

Persona Care and Support Limited

# Elmhurst Short Stay Service

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Elmhurst Short Stay Service is a residential care home that provides personal care for up to 27 older people. The service mainly offers short-term care including respite breaks and emergency stays. The service supported 20 people at the time of our inspection.

### People's experience of using this service and what we found

People received the care they needed to keep them safe and well. Staff used risk assessments and care plans to support people based on their needs and preferences. The care home had very high standards of cleanliness and hygiene. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment. People received their medicines safely.

People looked healthy and well. The service worked closely with other health and social care services to ensure people received the right care at the right time. People had access to a wide range of activities to support their health and wellbeing. People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a stable staff team who knew people well. Staff received the appropriate training and supervision to help them support people effectively and had access to a wide range of further training and development opportunities.

The service promoted high quality, person-centred care and had an open and honest culture. People gave positive feedback about the staff and the service. They described the staff as friendly and caring. Staff enjoyed their work. They described the managers as supportive and approachable.

The provider had robust governance arrangements; regional and local managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention. The provider showed a strong commitment to learning lessons and continuous improvement, and proactively sought out opportunities for development and innovation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 22 January 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was exceptionally caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Elmhurst Short Stay Service

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team comprised one inspector.

#### Service and service type

Elmhurst Short Stay Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because of the COVID-19 pandemic and the need to ensure the safety of inspectors, care staff and people.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the head of service, care workers and domestic staff. We reviewed a range of records that included two people's care records, three people's medication records and two staff personnel files.

#### After the inspection

We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. We sought feedback from the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. All staff received mandatory safeguarding training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so.
- The registered manager and senior staff ensured they reported any safeguarding concerns to the appropriate agencies such as the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- The provider had an electronic care records system, which was easy to navigate and accessible to all staff. The care records we reviewed had up-to-date risk assessments and individual care plans for each risk identified.
- Staff used electronic tablets to record the care they provided in real time. The daily care logs we reviewed showed staff completed them fully and accurately
- The service had good incident management systems and procedures. Staff recorded all incidents however minor, which helped them identify patterns and take appropriate action.
- People had access to the aids and equipment they needed to help them stay safe, for example, walking frames, sensor mats and bed rails. Staff used hoists to move people if needed. People carried mobile alarms during the day in case of emergency.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time.

Staffing and recruitment

- At the time of our inspection, the home had a stable staff team with low staff turnover and no vacancies. The service had access to trained casual staff to fill any staffing gaps, and rarely used agency staff. At the time of our inspection, the service had the opportunity to transfer trained staff from a sister service that was due to close.
- The provider had a flexible approach to the levels of staffing required due to the short stay focus of the home. The registered manager estimated the staffing levels required on each unit on an ongoing basis based on the needs of the people using the service. Managers also matched staff's skills and experience with people's needs when allocating staff to the units.
- The people and staff we spoke with said there were enough staff to provide care, and staff told us that extra staff were brought in when needed. Staff also said that the managers would "muck in to help, no problem whatsoever."
- The provider recruited staff safely. The staff personnel records we reviewed contained the appropriate information and documents and were in good order.

### Using medicines safely

- People received their medicines safely. The service had good systems and processes in place for managing medicines safely and effectively. These included safe storage, stock control, administration and disposal.
- People kept their prescribed medicines in a locked cabinet in their own bedrooms with the exception of controlled drugs, which staff stored in a locked cabinet in a locked clinic room.
- The provider had an electronic medicines management system and staff used electronic tablets to support them with the safe and timely administration of medicines. Staff completed medicines administration records fully and accurately.
- Managers completed regular audits, spot checks and competency tests to help ensure safe practice and identify any emerging issues.
- The service had learned from issues they had had with medicines administration in the past and improved their practices accordingly. This had resulted in a significant reduction in the number of medicines errors.

### Preventing and controlling infection

- The provider had very good infection prevention and control policies and practices in place. The care home had very good standards of cleanliness and hygiene. The home had dedicated domestic staff and enhanced cleaning programmes. Staff used PPE effectively and safely. Staff and residents took part in the regular Covid-19 testing programme. People isolated for 14 days on admission.
- The provider had made changes to staffing practices to reduce infection risks. For example, the service had increased its staffing levels to support the additional demands created by stricter infection prevention measures; staff changed into uniforms onsite; staff worked on the same unit.
- People received visitors such as relatives, and health and social care professionals in line with the current government guidance. For example, people had up to two nominated visitors, who had to take COVID-19 tests on arrival and wear face masks.
- The home had information displayed about COVID-19, infection control, handwashing and personal protective equipment (PPE). The provider gave regular updates to staff, people and their relatives on the latest government guidance and the provider's policies and practices.
- The provider had implemented systems to ensure the service maintained high infection prevention and control standards. For example, managers completed daily and weekly walkabouts to check the cleanliness of the home and PPE stocks, and to observe staff practice. They also completed quarterly IPC audits and three-monthly handwashing audits. The Head of Service completed unannounced IPC spot checks.

### Learning lessons when things go wrong

- The provider showed a strong commitment to learning lessons and continuous improvement that was embedded in the service's culture. One staff member told us, "It's all about lessons learnt and what we can do next time to stop it or minimise the risk." We found many examples of significant improvements made, for example, in July 2021, the service had no medicines errors for some weeks after experiencing a long period of regular errors. The service maintained these improvements, which staff described as "our biggest achievement."
- The provider identified potential risk areas and took action to understand and prevent things going wrong. For example, the provider completed a project on falls prevention that resulted in a change from sensor mats (that indicate a fall has occurred) to other detectors that might prevent a fall. In addition, staff and people received additional information about the potential causes of falls and how to prevent them.
- The provider had a comprehensive range of audits completed by regional and local staff that helped identify any issues, gaps and risks, which they then addressed. In addition, the provider reviewed all incidents and complaints to identify themes and learning and shared any changes made with all staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's individual needs holistically and determined if they could meet their needs safely and effectively.
- The care records we reviewed showed up-to-date assessments with individual care plans for each need identified, for example, diet, skincare and medicines administration.
- The service referred people to the appropriate health and social care services if they identified additional or unmet needs.

Staff support: induction, training, skills and experience

- The service had a skilled, trained and experienced staff team. All staff underwent a full induction and a comprehensive mandatory training programme when they commenced employment. Staff also had access to training on specialist areas such as Parkinson's Disease, Multiple Sclerosis, and specific medicines. The staff we spoke to commented on the wide availability of training resources.
- Staff received regular supervision and annual appraisals. The provider offered staff a range of training and development opportunities, for example, the Care Certificate and advanced qualifications in health and social care. Some staff acted as champions on specific needs such as nutrition and hydration, equality and diversity, and end of life care.
- People expressed trust and confidence in the staff team. We saw comments from a family that said, "You are a great team and so friendly."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's food and fluid needs using the malnutrition universal screening tool (MUST) and developed appropriate care plans. The service followed the advice of healthcare professionals such as GPs, pharmacists, speech and language therapists, and dieticians to ensure that people received the correct supplements and diet.
- The home provided a choice of healthy meals based on people's dietary needs and preferences. This included the provision of soft food and the use of thickeners but also the provision of special diets such as kosher food to ensure that people ate and drank enough to stay healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other health and social care services to ensure people received the right care at the right time, for example, district nurses, end of life care services, dieticians, and GPs.
- People looked healthy and well. They received monthly physical health checks and also had access to

services such as chiropody and hairdressing to support their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The home was based in a large, single-storey building located in a residential area. It had a homely feel, looked very clean and well-maintained, and had a good standard of décor and furnishings. As one person said, "It has all the mod cons."
- The home had three units with en suite bedrooms and a good range of shared facilities, for example, a large communal dining room/lounge, small lounges on each unit, a conservatory, and pleasant gardens.
- The home had aids and adaptations that helped people with frailty or dementia such as wheelchair accessible facilities, handrails in bold colours, pictorial signs and spacious and clutter free corridors.
- Staff used the facilities flexibly to meet people's individual needs. For example, they adapted a small lounge so that two sisters could spend their COVID-19-related self-isolation together when they arrived.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA. Staff assessed people's capacity for making decisions in line with the MCA and in their best interests.
- Care records and our observations showed that staff always asked people for their consent when providing care and administering medicines.
- The provider submitted appropriate applications to deprive people of their liberty where needed to keep people safe.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The home had a warm, friendly and caring atmosphere. Staff knew people well and supported them based on their needs, preferences and choices. For example, they asked people if they had any gender preferences for their personal care.
- Staff treated people with dignity and respect in line with the provider's core values. We observed good interactions between people and staff. People described the staff as "smashing" and "lovely."
- All staff received training in equality and diversity, which further supported the provider's core values. Managers ensured there was a regular focus on equality and diversity in staff induction, team meetings and supervision sessions.
- The service had a culture calendar, which raised awareness of a range of equality, diversity and inclusion matters by focusing on a topic each month. The provider also promoted a topic on a quarterly basis with staff to promote good practice, for example, dignity and respect had been a recent theme.

Supporting people to express their views and be involved in making decisions about their care

- Staff consulted people, their relatives and the professionals involved to assess people's needs comprehensively and agree care plans. The people we spoke with told us they were actively involved in decisions about their care.
- Care records showed the service learned about the person's needs and their history, background, career, preferences, likes, dislikes, interests, wishes, aspirations and key relationships in order to provide genuinely person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people to do as much as possible for themselves where it was safe to do so. They showed a detailed knowledge of people and their needs and abilities. Staff supported people's right to maintain their independence, for example, by supporting self-medication where safe and appropriate.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- The service worked flexibly to meet a diverse range of needs if they could do so safely and effectively. For example, they supported two sisters with complex needs who would normally receive respite together in a specialist setting, which was not available. The service adapted its facilities, consulted specialist staff and engaged additional skilled staff to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took into account people's communication and sensory needs when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care. Managers allocated staff to specific units to help build relationships and become familiar with people's communication.
- The service had a range of support and resources to help people with communications needs. These included picture cards and visual aids, accessible information, staff trained in the use of sign language, multi-lingual staff, staff trained in developing easy read materials, and a read aloud function on their website and intranet.
- All staff knew about the Accessible Information Standard and the provider had displayed posters on it throughout the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed a part-time care worker whose focus was to coordinate activities. The activities coordinator drew up daily activity plans that covered people's individual needs, interests and preferences. The activities coordinator actively sought to engage and include all people living in the home including spending one-to-one time with anyone self-isolating to prevent them feeling socially isolated.
- The activities coordinator offered a diverse range of activities that focused on people's physical and mental health and wellbeing and provided meaning, stimulation and enjoyment. As well as activities such as stretching, arts and crafts, film nights and quizzes, they offered poetry, reminiscence, and meditation sessions. In addition, they planned celebratory events such as Chinese New Year and the Queen's birthday

and led equality and diversity-themed awareness raising sessions on Black Lives Matter, Pride, and International Women's Day.

- Staff supported people to take part in activities that mattered to them. Staff gave an example of supporting a person who loved watching birds; they placed bird seeds on the outside of her bedroom windowsill to encourage birds. Staff actively sought people's preferences when planning activities, for example, they asked each person to provide three songs they liked for a party playlist.
- People had access to a wide range of indoor and outdoor facilities that included a hair salon, gardens, and communal lounges. The home also had two birds and a dog, which supported people's wellbeing.
- The service had a flexible and adaptive approach that helped them develop innovative plans to meet people's needs and preferences. For example, the home had arranged for brothers living in different care homes to spend Christmas together. This involved considerations such as transport, segregation due to COVID-19 requirements, and changes to the facilities.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints, which was displayed clearly in the home. The service received very few formal complaints. None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.
- Records showed that the service dealt with complaints appropriately and took the opportunity to learn lessons and make changes regardless of the outcomes. For example, we saw an example in which the service had made changes to its documentation following a complaint about another matter.

End of life care and support

- The service supported people at the end of their lives. Staff received training in end of life care. Staff worked with local health services to provide people's end of life care needs.
- The service asked people about their wishes for the end of their lives. The care records we reviewed showed discussions about people's preferences.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open, honest and positive culture that focused strongly on person-centred care. Staff knew and understood the values of the service and applied them in the care they provided. We observed good rapport and interactions between people and staff.
- The home had a warm, friendly and relaxed atmosphere. People and staff described a caring environment with good relationships. People spoke positively about the staff and the support they received. People knew the staff well and we observed good, inclusive care that valued people's differences and supported their independence.
- Staff described good morale and worked well together as a team. They spoke highly of the managers describing them as visible, approachable and supportive. One staff member told us, "I love it here."
- We reviewed the feedback the service had received from people and their relatives. We saw positive comments such as, "wonderful staff", "You have all been absolutely amazing,". One relative described how much better their loved one was after a short stay at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.
- The provider had good working relationships with local agencies such as the local authority and commissioners and shared information appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager showed a strong commitment to good governance of the service supported by the provider's regional managers and quality teams.
- Managers had access to a range of robust governance systems, tools and processes that helped them assess the safety and quality of the service and identify areas that needed attention.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people and their relatives regularly, for example, staff invited feedback on the

service; they consulted people about the activities they liked; they kept people and their relatives updated on COVID-19 measures at the home and visiting arrangements.

- The provider engaged with staff regularly. Staff had access to regular team meetings and one-to-one supervision sessions at which they could raise any concerns. Staff attended daily handovers at which they received detailed updates about people and the service.
- The provider operated a staff recognition scheme. Staff had access to a wellbeing hub. Managers invited staff to give suggestions for improving the service and implemented them. For example, the home had introduced a 'culture calendar' following a suggestion from staff.

#### Continuous learning and improving care

- The provider showed a strong commitment to learning lessons and continuous improvement, which was embedded in the service's culture. Managers and staff regarded issues and concerns as opportunities to improve, and we found many examples of improvements, developments and new initiatives.
- The provider had a comprehensive range of audits that regional and local managers completed. These helped identify any issues, gaps and risks, which they then addressed.
- The provider reviewed all incidents and complaints to identify themes and learning and shared any changes made with all staff.
- The provider identified potential risk areas and took action to understand and prevent things going wrong, nutrition and hydration; falls.

#### Working in partnership with others

- The service worked closely with local agencies including the local authority, healthcare services and the community pharmacy. The local agencies we spoke with had no concerns about the service.