

Persona Care and Support Limited

Spurr House 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:

Spurr House Short Stay Service provides accommodation and personal care for up to 36 older people. Care is provided for people who require respite, short term or emergency support. The service 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 day of our inspection visit there were 22 people using the service.

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

People and their relatives spoke positively about the care provided. Staff were described as kind and respectful, ensuring people received support in line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe during their stay with the service. Staff had a good underpinning knowledge about how to identify and report any safeguarding concerns. This was supported by a safeguarding policy and associated procedures.

The service was visibly clean and odour free with effective cleaning and infection control processes in place.

Medicines were being managed safely. People received their medicines as prescribed by staff who have been trained and assessed as competent to do so.

People were cared for by a staff team who were skilled and competent in their roles. Staff were up-to-date with any required training. Staff spoke positively about the training and support provided, including the completion of supervision and appraisals.

People were complimentary about the food and drink available, telling us enough was provided and they were offered choice. People requiring a modified diet received these in line with guidance.

Staff received equality and diversity training and demonstrated they were confident with difference and supportive in meeting the needs of people from different backgrounds.

Care plans contained personalised information about the people who used the service and how they wished to be supported and cared for.

People's social and recreational needs were met through an activities programme, facilitated by an activity co-ordinator and staff members. A mix of activities were organised throughout the week which catered for

all interests and abilities.

Systems for audit, quality assurance and questioning of practice that had been newly introduced or amended since our last inspection, were now well embedded into the service and operated effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 20 November 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

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 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 ●

Spurr House 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.

Inspection team:

This inspection was carried out by one lead inspector, an assistant 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.

Service and service type:

Spurr House Short Stay Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

This inspection was unannounced.

What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. No concerns were raised.

During the inspection:

We spoke with seven people who used the service and five visiting relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, senior care assistants, care assistants, and the managing director.

We also looked at records and associated documentation concerning care plans, governance, and safe systems of work.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection:

After the inspection, the registered manager sent us supplementary evidence to support improvements made around good governance.

Is the service safe?

Our findings

SAFE

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; preventing and controlling infection:

At the last inspection, we found the provider did not always ensure the proper and safe management of medicines and suitable arrangements were not in place to ensure people were protected from the risks of cross infection. This resulted in a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The provider had established a 'task and finish' group and a review of medicines management had been completed.
- A new electronic medication administration system (EMAR) was fully embedded into the service with staff receiving appropriate training. People's medicines were now administered from a dedicated secure cabinet in each bedroom, and medicines records were colour coded (red, amber green) to act as a prompt ensure medicines were administered as prescribed.
- Audit and quality assurance for medicines management had improved significantly and we saw errors had been identified quickly and remedial action taken.
- Overall, we were satisfied systems for ordering, administration, storage and disposal of medicines were operated effectively.
- The task and finish group also focused on infection prevention and control (IPC). Improvements included ensuring appropriate cleaning schedules were in place, and adhered to, and that accurate records of cleaning were maintained.
- Following a recent external IPC audit completed by the local authority, the service achieved an overall score of 95 percent. Comments from people included, "Beautifully clean and well maintained. It is wonderful, and I feel very safe."

Staffing and recruitment:

At the last inspection, we found the provider had not always ensured recruitment practices were consistently robust. This resulted in a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The breach identified at the last inspection related to staff employed in non-care roles. The provider had taken swift action in response to this and retrospective checks had been carried out with the Disclosure and Barring Service (DBS). These checks help to ensure staff were suitable to work with vulnerable people.
- Recruitment processes had also been reviewed to ensure any new recruits to non-care roles were required to have checks completed with the DBS prior to commencing employment.
- We looked at historical and current staffing levels and found there was consistently enough staff to meet people's needs. The workforce was used flexibly to cover any shortfalls and the use of agency staff was rare.
- We spoke with staff about staffing levels and whilst no concerns were raised, people made reference to the fact the home was not full. Comments included, "At the moment it is fine [staffing] but if we have got concerns we will go to management.", and, "I feel it is ok [staffing] we have an extra member of staff in the morning but its really quiet at the moment. If we struggle though, we will report it."

Systems and processes to safeguard people from the risk of abuse:

- Systems and procedures which sought to protect people from abuse were operated effectively. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse.
- The registered manager and wider staff team understood local safeguarding arrangements and records confirmed safeguarding concerns continued to be reported to the relevant authorities.
- People who used the service told us they felt safe. comments included, "Oh yes they are very friendly to us and I am never left unattended.", and, "I could live here. They treat me okay and there is no bullying or harassment."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Through our review of people's care records, we saw that individual risks had been assessed with risk management plans put in place to guide staff on the action they needed to take to mitigate the identified risks.
- Environmental risk assessments were in place and safety records associated with the buildings and premises were up-to-date and in order.
- Staff we spoke with understood their individual and collective responsibilities in keeping people safe; this included prompt reporting of accidents, incidents and untoward events.
- However, from our review of accident and incident report forms, we found there was insufficient detail around post-incident actions and lessons learnt. The registered manager took immediate action to rectify this during the inspection.
- Where appropriate, people's rights and choices to move freely in and around the home were supported as safely as possible. This was aided by the fact each person was encouraged to wear a personal pendant alarm that was linked to the call bell system. This meant people could summon help quickly, no matter where they were in the service.

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 good. 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:

- Due to the nature of the service at Spurr House, some people moved into the service at short notice either from their own home, or from elsewhere within the community. Other people moved into the service as part of a planned discharge from hospital.
- During this inspection, staff told us they felt a number of previous placements into the service had not always been appropriate. For example, people with multiple complex needs including homelessness, drugs, alcohol and behaviours that challenged. Staff also told us that on previous occasions, they felt other agencies had not always shared the right level of information before a person moved into the service, which meant there had been a risk of people's needs not always being fully met.
- We spoke at length with the registered manager and leadership team about these issues. There was an acknowledgement that due to wider pressures within the local health and social care economy, on occasions, bed spaces at Spurr House had not been used as originally intended. However, we saw that a number of management actions had already been taken to ensure referrals into the service were appropriate.
- We also reiterated the importance of the provider having a clear understanding of regulatory requirements when considering which population groups are accommodated within the service.

Staff support, induction, training, skills and experience:

- Staff received effective induction, training and supervision to ensure they were skilled and competent to carry out their roles.
- Newly recruited staff were enrolled on the Care Certificate; the Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.
- The training and development needs of staff were assessed on an individual basis, according to their previous experience and appropriate records were maintained.
- Staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.
- Staff spoke favourably about training opportunities available to them and the frequency in which they received supervision. Comments included, "I think we get good training and management do ask when you have your supervision if there is anything else you would like to go on. They are very good, they will put your names forward.", and, "We get supervision on a regular basis but we can also raise any concerns or make suggestions to management at any time."

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

- We found Spurr House to be well presented, with good quality décor, furniture and soft furnishings helping to create a homely and welcoming environment.
- The layout of the home had been thoughtfully adapted to create dedicated spaces for people to enjoy. For example, we saw people enjoying quite time in several smaller lounges, whilst others happily participated in activities in a larger communal meeting space.
- As previously mentioned in the 'safe' section of this report, people's rights and choices to move freely in and around the home were supported. However, due to the nature of the service provided at Spurr House, the home would benefit from making improvements to wayfinding signage, to help people living with dementia or memory problems navigate themselves around unfamiliar surroundings.

We recommend the provider consults national best practice guidance for dementia friendly environments.

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

- During their stay at Spurr House, people had continued access to a range of healthcare and therapeutic services. Where concerns had been identified, such as issues with mobility, swallowing or eating and drinking, timely referrals had been made to the appropriate service.
- Instructions and recommendations from professionals were recorded in people's care records, along with updates to the relevant sections of the care plan. Information was also cascaded to staff. This ensured people received the correct care and support and risks to their health and wellbeing minimised.
- People spoke highly of staff in ensuring their ongoing health needs were met. Comments included, "All my health needs are met including personal care, and I get prompt access to my GP."; "Staff are very proactive, and solution focussed when it comes to meeting my [relatives] healthcare needs.", and, "I'm wonderfully well looked after. It was a worry at the beginning, but everybody has been welcoming and friendly and I'm always supported to get to my hospital appointments."
- People were encouraged and supported to participate in regular movement and exercise therapy sessions, with the aim of improving overall wellbeing and reducing falls. These sessions were delivered by an external provider and we saw evidence they were well received.

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

- We observed lunchtime service and found this to be well organised. The atmosphere was relaxed with people happily chatting, in what was clearly a very sociable experience. Dining tables were well presented with flowers, and set-up with placemats, condiments, cutlery and crockery.
- People had a choice of food from a menu including starters, main course and desert. Hot and cold drinks were provided during meal times and throughout the day.
- Staff worked in a calm and reassuring manner providing encouragement and one to one help if required.
- The needs of people who required special or adapted diets were met with information shared between care staff and the kitchen.

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

- We observed staff seeking consent and enabling people to make decisions about activities of daily living. For example, where people wanted to sit, what they wanted to eat or drink, and what activities they wanted to participate in. Staff were patient and encouraging in these interactions which enabled people to feel they had choice about decisions which affected them.
- Before an application to deprive a person of their liberty was submitted to the local authority, the registered manager continued to complete an appropriate assessment in relation to capacity.
- Decisions to restrict people of their liberty had been made in their best interest and by the least restrictive means possible.
- The registered manager maintained records about when a DoLS application had been made to the local authority, when the DoLS assessment had been completed, the outcome, and expiry date.

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 good. 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; respecting and promoting people's privacy, dignity and independence:

- We observed interactions between staff and people in communal areas and found these to be kind, caring and respectful.
- Staff received equality and diversity training and through our discussions, staff demonstrated they were confident with difference. For example, staff talked with us about how they would always seek to get to know a person when they first arrived into the home, including relationships that were important to them and personal preferences. This helped to shape how care and support would be provided in a way that was personalised to the individual.
- Signage centred around 'Hello! my name is..' was displayed outside each person's bedroom. This included discreet and tasteful pictorial symbols to indicate a person's high-level needs. For example, symbols indicated if a person lived with a visual impairment, had reduced mobility, or required support with personal care. This information helped staff to better prepare before entering a person's room which meant care and support could be provided in a dignified and respectful way, first time.
- People told us staff were caring and treated them with dignity and respect. Comments included, "In the short time I've been here the staff have been very caring and supportive.", and, "The staff knock on my bedroom door they don't just enter."

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

- Staff understood the importance of involving people in decisions about their care. Comments included, "When a new person comes into the home, we have a support plan. Wherever possible, the support plan is drawn up with the resident and where appropriate, with their families; we often get a lot of information off the family."
- People told us they felt involved in discussions and plans about their care. Comments included, "I came here from hospital and was given information before hand. I'm hoping to go back home soon and I'm involved in talking with my family and social worker about this.", and, "I'm asked about how I'm feeling by all the staff and I've been to a few meetings."
- Information about advocacy services was readily available to people within the home, should they need an independent person to advise them.

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 good. 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:

- Care plans and associated records were integrated into an electronic care records system. At this inspection, we looked at a sample of four care plans.
- Care plans had been written with the involvement of people and provided staff with good explanations about how people wanted to be supported.
- Care plans were personalised and designed around each person's individual needs and wishes. Care plans were comprehensive and contained information about people's backgrounds, likes, dislikes, preferences, medical and social needs.
- People's care and support needs were reviewed regularly with care plans updated timely to reflect people's changing 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 was able to meet the requirements of the AIS. For example, providing information in an alternative format such as braille, audio tape or easy-to-read. This would be identified through existing arrangements for assessment and care planning.
- 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:
- There were no prescriptive visiting times which meant people were able to maintain relationships with people that mattered to them. One visiting relative told us, "I work shifts so I visit at different times and this is never a problem. I'm always made to feel welcome."
 - Independence and participation in daily life inside and outside the home was promoted and supported. For example, several people were actively supported to go out as much as possible to the local shops, whilst for others, they enjoyed helping out with domestic household tasks in and around the home. One person told us, "It keeps me happy helping out around the home because I feel useful."
 - A wide range of activities were on offer throughout the week which sought to encourage social interaction and wellbeing. There was also regular programme of day trips and outings.
 - In addition to group-based activities, people were also supported to participate in activities and interests that were personal to them. For example, one person had previously volunteered at a local transport museum and staff had organised a dedicated visit back to the museum. For another person, throughout

their life they had been a singer. Staff ensured this person took a lead role in organising and participating in entertainment within the home, especially singing!

End of life care and support:

- Staff within the service were well equipped to provide a holistic and responsive level of care and support to people nearing the end of their life. This included people's emotional, physical, spiritual, cultural and religious needs.
- Staff worked closely with community nursing teams and other health professionals to ensure people's medical needs were met.
- This meant for people who were nearing the end of their life, if appropriate they could choose to remain at the home to be cared for in familiar surroundings by people they knew well and could trust.

Improving care quality in response to complaints or concerns:

- The provider had a policy and procedure which informed people how they could complain and what the service would do about their complaint.
- There was a system for recording complaints, which included a record of responses and action taken.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care:

At the last inspection, we found systems to assess, monitor and improve the quality and safety of the service provided were not robust. This resulted in a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The positive action taken by the provider to address the regulatory breaches identified at the last inspection, demonstrated continuous learning and the need for consistency in meeting regulatory requirements.
- Systems for audit, quality assurance and questioning of practice that had been newly introduced or amended since our last inspection, were now well embedded into the service and operated effectively. Managers and staff fully understood the importance of good governance and we found everyone to be positively engaged in this process.
- The provider had a multi-layered approach to governance which meant there were checks and balances at every stage. This included regular and comprehensive overarching analysis to identify themes or trends and appropriate remedial actions.
- The registered manager understood their regulatory responsibilities. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding, and deaths.
- People told us they considered the home to be well-led. Comments included, "It is well-led; it's like a hotel and the staff are very pleasant.", and, "The staff and managers are all very approachable and work hard. It is definitely well-led."

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

- The provider, Persona care and support, is a values-based organisation. Throughout this inspection visit, we found staff living the organisational values and delivering care and support that achieved positive outcomes for people.
- We found the service to be an inclusive environment. People's views and opinions were sought and acted upon and people were involved in making decisions about how the service was run.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- 'Friends of Persona' was a collaboration between people who used the service, relatives and staff. Made up of volunteers who cared about adult social care in the local area, they acted as a critical friend to Persona to support the provider to be the best they possibly can.
- Relatives spoke positively about the communication within the service, in ensuring they were updated on any issues or concerns. They told us they felt involved in their relatives' care and comfortable in approaching the registered manager at any time.
- Staff meetings had been held on a regular basis, with staff telling us they were able to contribute to the agenda and discuss areas of interest and importance to them. Minutes had been taken and circulated for those unable to attend, to ensure they knew what had been discussed and any actions generated.
- Feedback was sought through surveys and questionnaires which asked people their views on the care and support provided. Results were widely published and feedback acted upon.

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:

- There was an open and transparent culture within the service and the provider understood their legal responsibilities around duty of candour when things went wrong. Policies and associated procedures supported this.