

Bupa Care Homes (CFHCare) Limited

# Stadium Court Residential and Nursing Home

## Inspection report

Greyhound Way  
Stoke On Trent  
Staffordshire  
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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 17 November 2015. This was an unannounced inspection. Our last inspection took place in October 2014, where we identified a Regulatory breach in medicines management. At this inspection we found that the required improvements had been made.

Stadium Court is registered to provide accommodation and nursing care for up to 168 people. People who use the service have physical health and/or mental health needs, such as dementia. At the time of our inspection 114 people were using the service over four separate units (Wade, Stafford, Spode and Aynsley).

The service had a registered manager. 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.

We found that some improvements were needed to ensure people could consistently participate in leisure and social activities that met their preferences.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. Improvements had been made to the way medicines were managed. This meant people were protected from the risks associated with medicines.

There were sufficient numbers of staff to keep people safe. Staff received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought and followed when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and independence was promoted.

People and their relatives were involved in the planning of their care and care was delivered in accordance with people's care preferences. People's feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's

complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported to maintain a healthy diet. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and right to privacy was supported and promoted.

People were encouraged to be independent and staff supported people to make decisions about their care. Staff offered support and advice to people and their relatives to help them understand changes in people's care needs.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. People were not always supported to participate in social and leisure based activities that were important to them.

People were involved in the assessment and review of their care. People knew how to complain about their care and systems were in place to respond to any complaints.

### Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care.

People who used the service were involved in changes to the home.

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# Stadium Court 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 was planned to check whether the provider was 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 17 November 2015 and was unannounced. Our inspection team consisted of five inspectors and two experts by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 20 people who used the service, 16 relatives/visitors, 12 members of care staff, five nurses and an activity coordinator. We also spoke with the management team. This included the registered manager, the area manager and two clinical support managers. We did this to gain people's views about the care and to check that standards of care were being met.

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.

We looked at 12 people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

At our last inspection, we found that safe systems were not in place to ensure people's medicines were managed safely. This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the required improvements had been made.

People told us and we saw that medicines were managed safely. One person said, "The other week I had a cough and they gave me some medicine for it which helped". A relative said, "They've got the medication safe now, it was adjusted (by the doctor) and in the few months they've got it right". Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. For example, a senior member of staff told us pictorial prompts were used to give the care staff the information they needed to administer people's creams safely. The senior member of staff said, "I do pictures for the staff to show them where the creams need to go".

People told us they felt safe at Stadium Court because they felt comfortable around the staff. One person said, "Yes I do feel safe, the staff look after me well and are lovely". Another person said, "They're all right the staff are". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. One staff member said, "I had to wait for my checks to come back before I could start work".

People were protected from the risk of abuse, because staff identified and reported potential abuse. A relative told us the staff had become concerned about their relation after they had witnessed a potentially unsafe incident. They told us this was reported to the local authority in accordance with local safeguarding reporting procedures, and action was taken to keep their relation safe whilst the concern was investigated. They said, "Staff explained the situation to me and I understood they had a job to do". This showed the staff took appropriate action when they suspected potential abuse.

People told us and we saw that risks were assessed, managed and reviewed to promote people's safety. For example, one person's records showed they required specific equipment and assistance from staff to walk, because they were at risk of falling. We saw staff support the person to walk in accordance with their planned care. This person's care plan also showed that special equipment was used at night to alert staff that they were out of bed and at risk of falling, and care records showed regular safety checks were also completed by staff to monitor the person's safety. This person's relative confirmed these safety measures were in place and said, "They are very safe, the staff even check on them during the night".

People and their relatives told us that risks were managed in a manner that promoted people's independence. For example, people who live with dementia can be at risk of falling because of changes in the way they see their environment. However, people who lived with dementia and were able to walk unaided, were not restricted from walking around the home. One relative told us, "I think they are safe here,

they can walk around as much as they want to and they won't get lost".

We saw that when a safety incident occurred, action was taken to reduce the risk of further incidents from occurring. For example, we saw that after one person fell at the home, their risk of falling again was reassessed and reviewed and advice was sought from relevant health care professionals through the local falls service. The registered manager also monitored incidents throughout the home to identify possible patterns and themes. Recent analysis of incidents showed no significant patterns or themes.

We saw the staff responded promptly to potential safety concerns to prevent incidents from occurring. For example, we saw one staff member support one person to make sure their footwear was fitted safely. They told the person, "Your slippers are undone, I'm just fastening them up for you".

People who used the service told us that staff were always available to provide care and support. One person said, "There are plenty of staff here". Another person said, "When I press by buzzer, I never have to wait too long". We saw there were sufficient numbers of staff to keep people safe. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager and provider regularly reviewed staffing levels to ensure they were based on the needs of people. Meetings were held every day to ensure staff were appropriately deployed to keep people safe. For example, as a result of the meeting on the day of our inspection, we saw that a staff member was moved from one unit that had higher numbers than the provider's minimum safe staffing levels to another unit where staff sickness needed to be covered. This showed effective systems were in place to ensure staff were deployed effectively to keep people safe.



## Is the service effective?

### Our findings

People told us they could access sufficient amounts of food and drink that met their individual preferences. One person said, "You can have whatever you want to eat". Another person said, "I enjoy all the meals". We saw a flexible approach to mealtimes was used to ensure people's individual needs were met. For example, we saw one person became very active at lunch time, which made it difficult for them to sit down and eat their hot meal. This person was offered a sandwich which they could eat whilst moving around the home. This showed the staff adapted the person's meal to meet their individual needs. Care records showed that people's risks of malnutrition and dehydration were assessed, managed and reviewed. For example, we saw that people's weight was monitored and nutritional supplements were given as prescribed.

Relatives told us people were supported to eat and drink when this was required. Some relatives told us their relation's appetites and food intake had significantly improved since moving to Stadium Court. One relative said, "[Person who used the service] eats well, their appetite has improved since coming here". Another relative said, "[Person who used the service] is putting on a bit of weight now, which is good". We saw staff supported people to eat and drink in accordance with their agreed needs. For example, people who needed encouragement and prompting to eat and drink received this. We observed one staff member encouraging a person to eat by saying, "Come on just try a little bit, it looks lovely" and, "Have a taste of that, I've made it especially for you". This person then ate their meal.

People told us and we saw they were supported to access a variety of health and social care professionals if required. One person said, "I tell the staff I need a nurse or doctor and I get to see one the same day". We saw a health care professional visit a person who used the service because a referral had been made to them the day before our inspection. We saw advice from health and social care professionals was followed. For example, a visiting health care professional had recommended that a person's diet and drink intake was closely monitored by the staff. This person's care records showed the amounts of food and drink they had consumed, and a nurse checked the records every day to identify if the person was eating and drinking safe amounts of food and drink. One staff member confirmed this by saying, "The nurse signs the charts off to check people have had enough food and drink".

People and their relatives told us that the staff were suitably skilled to meet their needs. One person said, "They know what they have to do". A relative said, "They always seem to know the best way to deal with [person who used the service]". Staff told us they had received training which included an induction to provide them with the skills they needed to meet people's needs. One staff member said, "I had a week's induction and lots of training, then I always worked alongside my mentor for the first two weeks. I think it was a very good induction". Another staff member told us how one particular training session had positively changed the way they supported people. They said, "The person first, dementia second training was really helpful. It helped me to realise that [person who used the service] behaviours were because of their dementia, and it wasn't how they used to be. It changed my approach. I talk to them more about what they used to do for their job and sometimes they remember and talk to me about it".

We saw that staff training had been effective and staff had the skills they needed to provide care and support. For example, some recent changes at the service had meant senior care staff could administer medicines after receiving the required training and undertaking a period of supervised practice. We observed a senior member of care staff administering medicines in a safe and effective manner, seeking support from nursing staff as required. They told us, "I know my limits. A nurse is always available if I have any concerns or questions about medicines".

People told us and we saw that staff sought people's consent before they provided care and support. For example, we saw staff ask people if they wanted to wear an apron to help keep their clothes clean at lunch time. Staff waited for people to consent to this before they supported them to put on their aprons.

We saw staff supported people to make decisions about their care and support in accordance with the law. 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. Care records showed that when required best interest decisions had been made in accordance with the MCA. For example, one person who was unable to make important decisions about their health and wellbeing had their diet changed because it was in their best interests for this to happen. A team of health care professionals had been involved in this decision to ensure it was in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA, and authorisations to deprive people of their liberty had been appropriately made. For example, one person who occasionally asked to leave the service to return home (this person no longer owned their previous home) had a DoLS authorisation in place to prevent them from leaving the service unsupervised because they would be at risk of harm if they left the service alone.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion. One person said, "The staff are lovely and caring". Another person said, "I like it here, the staff are very good". Relatives also confirmed the staff interacted with people in a caring manner. One relative said, "They are good caring staff, who do a great job".

We observed caring interactions between people and staff. For example, we heard one person tell a staff member, "I love you". The staff member immediately responded to the person saying, "I love you too". This made the person smile. Another person was asked by staff, "Would you like to sit in a more comfortable chair?". The person said yes, and after staff supported them with this they responded by saying, "You are very good to me".

People told us and we saw they were enabled to make choices about their care. We saw staff offering people choices throughout the inspection. For example, staff asked people if they wanted assistance with activities of daily living. We heard a staff member say, "Would you like me to cut it up for you?" to one person and, "Can I help you with that?" to another person. We saw staff supported people to make choices about their care by presenting information to people in a manner that reflected their understanding and communication needs. For example, one unit at the home was trialling offering people meal choices by showing them examples of plated meals. We saw this helped people to make their meal choices.

People told us they were enabled to be as independent as they could be. One person said, "I wash and shave myself but the staff help me to shower twice a week". A relative told us how staff had educated them so they could promote their relation's independence. They said, "The staff encourage me to hold [person who used the service's] breakfast bowl so that they can eat the food independently, rather than me helping them too much". The home's environment helped people to orientate themselves without the need to constantly rely on staff support. For example, we saw people independently access toilets because pictorial signs were located on the toilet doors which helped people to locate them without staff intervention.

People and their relatives told us they were treated with dignity. One relative said, "They look after her well and she is always clean and changed if necessary". Another relative said, "[Person who used the service] gets treated as a grown up and not as a child". Staff told us treating people with dignity was an essential part of their role. One staff member said, "If I'm using the hoist with people and they have a skirt on, I always cover them up with a blanket. Dignity is very important". We saw that when people were supported to move using a hoist, blankets were used to promote people's dignity when appropriate.

People told us and we saw that privacy was promoted. One person said, "They always knock and wait for me to say 'come in' before they come into my room". People and their relatives also told us that they could spend time in private areas of the home if they wished to do so. One relative said, "The staff take [person who used the service] to their room so we can have some privacy".

People and their relatives told us that staff knew their likes, dislikes and life histories which enabled them to

have meaningful interactions with people. For example, one relative told us, "The staff know [person who used the service] likes going outside. They try and do that as much as they can as they know it keeps them calm". This person's care records showed staff supported them to occasionally spend time outside.

Relatives told us they were welcomed by the staff. One relative said, "We've been made to feel very welcome and they have always made us a drink". The registered manager told us an admiral nurse could visit people and their relatives to offer advice and support if this was needed. An admiral nurse is a specialist dementia nurse who can give people practical and emotional advice and support to help them adjust to a diagnosis of dementia. A relative we spoke with confirmed they had received support from an admiral nurse and the staff by saying, "I found it very difficult when [person who used the service] first moved in, but the staff have supported me through it".

## Is the service responsive?

### Our findings

People and their relatives told us the staff sometimes supported them to participate in leisure and social based activities that were important to them. One person said, "They know I like to chat and they try their best to chat to me". A relative said, "They read to her, and they go to the coffee shop". However, some people and their relatives told us they were not always supported to engage in activities that were important to them. One person said, "I just sit about. I'd like to go out for a walk". Another person said, "I get a bit bored, the activity worker doesn't always come in". On the day of our inspection, staff confirmed there were only two activity coordinators on shift to cover all four units at the home. The registered manager told us this was due to staff leave. This showed activity coordinators were not always available to enable people to participate in their preferred social and leisure based activities.

The registered manager told us about the initiatives they had implemented to support people to participate in meaningful social and leisure based activities. This included the use of reminiscence boxes and the implementation of a 'social shift'. They told us, "We've introduced a 'social shift' from 12pm to 6pm. It's an extra pair of hands at meal times and they promote social activities". Staff told us when the 'social shift' was used, people experienced higher quality care. One staff member said, "We can focus more on the person when we have the extra member of staff". However, we found these new initiatives were not consistently promoted at the home. For example, on the day of our inspection, no staff were working the 'social shift' and staff confirmed this new role was not always planned for on the staff rotas. One staff member said, "There have been some improvements with the use of the 12pm to 6pm shift, but it's not used every day". This showed initiatives to improve people's participation in leisure and social based activities were not consistently promoted.

People and their relatives told us they were involved in the planning of care. One relative told us a member of staff had visited them and their relation to complete an assessment to check the home would be suitable for them. They said, "They had an assessment at the hospital before they came here". Another relative said, "[Person who used the service] can't talk, but the staff asked me what they like and dislike". Staff told us about the importance of involving people and their relatives in the planning of care. One staff member said, "We talk to people and relatives and ask them about their preferences so we can provide person centred care".

Care records contained detailed information about people's care preferences and life histories. Staff demonstrated they used this information to ensure people received their care in accordance with their preferences. For example, one staff member said, "[Person who used the service] likes to wear jewellery, so I always ask her what jewellery they would like to wear" and, "They also like their radio on at night because they like music". We saw this person was wearing jewellery and their care records confirmed they like jewellery and music.

People and their relatives told us their care needs were reviewed regularly. One relative told us that they had meetings to discuss their relation's care. They said, "I attended a review a few weeks ago". Relatives also told us they were kept up to date of changes in their relations care. One relative said, "They tell me if anything's

going on". We saw that the outcomes of care reviews were documented and people's care records were updated to reflect any changes in care needs or preferences.

People and their relatives knew how to complain and they told us their complaints were listened to and acted upon to improve the quality of care. One relative said, "Any concerns I have had have all been resolved". Another relative said, "We complained and had an apology from the staff". The complaints process was clearly displayed in the reception areas of the home and staff told us how they would manage and escalate a complaint. Records showed that complaints were managed in accordance with the provider's complaints policy.

## Is the service well-led?

### Our findings

People and their relatives told us the home was well-led. One relative said, "The home is well run. I often see the manager walking round". Another relative said, "I've seen a lot of changes and staff morale seems to have got better". Staff also told us the home was well-led. One staff member said, "We are moving forward and changing for the better". People, their relatives and staff told us about a number of improvements to people's care. A common example people told us about was the change in people's mealtime experiences. One relative said, "Mealtimes are so much better than they used to be". A staff member said, "We've made some changes to mealtimes which are going well. They seem less hectic now. We have been talking about meal times at staff meetings and we are being encouraged to keep up the good work". This showed the registered manager was driving improvements to the quality of care.

People and their relatives told us there was a positive and homely atmosphere at the service. One person said, "It's a friendly place". A relative said, "I think it's lovely". Staff told us they enjoyed working at the home. One staff member said, "I really do enjoy my job". Another staff member said, "I like working here, we have a good staff team". Staff demonstrated caring values and they showed they placed people at the centre of their care. One staff member said, "We follow what we were taught in the 'person first, dementia second' training. It means we see the person as a person first". Another staff member said, "I treat people with the care I would want for my mum" and, "I go home at the end of the day knowing I've made a difference".

People told us and we saw they were empowered to make decisions about changes to the care. For example, we saw that regular meetings were held with people to enable them to be involved in menu planning. We saw that staff listened to people's suggestions and changes to the menu were made in response to this. For example, people told us they had requested more local food to be served. People confirmed and records showed that a popular local meal called cheese oatcakes was now being served every week.

People told us and we saw that their feedback about the care and the home's environment was sought. This was completed through meetings with people and their relatives and satisfaction questionnaires. A new group had recently been formed to encourage more people to be involved in improving the quality of care. This group was called 'Friends of Stadium Court' and consisted of people, relatives and staff. The registered manager told us that part of their improvement plan had changed in response to feedback gained via this new group. They said, "We were going to introduce a 'man shed', but people said they would prefer us to make an all-weather tuck shop area, so that's what we are doing". We saw that work was underway to develop this project. This showed people's feedback was used to improve the quality of care.

Records showed that frequent quality checks were completed by the management team and provider. A staff member confirmed this by saying "The managers come round on a daily basis. They check things to make sure we are doing things right". Quality checks included checks of medicines management, infection control and health and safety. Where concerns were identified, action was taken to improve quality. For example, a medicines audit showed that improvements were needed to ensure information was recorded to help staff to ascertain when people needed their 'as required' medicines. We saw that action had been taken

to address this and 'as required' protocols were now in place for people who used the service.

The registered manager and provider worked together to plan and manage required improvements to the service. We saw that an improvement plan had been developed which set out areas for improvement, when the improvements were going to be made and who was responsible for making the improvements. We saw this plan was being followed to improve people's care experiences. For example, we saw 'show plates' had been successfully introduced on one unit to help people make meal choices.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. A senior member of staff told us how senior care meetings had been set up to support them in their new role. They said, "I find the meetings really helpful. We have asked for extra training to help us do staff supervisions and we are getting that soon". We saw staff meetings were used to improve the quality of care. For example, staff told us they had discussed how to write about people's care using terminology that promoted people's dignity. We saw this had been effective as people's care records contained appropriate terminology. This showed the staffs' development needs were monitored and met.

Staff told us the registered manager and the management team were approachable and supportive. One staff member said, "The registered manager is very approachable. Every time I have been to her, she has found time for me". Another staff member told us how the management team supported and encouraged them. One staff member said, "We had a fire practice the other day. We were congratulated for how well we did, but the manager also reminded us not to put ourselves at risk". Staff also told us there was an effective on call manager system in place that ensured they had access to management support at night and weekends. One staff member said, "Managers are on site at weekends which has made a difference".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.