

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

This inspection was unannounced and took place on the 12 September, 15 and 18 October 2018.

Spurr House Short Stay is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

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. 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. On the first day of our inspection there were 28 people staying at the home.

We last carried out a focused inspection of this service in November 2017. We found the service to be good in safe and well-led. It had an overall rating of Good.

During this inspection we found breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed effectively, suitable arrangements were not in place to ensure people were protected from the risks of cross infection, systems for recruitment of staff were not always safe and systems in place to assess, monitor and improve the quality and safety of the service provided were not robust. You can see what action we have told the provider to take at the back of the full version of the report. We also made one recommendation about managing the risks from hot water

Medicines were not always managed safely. Records for the administration of medicines were incomplete. Protocols were not always in place to guide staff on administration of some 'as required medicines' including topical creams. Checks of storage temperatures of some medicines were not carried out properly and audits of medicines administration were not robust.

People were not protected from the risk of infection. Cleaning schedules were not clear and records of cleaning undertaken were incomplete.

Recruitment of staff were not always safe. All the required checks on staff's suitability to work with vulnerable people were not made.

Systems in place to assess, monitor and improve the quality and safety of the service provided were not sufficiently robust to ensure best practice was followed and compliance with regulations.

Health and safety checks were completed on the building and equipment. However, some checks were incomplete. We found that all the required checks on the temperature of bathing water were not being

completed. We have recommended the provider follows appropriate Health & Safety Executive guidance about managing the risks from hot water in health and social care.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. People were positive about the registered manager and the way the home was organised and managed.

Staff were aware of their responsibilities in protecting people from abuse and could demonstrate their understanding of the procedures to follow so that people were kept safe.

Risks to people who lived at the service were well managed. Accidents and incidents were appropriately recorded.

There were sufficient numbers of staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

The requirements of the Mental Capacity Act 2005 were being met. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Care records were person centred, detailed and written using respectful terms. They gave staff information about what was important to and for the person. People told us they were involved in decisions about their care and support.

People had access to a range of health care professionals. People enjoyed the food on offer.

The registered manager and staff all knew people very well. We saw staff interactions that were caring, helpful and kind. People told us that staff respected their privacy and treated them with respect.

Staff we spoke with enjoyed their work, took a pride in the care they provided and demonstrated a commitment to person centred care.

There were a range of activities and social events in the home and in the community on offer to reduce people's social isolation. People told us they enjoyed the activities and were positive about the enthusiasm of the activity coordinator.

There was a system in place to record complaints and the service's responses to them.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practice. Staff we spoke with liked working for the service and told us they felt supported in their work.

The service had notified CQC of any accidents, DoLS authorisations, serious incidents, and safeguarding allegations as they are required to do.

The provider had displayed the CQC rating from the last inspection in the home and on their website.

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 management were not always managed effectively.

The required checks on staff's suitability to work with vulnerable people were not always made. People told us they felt safe because they were supported by staff they knew and trusted.

Suitable arrangements were not in place to ensure people were protected from the risks of cross infection. The required health and safety checks had not been consistently completed.

Requires Improvement ●

Is the service effective?

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People enjoyed the food on told us they were offered lots of choices.

Good ●

Is the service caring?

The service was caring.

People told us staff were caring, cheerful and kind. People told us that staff respected their privacy and treated them with respect.

The manager and all staff we spoke with had a good knowledge of the people who used the service and spoke about people respectfully.

Visitors were made to feel welcome.

Good ●

Is the service responsive?

The service was responsive.

Care records contained detailed information about what was important to and for the person. They provided staff with the information they needed to support people appropriately.

People were very positive about the activities and events provided.

There was a complaints procedure for people to voice their concerns.

Good 

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of the service provided were not sufficiently robust.

People were very positive about the service and the way it was managed and organised.

Staff enjoyed working for the service and felt supported in their roles.

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 inspection took place on 12 September, 15 and 18 October 2018 and was unannounced on the first day. It was undertaken by an adult social care inspector and an expert by experience on the first day and one adult social care inspector on the other two days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We reviewed 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 also asked the local authority Bury Council and Healthwatch Bury for their views on the service. They raised no concerns.

During our inspection we spoke with fourteen people who used the service, five visitors, the registered manager, the deputy manager, a senior care worker and five support workers, the cook, the activity coordinator, the head of operations and the managing director.

We carried out observations in communal areas of the service. We looked at three people's care records, a range of documents 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 using the service. They said, "When I was told I was coming here to convalesce I was worried, with everything you hear on the news about care homes, but was pleasantly surprised, everything is just perfect" and "The place is safe and very clean, staff are working hard to keep it that way."

Visitors told us, "For months we have been coming here to visit, we have never seen anyone been treated badly" and "Staff are polite, no one is being shouted at."

We looked to see if there were safe systems in place for managing people's medicines. People we spoke with told us they received their medicines as prescribed. One person said, "I never have a problem with my medication. I administer my own medication, it is in a lockable space in my room and when I am not in, I lock the door, staff gave me the key to my door." A visitor said, "We depend on staff when it comes to [person who used the service] medication and, touch wood, they never disappoint."

We found medicines management policies and procedures were in place. The training records we looked at showed that staff had been trained in the safe administration of medicines; this was confirmed by those staff we spoke with. Staff also had their competency to administer medicines regularly checked.

We looked at five people's Medicines Administration Record (MAR). We found that all MAR's contained a photograph to help ensure correct identification of the person. All MAR's we reviewed in the medicines room were fully completed to confirm that people had received their medicines as prescribed.

At our inspection in June 2017 we found that protocols were not always in place to guide staff on administration of 'as required' (PRN) medicines, such as paracetamol. All PRN medicines should have information to inform staff of what medicine to give, what to give it for and how often it can be given. This ensures the safe and correct use of 'as required' medicines. When we inspected the home in October 2017 we found the required documents were in place.

During this inspection we found again that protocols were not always in place to guide staff on administration of PRN. They did not have specific instructions on how staff would know when to apply the cream or where to apply it. MAR relating to administration of topical creams were not all fully completed. We found three people's MAR that were not completed, did not have dates on, times of administration were not detailed and there were no specific instructions on where the cream was to be administered. Hand written MAR had not been countersigned by a second staff member to show they had been checked for accuracy.

We were told by one staff member that that one person was administering their own creams; another staff member told us staff administered it. There was no paper work to indicate that the person had been assessed as able to administer their own creams.

We saw that most medicines were stored securely in locked medicines trolleys and locked rooms. However, on the first day of our inspection we found a non-lockable plastic box, containing topical creams, had been

left unsupervised in one of the lounge areas. This posed a danger as anyone could access them.

The temperature of both the medicines fridge and the medicine rooms had been recorded daily. However, we noted that for the previous two months the fridge temperature recordings had indicated that the temperature was just outside acceptable limits. If medicines are stored at the wrong temperature it can alter their effectiveness. The recording form did not indicate that any action had been taken. We discussed this with the registered manager who said they had not known about this, but thought staff had not been resetting the thermometer as they should.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a controlled drug register in use, which was signed by two staff when administering the drug. We saw that when errors had been made the entries were scribbled over, making the records unclear. A single line should be used to highlight any errors so that records can be clearly seen.

The registered manager told us that spot checks on records and stocks of controlled drugs were completed. We found stocks of medicines we reviewed, including controlled drugs, were accurate and matched what was shown on the MAR. However, there was no evidence of regular stock checks of these medicines by managers of the service and the writing over errors had not been identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not ensure the proper and safe management of medicines.

The head of operations told us that, to improve medicines administration, the service was introducing a new electronic MAR system which would start by the end of October 2018.

We looked to see if the home was clean and if procedures were in place to prevent the spread of infection. During our tour of the building we found all communal areas to be clutter free and clean. One person told us, "The environment is kept very clean everywhere you go." We saw that the service had an infection control policy and procedure and staff had received training in infection control. These gave staff guidance on preventing, detecting and controlling the spread of infection.

However, on the first day of our inspection we toured the building and found that three communal bathrooms did not have any waste disposal bins. In one bathroom a used continence pad had been left in a plastic bucket, without a lid. We also saw a used disposable glove on the bathroom floor. Foot operated waste bins are important to prevent the spread of infection. We asked staff why there were no bins and were told that they had been instructed to remove them into the housekeeping store rooms, due to unpleasant smells. We discussed this with the registered manager. They said they were not aware of this and did not know who or why this instruction had been given. They immediately instructed that the bins be returned to the bathrooms.

We also found one toilet had no toilet roll holder. In the staff toilet, paper towels were on top of the dispenser not inside it. In the medicine room the paper towel dispenser was empty, the waste bin was not foot operated and the hand washing basin was visibly dirty. Good hand washing practice helps prevent and control the spread of infection.

Cleaning records we saw included a form that showed when bedrooms were cleaned and what tasks should be completed. The records we reviewed were incomplete and it was unclear when each task should happen. Records of audits of mattress cleanliness were also incomplete.

We found this was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because suitable arrangements were not in place to ensure people were protected from the risks of cross infection.

We looked at the systems in place for the management of the laundry. The service was a short stay service and 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.

We looked at three staff recruitment files. The records contained proof of identity, application form with employment history and appropriate references. Two staff files contained evidence that checks had been completed with the Disclosure and Barring Service (DBS) confirming the individual was safe to support vulnerable people. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. However, one file relating to a person employed as domestic staff did not contain evidence of a DBS check. The managing director told us that the provider had not completed DBS checks for domestic staff as they had understood these checks were not needed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

Following the inspection, the managing director confirmed that procedures had been reviewed and that all the necessary checks for all staff were being undertaken.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their role.

We reviewed certificates and maintenance records for safety checks performed on the home. We found external providers had completed the required checks and maintenance for gas, electricity and water quality. Records showed that all portable electrical appliances had been tested.

Records we saw showed that staff received training in fire evacuation and fire safety. We found 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 reviewed record relating to the maintenance of the fire detection and alarm system. We saw the maintenance had been completed in November 2017 and no issues had been identified.

The certificate identified the next maintenance had been due to be completed by 1 July 2018, the head of operation confirmed this had not been completed and had been an oversight. We found that fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. However, records we saw showed that all the required weekly fire safety checks had not been completed in August and September 2018, only one had been completed in each of these months. Regular checks of equipment required in the event of an emergency are needed to ensure it is functioning and suitable for use. We have addressed this in the well-led section of this report.

We looked at arrangements in place for regular checking, identifying and rectifying premises issues promptly. We saw that thermostatic mixer valves (TMV) were fitted to hot water taps and water temperatures checks were completed monthly by an external contractor. However, the service was not undertaking regular checks of a hot water in all the bedrooms and the communal bathrooms. Guidance indicates that due to the risk of possible failure of TMV and risk scalding, water temperatures should be checked prior to people bathing. We recommend the provider follows appropriate Health & Safety Executive guidance about managing the risks from hot water in health and social care settings.

The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as loss of people's personal information, severe weather, loss of telephone, gas or electric supply, fire or flood and disruption to kitchen or food supplies.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Training records identified staff had received training in safeguarding people from abuse. All the staff we spoke with were confident that if they raised any concerns with managers of the service they would be dealt with correctly. One said, "I most definitely would raise concerns, no hesitation and yes they would definitely listen." Records we looked at showed that safeguarding concerns had been dealt with appropriately and alerts had been raised with the appropriate local authorities.

During this inspection we looked at the care records for three people who used the service, who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included nutrition, medication, mobility, falls and mental and physiological well-being. We also saw that risk assessments were in place for the environment. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Visitors told us, "Staff ensure that anyone who needs [walking] frames have them to prevent them from falling" and "I just saw a member of staff telling a patient that she just realised that the patient was not using her walking aid and that she was concerned that without it she may fall, then she kindly asked her to stay where she was, got her a Zimmer frame."

We looked at the staffing arrangements in place to support the people who were living at the home. Staff rotas we examined showed that staffing levels were provided at consistent levels and that cover for sickness and annual leave was provided by staff from the provider own casual staff bank. This helped to ensure continuity of care. Visitors we spoke with said, "Staff treat my [person who used the service] well. There is always the same faces with staff, my [person who used the service] needs that familiarity" and "Every time I am here visiting, there is always more than enough staff."

During our inspection we observed that people received the support they needed promptly and staff spent time talking with people. People who used the service told us staff responded when they needed support. People said, "Staff are always passing by, if you don't see them, you shout and someone will come" and "They gave me a neck buzzer, if I need assistance I just press it, and someone will be here."

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident, any injury and action taken by staff or managers. We found that a log of all accidents and incidents was kept by the registered manager so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

People spoke positively about the way staff supported them. They told us, "They [staff] are great in their job, they know what they are doing, always", "Staff are special, they just know what to do, every one of them" and "Staff work very hard, they are conscientious."

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 so that they can 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).

During this inspection we checked to see if the provider was working within the principles of the MCA. We found people had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. Where needed applications for DoLS had been submitted to the relevant local authority.

We found people had been involved in deciding how their care and support should be provided and that they gave their consent. Everyone we spoke with said staff asked for their consent or agreement before providing care. One person told us, "Staff ask you and offer you a choice with anything and everything." Staff had received training in MCA and DoLS and those we spoke with had a good understanding of MCA and their responsibilities relating to DoLS.

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

The registered manager told us that staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve-week induction which included training, an introduction to the service and information about the individual staff member's role and responsibility.

We found staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we reviewed showed that staff were offered a wide range of training including infection control, emergency first aid, fire safety, moving and handling, dignity and personalised care, safe food handling and oral health care. We saw that staff also attended courses related to specific health conditions including diabetes. Staff were positive about the training. One told us, "The training is great. They [managers] are always telling us to do it."

Records we looked at and staff we spoke with confirmed staff received an annual appraisal of their performance, regular one to one supervisions and attended regular staff meetings. We saw the appraisals

were very person centred and asked staff to reflect on the impact their work had, both on people who used the service and on themselves. Staff were asked to identify how they had shown they were achieving the provider's values; : respectful, enthusiastic, adaptable, caring and honest.

Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff told us they felt very supported. One said, "You can always talk to someone. They [managers] are very approachable."

The communal lounges had recently been redecorated and a new accessible reception area had been created. The head of operations told us that improvements were on going. They said that they were planning to introduce 'memory boxes'. These would be placed on the wall outside people's bedrooms and could contain photographs or special objects that would help people with memory difficulties orientate themselves and find their bedrooms more easily.

The registered manager told us that before someone stayed at the home an assessment of their needs and preferences was completed. The assessment process ensured people were suitably placed, staff knew about people's needs and goals and staff could meet people's needs. Records we looked at showed that once people started to live at the home these assessments were used to develop care plans and risk assessments to guide staff on the support and care people needed. The registered manager told us that the assessments were going to be more in depth and, unless an emergency stay was needed, they would be completed earlier so that the service could plan the person's stay better. There was now also a customer relations team who were available for people to contact every day.

We looked to see if people were provided with a choice of suitable and nutritious food. 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; they were aware of people's like and dislikes and specific needs such as people who had diabetes. We found they took a pride in providing food that people enjoyed. They told us, "Every evening I go around to ask clients what they like about what was served on the day and I also ask them about what they fancy for the next day."

People told us they liked the food on offer. They told us, "The food is fantastic, there is always more if you want more", "Food is good. I can have anything I want, the chef knows what I don't like and he respects that", "The food is great, I asked for chips, egg and beans, the chef gave me sausages on top, brilliant", "We are served very good food, there is more to choose from" and "There is always a choice."

We observed a lunch time meal. Tables were set, people sat where they wanted and were given options of what they preferred to eat. The meal time was unrushed and staff actively supported and encouraged those who needed support. The food being served was fresh, warm and appetising. People were happy with the quality of meals, meals options and snacks.

We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. Spurr House Short Stay had been awarded a five-star rating for food hygiene from the food standards agency in November 2017. This meant they followed safe food storage and preparation practices.

People stayed at Spurr House Short Stay for short periods of time. However, we saw that people still had access to healthcare services and received on going healthcare support. Care records contained a "hospital transfer" form. One person said, "Staff look after me very well, I had hospital appointment yesterday."

Is the service caring?

Our findings

Everyone we spoke with told us staff at Spurr House Short Stay were caring. People who used the service told us, "The people [staff] are nice and kind", "The atmosphere is cheerful and homely", "No matter where you are in this place, any member of staff is approachable and smiling". Others said staff were, "Very sociable, you can have a laugh" and "All of them are so good to us, whatever you need, it's never too much."

Visitors said, "All staff are cheerful and delightful, they make the atmosphere bearable for people. In fact they are the atmosphere, hence I prefer bringing my [person who used the service] here for respite at least twice a year" and "This is the first time I have come, I can't believe how welcoming the place is, nicely decorated."

Another visitor told us, "I was pleasantly touched when a patient hugged and kissed the staff on her cheek, in gratitude, and staff didn't seem to mind. I was just thinking, this is exactly what people miss in care environment, a simple act of human compassion. I like this place already."

During the inspection we spent time observing the care provided by staff. We observed staff spending time with people and talking to them. We saw that staff were friendly in the interactions with people who used the service and were caring, helpful and polite. We observed an exchange of mutual respect between staff and people who used the service and visitors.

The manager and all staff we spoke with had a good knowledge of the people who used the service. Staff we spoke with showed a genuine desire to provide a good service to people. One staff member said, "You can't survive this job if you don't love the job, because often it is very stressful. We are a good team, but we love what we do, it makes a difference to the clients." Another said it was important to them that they did a good job because; "This is someone's mum, dad or grandma."

People who used the service told us staff helped maintain and promote their independence and choices. Staff told us people need encouragement and time to be able to develop their independence. Staff we spoke with said, "It's about knowing people. Giving them time to do things."

People told us that staff respected their privacy and treated them with respect. During our inspection we saw that people using the service were clean and well groomed. People told us that staff showed them respect. People said, "Staff approach you with such respect", "I have seen staff treat everyone with care and concern, and it reassures me a lot" and "Staff are very discreet when they discuss patient matters, it makes me feel safe."

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this.

During our inspection people told us that visitors were always made to feel welcome. Visitors we spoke with said, "Every time I come to visit my [person who used the service], staff offer me to share a meal, it's been

great" and "I am well impressed about this place, staff offer you a cup of tea right away."

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information. We found that care records were stored securely.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs. People said, "Last night we were watching telly till 11 o'clock, staff don't mither you" and "I like to wake up after 10am in the morning. I have never experienced any problems from staff."

We looked at three people's care records. We found they contained risk assessments and care plans that were detailed and written using respectful terms. They gave information about things that were important to and for the person including mental health and psychological needs, nutrition, personal care, family and friends, communication, mobility and activities and lifestyle choices. We found care plans were very person centred. They detailed people's routines and preferences. We saw that people had been involved in developing their records. One person's night time routine care plan stated; "I need staff to supply me with a tot of whiskey when I have been assisted to bed. This may be beneficial to aid me to sleep."

Staff we spoke with during our inspection showed a commitment to making sure people's needs were identified and that things that were important to people were respected.

Records we looked at had been regularly reviewed and updated when changes in people's needs had occurred. People had not all signed to say they had been involved in developing the care records, but records indicated how people had been involved. One person who used the service said, "There is always a meeting with staff asking all sorts of questions and filling all sorts of forms."

People told us they received the support and care they needed. We saw there were detailed daily records of the care and support staff had provided.

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access community based activities. People were very positive about the activities and the activity coordinator. They told us, "I like search word and bingo", "I like playing bingo, and if staff is available I like going out for a meal or a cuppa" and "We used to have meetings with the activity lady, it kind of slowed a bit."

A visitor said, "My [person who used the service] is happy, [person] enjoys playing bingo and joining different things."

We observed a structured exercise activity hosted by an external group. They attended the service on three days in each week. We saw they provide classes including; yoga, Zumba, cheerleading, armchair exercises and music sessions. Special events such as birthdays were celebrated and people went on trips out. The home had taken part in the 'festival of ageing' celebrations and had an open day as part of 'care home open day'. We saw there had been a curry night and that a celebration of Lebanese culture was planned, this included music, food and a demonstration of Belly dancing. A Macmillan fundraising event had been held to raise money to support people affected by cancer.

The service also had links with a local school choir. Staff told us this; "Is to encourage inter-generational understanding."

We spent time with the activity coordinator and found them to be very enthusiastic. They told us, "While it's not possible to engage all clients at once, I enjoy doing one to one, taking them shopping or out for a walk, that way you get to know more about individual clients, they like it when someone show interest." Records were kept of all activities and whether people had enjoyed them or what could be done differently. We also saw lots of photographs of previous activities were kept. People were positive about the enthusiasm of the activity coordinator.

The provider had an Equality & Diversity policy. This detailed how staff and residents' human rights would be protected. Care records we looked at also showed that as part of the care planning process consideration was given to supporting people's sexual orientation, cultural and spiritual needs.

We asked how the home used technology to improve the care provided. We were told by the head of operations that WIFI was going to be made available throughout the home.

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. We found there was a system for recording complaints. We saw this included a record of responses made and any action taken. People we spoke with told us they knew how to complain. They told us, "Staff look after me, they do it so well, I can't complain", "I don't have any concerns, I never needed to complaint about anything since I came here" and "If I need to make a complaint, I will talk to staff, if I don't have attention, then Bury Council will certainly hear from."

A visitor said, "I was not happy before about something concerning my [person who used the service], I spoke to the manager once and the matter was improved and it continues that way."

Care records we looked at showed that people were given the opportunity to discuss their end of life wishes.

We saw that the provider made information and policies available in a variety of accessible formats if people needed them. This included information in plain language, with pictures, large print and easy read versions. We were shown a variety of one-page leaflets. These included information about support planning, managing medicines, safeguarding, complaints, staying safe and MCA.

Is the service well-led?

Our findings

People were positive about the home and the way it was managed and organised. They told us, "I don't know the manager. Simply because, so long as everyone is as efficient and as caring as they all are, I think I don't need to know who is the manager. Normally when I am not happy with something I will insist on talking to the manager."

Visitors said, "My [person who used the service] has been here for a while, it has been brilliant since, I would recommend it to anyone" and "Everyone is good, supportive and helpful."

We looked at the arrangements in place for quality assurance and governance. 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 found there was a system of weekly, monthly and annual quality assurance checks and audits. These included care plans, infection control, medication, building maintenance, kitchen and health and safety.

Safeguarding concerns, complaints and accidents and incidents were monitored by the service and information was provided to senior managers so that they could identify areas of good practise or concern.

The monitoring and auditing systems had also not identified when the required health and safety checks had not been completed. Infection control audits had not identified the incomplete cleaning records or addressed the failure of infection control procedures.

The medication audits in place had not identified the issues we found during our inspection. Fire safety and building maintenance systems were in place. However, they had not all been consistently followed, the audit systems in place had not identified this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to assess, monitor and improve the quality and safety of the service provided were not robust.

The registered manager told us that the provider had recently commissioned an outside company to undertake mock inspections. These had used Care Quality Commission (CQC) key lines of enquiry to identify things the service was doing well and areas that needed improvement. We saw that the findings of this had been used to create an improvement action plan.

The registered manager and head of operations showed us that as a result they had developed new systems for quality monitoring. We saw that these new systems clearly identified who was to do what and when. The registered manager told us the system was designed to ensure a 'check the checker' audit. Each person completing an audit would also have their worked checked by someone else. However, at the time of this

inspection they were not all in use and those that were had been not yet been embedded to ensure changes in practise.

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 (CQC) 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. During our inspection we found the registered manager to be committed to improving the quality of the service provided and responding to people's choices and needs. The registered manager had recently completed a 4-day course in management.

People who used the service spoke very highly of the registered manager and the way the service was run. One person who used the service said, "I know [the registered manager] and would feel able to talk to her about anything." Another person said, "I don't know who the manager is, it doesn't matter as I have nothing to say to him or her, I am happy with the way things are." A visitor said, "The manager is very attentive and approachable."

Staff were very positive about the registered manager and working at Spurr House Short Stay. They told us, "She [registered manager] is great, really approachable" and "With everybody's support, I have come to love what I do, I love the clients. The management is brilliant."

Other staff said, "It's the best place I have ever worked", "It is a brilliant company to work for, if you see our staff news [letter] they appreciate staff input, no matter how small", "We are such a good team. Everyone just mucks in" and "There is open communication in the company. We have staff forums for when we need to say something or have ideas about making improvements."

The registered manager told us that the provider held annual awards for staff to highlight staff good practise and service developments. The awards could be nominated by staff or people who used the service and their relatives.

Staff were positive about the awards and the recognition they got for good practise. They told us, "I was nominated for an award, I wasn't chosen but I am happy that one of my colleague has been chosen for a young carer award" and "They [managers] recognised when you do something good. The awards are great." One staff member said, "They have awards. I am not sure I like that, everyone should be thanked all the time."

The head of operations told us the provider had held several workshops earlier in the year. We saw these were for all staff and included opportunities to get information about new developments the provider had introduced.

The registered manager told us they had meetings twice each week with the head of operations and managers of the provider's other services. They told us these were used to look at any difficulties or concerns the managers had. The registered manager told us these meetings were a good source of support.

We saw that the service had a range of policies and procedures in place. These provided information and guidance to staff about the provider's expectations and good practice. The head of operations told us that they were in the process of reviewing all policies.

We looked to see if people had the opportunity to comment on the service they received. The registered

manager told us that regular 'customer forums' were held. Records we saw of these meetings showed that updates were given on improvements to the building and people were asked about activities.

People told us they were asked their views on the service. One person said, "About a month or more ago, we had a meeting, it was about what we want to do." A visitor said, "If I am unsure about how things are, I will grab any member of staff and ask." The service used a 'Tell us what you think' form. These were given to people at the end of each stay and were also available in the reception area. These could be completed by staff, people who used the service or visitors. The registered manager and head of operations told us people completed these, where they had not always responded to annual satisfaction surveys. We saw that managers of the service reviewed these and issues raised were discussed at staff meetings and at managers meetings.

Records were kept of compliments the service received. One 'thank you' card said, "It is a lovely place... a great big thank you for looking after me so well."

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

Before our inspection we checked the records, we held about the service. We found that the service had notified CQC of any DoLS authorisations, accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Suitable arrangements were not in place to ensure people were protected from the risks of cross infection
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service provided were not robust.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems for recruitment of staff were not always safe.