

Stapely Jewish Care Home Limited

Stapely Residential and Nursing Home

Inspection report

North Mossley Hill Road
Mossley Hill
Liverpool
Merseyside
L18 8BR

Tel: 01517243260

Website: www.liverpooljewish.com

Date of inspection visit:
27 April 2016

Date of publication:
17 June 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 27 April 2016 and was unannounced. Stapely Residential and Nursing Home (Stapley) is registered to provide accommodation for persons who require nursing or personal care.

At our last inspection in August 2014 we identified breaches of legal requirements. We issued the provider with compliance actions to meet the breaches. The breaches related to care and welfare and quality monitoring. At this inspection we found that the provider had improved quality monitoring systems.

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

The home is registered to provide accommodation and care for up to 60 people, there were 60 people living at the home at the time of this inspection. The building is split into two units. The ground floor is for people who require nursing care. The first floor is for people requiring residential care.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded. We spent time conducting a full tour of the home; the basement area was not safe. It was used as a storage space for food freezers. The basement was also used as an office for the maintenance person.

People received sufficient quantities of food and drink and had a choice in the meals that they received. Their satisfaction with the menu options provided had been checked. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs; however two records checked were not fully completed to inform staff of the required food and fluid intakes consumed at the end of the day.

Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat. We observed the lunch time meal where staff were observed not to communicate with two people they were assisting to eat their lunch.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what was their role was and what their obligations were in order to maintain people's rights.

We found that the care plans and risk assessment monthly reviews records were all up to date in the six files looked at however there was limited information that reflected the changes of people's health.

People were not having person centred activities provided by the provider to promote their wellbeing.

People told us they felt safe with staff and this was confirmed by people's relatives we spoke with. The registered manager had a good understanding of safeguarding. The manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

The staffing levels were seen to be adequate in all areas of the home at all times to support people and meet their needs and everyone we spoke with considered there were adequate staff on duty. However staff did not have time to provide activities or one to one support to promote wellbeing.

The home used safe systems for recruiting new staff. These included using DBS checks and annual self-disclosure checks made with the manager. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy managers and the registered manager.

People were able to see their friends and families when they wanted. Visitors were seen to be welcomed by all staff throughout the inspection.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

The six care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

There were residents' meetings seeking the feedback of the people living at Stapley. There was evidence this has happened frequently over time and was an embedded part of the culture of the home.

At this inspection we found breaches relating to people not being provided with person centred activities for stimulation and to support their wellbeing. The conditions in the basement of the building and its inappropriate use which was a risk. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The home was clean however there were areas that required decorating.

Staff were using the basement area which was unsafe to store foods.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan.

Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat.

People's weights were recorded monthly by staff.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them; however we saw staff at lunchtime not communicating to two people they were supporting.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of

how to protect people's confidentiality.

People were able to see personal and professional visitors in private.

Is the service responsive?

The service was not always responsive.

There was a lack of activities and stimulation for people, which was not supporting their wellbeing. Staff were seen predominantly caring for people and had little time to socially interact, they were busy tending to people's personal care. A lack of social interaction was observed throughout the home during our visit.

People told us that staff listened to any concerns they raised, these had been followed up and information fed back to the person. The complaints procedure at the home was effective.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs

Requires Improvement ●

Is the service well-led?

The service was mainly well-led.

Some improvements were required to the audit and monitoring systems at the home, to make sure records were completed appropriately.

People who lived at the home, their relatives and staff were asked about the quality of the service provided.

There was a registered manager employed at the home and staff were supported by management team.

Requires Improvement ●

Stapely Residential and Nursing Home

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 checked 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 27 April 2016. The inspection team consisted of an adult social care inspector, a specialist advisor whose area of expertise was mental capacity and an expert by experience whose area of expertise was dementia care. 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 looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the registered manager. The local authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for.

The registered manager was contacted to join the inspection as she was not on duty, this was a request made to support the inspection as one of the deputy managers was also not available.

During our inspection we spoke with 12 people who lived in the home, 9 visitors, 6 care staff, two nurses, the housekeeper, the maintenance person, one deputy manager, the registered manager and the provider. We observed care and support in communal areas, spoke with people in private, looked at the care records for six people and looked at six staff records. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People we spoke to said they felt safe when supported by the staff. When asked if they felt safe, one person told us, "Yes, day and night". Another person said "There is always someone walking around checking". A relative commented "Staff always ensure my relative is safe when supporting her". All of the visitors told us either they visited the home or that another relative or friend did on a regular basis.

We spent time in all areas of the premises and could see that Stapley was comfortable for the people living there. Health and safety of the environment had been checked through various risk assessments and audits. There was a designated maintenance member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in. The catering arrangements had received a five star food hygiene rating. A fire risk assessment was in place and had been reviewed and updated in November 2015. A premises risk assessment was dated November 2015. Information was available for staff in case of an emergency and gave details of people's mobility needs.

There was an issue with the safety of using the basement area by the catering staff and the maintenance person. The access to the basement was outside and down steps that were uneven. The manager fell down the uneven stairs while we were showing them the risks. The basement was extremely damp, with dripping water coming from the ceiling onto wires at the entrance. The basement contained three freezers where food was stored in a room that had no glass in the window and foliage was seen growing. The provider and manager initiated immediately that the freezers were to be moved and the basement area would be closed off to staff.

This was breach of Regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Premises and equipment). The basement area of the premises was being used by staff and was not fit for purpose.

Hot water temperatures were also an issue at the home; we checked the flow in two bedrooms. The water didn't reach an adequate temperature after running the tap for a minute. The provider told us that new tanks had been in place for a couple of months and there were on-going issues with the water temperatures. We were given information on the monitoring of the water temperatures and correspondence with the maintenance company dealing with the issues. We were told staff were taking temperatures of hot water to ensure it was at an expectable temperature for baths and showers.

The residential lounge on the first floor had peeling paint and the ceiling tiles were marked and required replacing. Other areas of the residential area required decorating. The provider told us that this area was due to have works completed as part of their environmental plan. We did see evidence of some improvements that had been made. There was a new café at the front of the building for people and relatives, a new library and lounge on the first floor and three new 'luxury apartments' that had recently been completed where couples could live.

Records showed that all staff had completed training about safeguarding adults, some of this training had been identified as needing updating by the registered manager and we saw the training plans in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2015, we were told that the policies were updated annually to reflect any changes in legislation. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the six care plans looked at. The review was indicated by a note of the date with no changes documented meaning the reviews had produced no new information. The manager told us that they would look at the procedure of reviewing risk assessments and ensure information relating to the review had more information recorded. The original risk assessments had been completed with regard to moving and handling, the environment, medication, bed rails, equipment and people's physical and mental health.

We saw that the registered manager had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

The registered manager and the administrator were aware of the checks that should be carried out when new staff were recruited. We looked at six staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We observed the staffing levels on both floors; staff were seen to be busy supporting people. All people we spoke with told us that there were adequate numbers of staff most of the time. One person told us "Staff are extremely busy in the morning and at times I have to wait but they do answer my call bell quickly". Another person said "Staff are always very busy but they are really good". We observed lunchtime support by staff in the nursing unit dining room. Staffing was seen to be an issue as at one time there were six staff in the dining room, this number reduced to one member of staff and for a short period no staff were present to support the 18 people. We were told by the manager that staff should have been in the dining room and that she would check with the senior staff as to why this occurred.

We spent time with a nurse who was responsible for medication at the home on the day of our inspection. We saw that medicines were stored safely in the medication room and also in the new treatment room on the ground floor. Records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for six people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. Some people had items prescribed to be given as required (PRN). This was written on the reverse of the medication administration record sheets this showed what had been given and the reason for the PRN medication. We looked at the controlled drugs records and medication that was stored in a secure drugs cabinet in the medicines room and saw that all of the controlled drugs had been administered appropriately. The provider had recently changed their pharmacy and eight people did not have their photograph on their MAR for identification purposes. The manager told us that she would ensure the pictures were put in records immediately.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to disinfect their hands appropriately. People were protected as the staff followed universal safe

hand hygiene procedures. The manager and one of the deputy managers who was designated as the infection control lead carried out infection control audits, daily, weekly and monthly. The housekeeper showed us records that had been completed daily, weekly and monthly. The housekeeper told us that all staff worked hard at Stapley to make sure it was clean and always fresh for the people living there.

Is the service effective?

Our findings

We asked twelve people about the skills of the staff and if they were competent in their roles. Comments received included; "Very good, they know what they are doing", "Lovely caring staff" and "They are very good at their jobs". Another person told us staff were "Good most of the time but you do get the odd one". A person's relative told us "This is our first experience of care and it's excellent, very capable staff". Another relative said "Couldn't get better staff they are wonderful".

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. On the day of our inspection the home was participating in a Jewish festival called Passover. During this time certain foods are not permitted to be eaten or bought into the home. All people and their relatives are informed of the religious practices prior to admission.

Comments from people were that the food was, "Very good", "Nice, generally quite good". The majority of people had their meals in the dining rooms. A relative told us "They provide a lot of food and drinks intermittently throughout the day and evening, making sure my relative eats and drinks".

The staff checked people's weight regularly and made recommendations about their diet to professional nutritionist and dieticians. Staff supported people with special diets including soft diets and nutritional supplements. We spent time with the cook and discussed specialist dietary requirements for people. She was very knowledgeable and told us how the nutrition for people was provided.

We looked at two observational records for people who were being monitored for food and fluid intakes. Staff were recording what the person ate and their fluid intake, however observational records were not completed thoroughly as the daily calculations for fluid intake were not completed in the records that staff would use as part of their monitoring of the individuals.

We spent time on both floors. The majority of the walls were painted in magnolia, which can be reflective and not the best choice for those suffering from cognitive or sight difficulties. All doors were painted the same colour which does not aid navigation or identification for people with visual problems, cognition issues or dementia, to identify their rooms. All the toilets and bathrooms had appropriate picture signage, but there were no adaptations in relation to the needs of those with dementia, for example coloured toilet seats and rails. We discussed the environment with the manager and that there is information readily available in the National Institute for Clinical Excellence (NICE) guidelines.

We looked at staff training. Staff were up to date in training for providing care and support for people living at Stapley. We looked at the training material and saw some of the training was provided in house and some external training was sourced. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Training for nursing staff was also sourced externally to ensure they were up to date with good practice. External training included 'End of Life care' provided by Marie Curie.

The staff we spoke with had completed the provider's mandatory training for specific subjects. Staff told us that they were happy with the training provided and there was a lot of it. Comments made were "I do lots of training and it's good too, interesting". "I am up to date with training and the manager informs staff of training that is coming up". There was an induction programme that included shadowing other staff and completing training specific to their roles. We looked at the records of staff training which confirmed that all staff had completed a range of training relevant to their roles and responsibilities. Care staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

The service employed 33 care staff, 21 of whom had completed a Health and Social Care National Vocational Qualification (NVQ) in care, 11 domestic staff including kitchen staff had completed an NVQ. The manager told us that she registered staff for qualifications to ensure they were confident and competent in their roles. The manager also informed us that she had liaised with a training provider and had implemented a new training programme to meet the training objectives of health and social care staff. The provider was also implementing the 'Care certificate' for new staff. All staff spoken with informed us of the new training programme.

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.

We spent time with the registered manager who was knowledgeable about the MCA and had started to implement a clear procedure for complying with the Mental Capacity Act with records in place to show what actions had been taken in relation to people's mental capacity. We looked at six care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with regarding an application for a and Deprivation of Liberty Safeguards (DoLS) assessment.

The registered manager had made applications in respect of all those in Stapley who may be deprived of their liberty. In respect of those people with dementia, 12 applications had been submitted and one person was subject to a DoLS authorisation. 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 staff we spent time talking with were aware of the MCA. All six care staff spoken with had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They always sought people's consent; gave people choice; encouraged their independence and consulted with and involved relatives.

Staff spoken with told us that they had supervision meetings with senior staff and the management team. There was an annual appraisal procedure for staff. We were told by all of the staff we spoke with that they had received an annual appraisal. They told us that they felt supported and that there was an open door policy at the home where they could talk to one of the management team about any concerns they may have. We were also told that staff meetings were held at times when information was required to be shared from the management; we looked at records of meetings provided for staff.

We observed staff interacting with people throughout the day and evening. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to

make decisions and being patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to and their relatives informed us that staff met people's individual care needs and preferences at all times.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that the doctors visited the home as required.

People had been enabled to personalise their own rooms, we were shown six people's bedrooms by people and their relatives. People told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the managers. We looked at the maintenance records which showed that any issues were dealt with promptly.

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person who used the service said "They're very good, very caring and professional" another person told us they were "Very good, very kind". A relative said "They're excellent and very caring, compassionate people" another relative told us "Very caring, every one of them". Another relative commented, "There is a lovely atmosphere here it has a great ambience". Four of the people we spoke with told us that relatives of theirs had lived at the home before they moved in and they had visited and decided then that Stapley would be the place they would move into when required. We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported when necessary, to make choices and decisions about their care and treatment.

We spent time in the nursing floor dining room at lunchtime. The staff were seen to ask people what they wanted. We saw that staff who were supporting two people to eat their lunch did not communicate with them throughout the meal.

We saw when members of staff were talking with people who required care and support, they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner. There was one person we visited in their room who had dropped their call bell. When staffed were informed the issue was dealt with immediately.

We spent time talking with nine relatives of the people living at Stapley. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included "We chose this home as soon as my relative moved in they thought it was their home, that's comforting to us". Another commented, "I just love the staff they always make contact and look after my relative amazingly".

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges or the new café as they chose.

We observed people being listened to and talked with in a respectful way by the registered manager and the staff members on duty. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the staff members and the managers, with the people living at Stapley was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the registered manager that no one had recently utilised this service. The information for advocates was displayed on the notice boards on both floors.

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if their support was needed.

Stapley provided end of life care with the support of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there was one person currently living at the home that was being provided with end of life care.

We observed the care provided by staff on the day of this visit to be good. Staff were respectful and friendly. The residents were seen to be supported quickly when help was asked for. However two staff were using language not suitable to people as they were heard using the terminology "Good girl", this language is not conducive to people and can be construed as being condescending.

Is the service responsive?

Our findings

People we spent time with were happy with the care they received from staff. People told us "Staff are always asking me if I am ok and do I need anything" and "I attend my religious meetings when able" and "My priest comes in every Sunday and I have communion". We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at six peoples' care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed including going out to the shops, baking, doing crosswords and gardening. Staff were knowledgeable about all of the people living at the home and what they liked to do, however staff were not providing any activities.

We spent time talking to people about activities and were told by the six people we spoke with that there was not a lot taking place. Comments included "There isn't a lot to do" and another comment "I would love to go out, we have a mini bus but haven't been asked for a while". One person told us "We don't have much in the way of activities; I like to read in private so I'm ok really". We spent time on the two floors at different times of the day and early evening, there was no activities being provided, we did see staff talking to people but this was part of them supporting them with personal care. We discussed activities with the manager and provider and were told that they were looking for an activities coordinator to implement a plan of activities and look at individual stimulus. We discussed providing specialised activities for people with dementia and the registered manager and provider who agreed with each other that one person was not sufficient in meeting the wellbeing needs of 60 people. We discussed the importance of ensuring that all staff took some responsibility for meeting people's individual social care needs.

This is a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not provide care that met people's preferences.

People's needs were formally reviewed monthly or more frequently, if required. There were monthly comments on the care plan records to inform that senior staff had assessed the person and informed if there was any changes to the care and support provided. People when asked about their reviews of care and care plans were not all fully aware about the care they were receiving and the care they required and had agreed to. All nine relatives spoken with told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There was one complaint raised at the home in the last twelve months. We looked at the records that showed how the complaint had been dealt with. All of the information was in place to inform what the registered manager had done to investigate the complaint raised and the outcomes of it. We were provided with the complaints policy and procedure. People we spoke with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to

all of the people living at the home and their relatives.

The registered manager told us that they had a residents/relatives meeting on 27 March 2016. We looked at the record of this meeting which documented how issues raised in discussions were actioned and by whom. We saw that the meetings took place every three months and people were made aware well in advance. The relatives that we spent time with told us that staff were good at communicating with them.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people's health needs.

Nursing staff completed a daily log we saw that entries were not very detailed in describing the care that had been given for each individual. The manager told us that she had changed it for nurses to complete however would initiate immediately that care staff who were providing the majority of care would complete a more in depth daily record.

Is the service well-led?

Our findings

The people we spoke with and nine relatives told us that the managers were always available. People's comments included "The manager is great", "Really capable and very approachable". Relatives' comments included, "Good managers in place very supportive" and "The manager is very warm and caring".

There was a three tier management structure at Stapley which comprised the registered manager, two deputy managers and senior staff. The leadership was visible and it was obvious that the manager knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the manager which were respectful and positive. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and their achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide good care here, we all work hard". Another comment was "Great place to work".

The provider worked in partnership with other professionals to make sure people received appropriate health support to meet their needs.

There were systems in place to assess the quality of the service provided in the home. These included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for February 2016 to April 2016. We saw that although issues had been identified there was no record regarding how the manager had implemented action plans or documented what they had done to evaluate and improve the service. The manager informed us that the management team had acted on issues but had not recorded the information. The manager told us that she had worked hard with the management team implementing the audit and monitoring system since the last inspection in August 2014.

We looked at the ways people were able to express their views about their home and the support they received. One person told us "I am asked if everything is ok and I reply everything is good, usually". We were told that open days and residents /relatives meetings were held every three months. This was confirmed by the residents' records and in speaking to the nine relatives. Information we looked at showed that meetings took place with staff and people and they were asked if they had any issues. We saw that people who lived at the home and their relatives had been provided with feedback forms on-going from January 2016 to April 2016. We saw eight completed questionnaires six by people using the service and two by relatives. All of the comments were positive, these included "Staff work hard to provide care" and "Staff are very compassionate" Another relative commented "The level of compassion is beyond compare, I salute you".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events

in a timely way. This meant we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider did not provide care or treatment that achieved and reflected service users preferences. There was a lack of activities and stimulus that ensured person centred care was being provided to service users.
Treatment of disease, disorder or injury	
	9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Person centred care).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The basement area of the premises was being used by staff and was not fit for purpose.
Treatment of disease, disorder or injury	
	Regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Premises and equipment).