looked at

showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs.

They told us, "I wanted to go home last week but they were very kind and explained why I needed to stay a little longer", "You can book a shower for any day and the staff will arrange it" and "If you ask for a shower sometimes they are busy, but they always come back and you never have to wait more than an hour." A visitor we spoke with said, "My [relative] has smoked all [persons] life. They support [person] into the garden for a smoke."

The registered manager told us that before people moved into Spurr House Short Stay Service their needs were assessed. We looked at four peoples care records. We saw the 'Initial referral assessments' included information about people's mobility, support and health needs, medicines, allergies, nutrition, likes and dislikes, capacity and consent. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they started to use the service.

We found the assessments were used to develop care plans and risk assessments to guide staff on how to support people. Two of the records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. The care records we looked at had been reviewed and information had been updated when changes had occurred.

However in two other care records for people who had started to use the service just before our inspection we found the information was brief and gave only outlines of the support that was needed, not detailed guidance to staff on how to provide the support. We discussed this with the registered manager. They told us that sometimes people came in at short notice because of emergencies or crisis. When this happened the service used what information they had about the person and then as they get to know people, further information would be added. The registered manager told us that the service was planning to improve the way they made and kept care records. All staff would have hand held devices that linked to an electronic system which would mean that care records could be updated immediately as information about the person and what was important to them was gathered. The registered manager told us they were going to start to use the system in one unit at the end of June 2017.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they could look at care plans and were made aware of any changes in a person's support needs in the daily logs and at the handover which happened at the start of each shift. Records we looked at showed that records were kept of the handovers and detailed daily logs were kept for each person. We saw these included appointments people had planned for that day and important events that had happened during each shift or the persons stay.

We looked to see what activities that were offered to people that lived at Spurr House Short Stay Service. People we spoke with told us that they were happy with the activities on offer.

We were told that the activities on offer included; bingo, jigsaw, arts and crafts, exercises, board games, a

newspaper reading group and films. During our inspection we observed one person who used the service doing some art work. A person who was in a lounge area reading a book told us, "I read and they have a little library of books." Another person who used the service told us, "There is a lady who comes in in the afternoon and does activities with us." The service had an activity coordinator, we saw they kept records for each person and what activities they had taken part in and whether they had enjoyed them or not.

We saw that there was a hairdresser who came to the service each week and that entertainers also came regularly. We saw that parties were held for special occasions such as the Queens birthdays and St Patrick's day. We saw an advertisement for a singer who was planned to visit in the coming month. The service had also had a pizza night where people who used the service had chosen toppings and made pizza. Photographs around the service showed a social event when an organisation had brought animals including ponies into the service for people to see and interact with.

The registered manager told us the service were also linking with a local scout group to develop the grounds, they said this would improve accessibility to some areas of the grounds and provide raised beds for planting so that people with mobility difficulty's could be involved in the garden. They were also developing a fitness programme. They were going to link with Manchester university and look at the use of electronic devices that measured how many steps people took or how active they were during the course of a day. They told us this was going to be used in a fun way to encourage people to be active.

We saw that consideration was given to people's religious and spiritual needs and that there was a religious service in the home once per week.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a section to record any action taken.

Is the service well-led?

Our findings

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and when DoLS authorisations had been granted. During the inspection we found they had not notified CQC of two safeguarding concerns that had been raised. We noted that the service had notified the local authority at the time the concerns were raised and the local authority had investigated the concerns and found that abuse had not occurred. The registered manager and operations manager told us they had thought the local authority notified CQC when a safeguarding was raised with them.

This meant that at the time the safeguarding concerns were raised CQC were not able to ensure appropriate action to keep people safe had been taken.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to make the required notifications to the Commission. We have written to the provider asking them to tell us how they will meet this regulation in future.

The registered manager and operations manager told us they would review their procedures for notifications to CQC to ensure all required notifications were made in future.

People we spoke with were positive about the service and the way it was managed. People told us, "I've been in here before and it was very good, if anything it's even better now", "They are well organised", "I have to pay towards my care as it's my choice to come here but I will happily pay as they are absolutely brilliant here" and "What I like is when you are talking to them they listen to everything you have to say and don't walk away until you have finished talking."

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

Everyone we spoke with was very positive about the registered manager and the way the service was managed. During our inspection we found the registered manager to be open and committed to improving the service provided. We saw the registered manager knew the names of people using the service and their visitors.

Staff we spoke with were very positive about the registered manager. Staff told us, "She's lovely, she will do anything for you", "She's fair", "She's not soft" and "She's nice to work with." Others said, "She's a very good manager", "She's nice and approachable", "You can go to her and she deals with things" and "She's very approachable, very professional. [Deputy managers name] is as well."

Staff told us they liked working for the service and the new provider. They told us, "I love it. I love coming to work every day", "We are a good team", "It's a nice company, it feels like a family."

Staff said about the new provider, "They're brilliant. Different [than last provider] but good different", "Its new, its fresh, it's a different approach", "There fine", "It's getting better" and "I think we offer really, really good services."

We saw they held annual awards for staff. The registered manager told us this was to highlight staff good practise and service developments. The awards could be nominated by staff or people who used the service and their relatives. We saw that the service had won an award in the dignity category at last year's awards. The service had received a number of nominations for this year's award. One nomination we saw said; "The staff are always respectful of the residents and treat them with dignity. They are always patient and willing to help not only the residents but visitors as well. I am 100% happy with the care my family member has received whilst at Spurr House. Thank you!"

We looked at the arrangements in place for quality assurance and governance. We found there were systems of weekly, monthly and annual quality assurance check and audits. These included care records, staff record keeping, medicines management, cleaning, kitchens, health and safety, infection control, falls, safeguarding, accident and incidents, training and complaints.

The operations manager showed us that the provider also had monthly audit systems. Information given by the service on accidents and incidents, safeguarding, complaints is reviewed for patterns and trends. This is also compared to the other services the provider runs to look for themes and improvements that could be made.

We spoke with the Quality and Customer Experience lead staff member who told us that the service also undertake regular internal inspections which use the CQC standards as their base. The provider's quality assurance practise group meets with managers of the service to look at the outcomes of these.

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This should help to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. We saw the service had planned to undertake a customer satisfaction survey in June 2017 with people who used the service and their relatives

We saw that the service held customer forums regularly. These were meetings arranged for people who used the service and their relatives. We saw records of these and saw that at a recent meeting people had raised the short time between lunch and evening meal. We saw that following this, managers of the service had arranged to meet with the organisation that runs the kitchen.

The provider also produced a newsletter each month which had information about all the services they run and important events and developments.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to make the required notifications to the Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found the provider did not ensure the proper and safe management of medicines.