

Stapely Jewish Care Home Limited

# Stapely Residential and Nursing Home

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Stapley Residential and Nursing Home is a residential care home providing personal and nursing care for up to 97 people of Jewish and non-Jewish faith. The service is provided over three large houses, all of which are connected. Two houses provided residential personal care and one house provided nursing care. At the time of this inspection 67 people were using the service.

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

We have made three recommendations about the current system in place for reviewing the quality and safety of the service; the reviewing of the quality and content of care planning document and the implementation of the Mental Capacity Act.

People were happy with the care and support they received.

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 did not always support this practice.

People felt safe using the service and received their medicines when they needed them. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

Systems were in place to monitor the quality of the service that people received. People were able to voice their views and felt they were listened to. People had access to services and facilities that met their cultural needs both within the service and the local community.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet that met their cultural needs and wishes. Systems were in place to ensure that people's healthcare needs were understood and met.

People were protected from abuse and the risk of abuse. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection.

People had access to a programme of activities and events. Staff knew people well and were knowledgeable about individual's needs and wishes and how they were to be met. People and their family members had access to information as to how to raise a concern or complaint about the service.

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

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 2 January 2019) and there were two 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.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Stapely Residential and Nursing Home

## **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

The first day of the inspection was carried out by one inspector, a nursing specialist advisor and two 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. The second day of the inspection was carried out by one inspector.

#### Service and service type

Stapely Residential and Nursing Home 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection-

We spoke with 25 people who used the service and 11 family members and friends about their experience of the care provided. We spoke with 10 members of staff including the provider, the manager, care workers, nurses, maintenance manager and cook. In addition, we spoke with three visiting healthcare professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and information relating to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider in relation to safety management and monitoring of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 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

At our last inspection the medication procedures were not being followed safely by staff to ensure the welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- Staff responsible for managing people's medicines had completed training in this area. This was an improvement from the last inspection.
- People's medicines were stored in locked facilities in locked rooms. The storage temperature for medicines was regularly checked. This was an improvement from the last inspection.
- Managers' within the service carried out daily and weekly checks to ensure that people's medicines were managed safely.
- People spoke positively about being given the right medicines at the right times.

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

- Safeguarding procedures were in place. Staff delivering care and support to people had completed safeguarding training and had access to information to protect people from harm.
- People told us they felt safe living at the service. Their comments included "I don't think I could be in a safer place", and "Yes, there are always people around, and I like that." Two people told us that staff being around made them feel safe and comfortable in the home. A family member commented "The security here is very good, and people are well looked after."

### Assessing risk, safety monitoring and management

- Risks to people and equipment they used were identified and plans were in place to minimise those risks. However, Checks and monitoring of the temperatures of hot water available to people and alert systems were not always effective in identifying areas of improvement. The provider took immediate action to address these issues.
- People at risk of pressure ulcers had their skin monitored on a regular basis to minimise any deterioration. People experiencing pressure ulcers had specific care plans in place.
- Staff had access to policies, procedures and guidance in relation to health and safety.
- Emergency procedures were in place to help ensure that people received the care and support they required in the event an emergency. This information was easily accessible to staff.

### Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient staff were on duty to meet people's needs. People's comments included "This place certainly benefits from having a lot of capable and experienced staff who really do look after residents."
- People told us that their call bells were answered in a timely manner the majority of the time. Comments included "I have called for assistance on six occasions and each time [Staff] have responded immediately." A family member told us "My [Relative] can't press the buzzer, but I know that he is checked on and moved every two hours through the night."

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live.
- People told us that they felt the service was always clean and tidy. Their comments included "This is an excellent place, happy, clean and well maintained."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

#### Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences. Three people told us that they had accidents and felt that they had been handled appropriately.
- Staff kept family members informed of any incidents and accidents people had experienced. One family member told us that they were grateful for the strong communication channels between them and staff.



# Is the service effective?

## Our findings

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

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

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that where required, DoLS applications had been made on behalf of people.

- DoLS applications did not always contain all of the information required to ensure that all aspects of people care and support was considered in the decision making process.
- Records for some people did not contain the full information of others who were legally entitled to make decisions on their behalf, for example, lasting power of attorney.
- The manager explained that they would continue to review people's care planning documents to ensure that they contained detailed up to date information.

We recommend that the service follows current best practice, in relation to the implementation of the Mental Capacity Act.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People and their family members were involved in the assessment and planning of their care.
- People and their family members told us that they took part in care plan review meetings, both routinely and when a person's needs changed.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs effectively.

- Staff told us that training and supervision was available to ensure that they had up to date knowledge for their role.

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

- People were protected from poor nutrition and dehydration.
- People had access to enough food and had a choice of food and drinks. Outside of mealtimes people had access to snacks, drinks and had access to a bistro café located within the service.
- All food produce was sourced, prepared and cooked in-line with the principles of a Kosher diet to meet the needs of people using the service.
- People had a choice of where they ate their meals.
- People commented positively about the food. Comments included, "It's quite nice and enough", "The food here is of a good standard and it is nice that if you don't want something they will find you an alternative" and, "It's all Kosher which is a great advantage and a good menu."

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

- People had access to health care support and treatment when needed.
- People told us that when needed arrangements were made for them to receive specialist support from health care professionals. For example, physiotherapist; optician and chiropodist. They told us that when needed staff would always contact and GP to visit them.

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

- The layout of the building enabled people freedom of movement around the service with outside space accessible.
- The environment had been adapted to provide ease of access to people which included accessible bathrooms and communal areas.

# Is the service caring?

## Our findings

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

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

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

- People were treated with kindness, dignity and respect. People's comments included, "The staff are good to me, whatever I need I get", "It helps to know that [Staff] are around, but they know when to give us some space and that is appreciated" and, "Yes, very helpful and friendly to me. They look after me and I get what I want. They work very hard."
- Family members spoke positively about the service their relative received. Comments included "The level of care is so good here that I have recommended this place to loads of people" and, "There are certainly high standards in this home and care is right at the centre of things."
- People were supported to maintain their religious and spiritual needs. People and the local community had access to a Synagogue located within the service. People of different denominations told us that they were supported by the local community to practice and maintain their faith. One family member commented "Although this is a predominately a Jewish care home, there is a mixture of religions/faiths living together in harmony."

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and family members the opportunity to express their views about the care provided and make any changes they wanted.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Comments included "As far as I am concerned, privacy and dignity issues are always respected."
- People were supported to use their right to vote.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives and they had freedom of movement around the service.
- People were supported to maintain their independence. People's comments included "At one stage a carer was doing everything for me, but thankfully, as time went on she helped me to become more independent."

# Is the service responsive?

## Our findings

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

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

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

- Information relating to people's care and support needs was recorded. However, the content and level of detail in individual care plans and records differed around the service. For example, specific assessments had not always been fully completed for some and others required further information in relation to people's needs and wishes.

We recommend that the service follows current best practice, in relation to assessing, planning and recording people's care.

- People's care and support was reviewed on a regular basis.
- Family members told us that they were regularly updated about their relative's care needs and where appropriate, were involved in care plan reviews. One family member told us "Personally, I am involved in care plan issues and I am pleased to say I don't think anything has been overlooked."

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.

- People's sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

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

- People had access to stimulating activities and cultural events both within the service and in the local community. Comments included "I love the activities here and probably take part at least five days a week", "If you want to join in you can and there are certainly enough activities going on every week" and, "Yes, I do most things. We do exercises, music and singing. A gentleman comes in every fortnight and plays nice music. I occasionally go out in the minibus."
- People, their visitors and members of the public had access to the bistro café situated in the entrance area. The bistro was regularly used by people and members of the local community for social meet-ups activities and lunch.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and knew who to speak to if they had any concerns.
- The manager had a system in place for overseeing and monitoring any complaints made about the service and their outcomes.

End of life care and support

- People had the opportunity to share and record any specific wishes about how they wanted to be cared for at the end of their life.
- People's advanced decisions and plans were recorded in their care plans.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the audit and governance system was not always effective. Actions from the providers evaluations and audits needed to be improved upon for the safety and welfare of the service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place for monitoring the quality and safety of the service. This was an improvement from the last inspection. However, the system in use for the monitoring of health and safety had failed to identify some areas in which improvements were needed. For example, the temperature of the hot water available to people had been recorded as consistently low when checks had been carried out. The provider's monitoring system had failed to identify and action this. We discussed this with the provider who took immediate action by introducing more robust checks.

We recommend the provider continually considers current guidance in relation to monitoring the quality and safety of the service and take action to update their practice accordingly.

- There was no manager in post that was registered with the Care Quality Commission.
- The manager, provider and staff were responsive to suggestions and observations made during the inspection to further improve good practice.
- The manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- The provider and manager were regularly available at the service to offer support to the staff team.
- Positive comments were received about the manager's role within the service. For example, one visiting community health care professional told us "This is one of the better homes that I cover, since the new manager took over there has been some really good changes and improvements".
- Policies and procedures to promote safe, effective care for people were available to staff.

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

- The manager understood their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- People had opportunities to engage with local support and cultural groups within the local community.
- Arrangements were in place to engage and involve people using the service and family members. Regular reviews of people's care and support took place.
- Staff were engaged and involved through team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people.

Continuous learning and improving care

- Staff received regular support for their role to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Plans were in place to further develop the service which included on-going refurbishment of the service.