

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

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 13 and 14 February 2017. The first day of the inspection was unannounced.

Stapely Care Home consists of three large Victorian Houses, two of which have been extended at the back. It is set in extensive gardens. The home was originally provided specifically for people of the Jewish community, however it now also accommodates people who are not of the Jewish faith. The first building was known as the nursing unit, the second building as the residential unit and the third building as Fernlea.

The home is registered to accommodate up to 97 people at the time of the inspection 72 people were living there of whom 33 were receiving nursing care.

The home has 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 2008 and associated Regulations about how the service is run.

We spoke individually with ten of the people living there. We spoke with nine relatives or visitors and with 12 members of staff who held different roles in the home. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

We found breaches of regulations relating to the safety of the premises and systems for assessing and improving the quality of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

Parts of the environment at Stapely were unsafe. This included fire doors that did not close correctly and windows that were unrestricted.

Work on refurbishing and improving the premises was on-going with recent work including replacing the boilers. Some parts of the home were of a high standard and other parts were shabby. A full refurbishment of the remainder of the home was planned to take place in phases with an eventual goal of the whole home being of a consistently high standard.

Systems for formally obtaining the views of people using the service and assessing the quality of the service were not always followed or effective at obtaining people's views and ensuring the building was safe.

There were enough staff working at the home to meet people's needs. Staff knew people well and had built good relationships with them. People living at the home and their relatives liked and trusted the staff team. They found them responsive and caring.

People received the support they needed with their personal and health care. They also received their medication as prescribed. People's care needs were assessed and care plans were in place to guide staff on how to support people.

All meals were prepared and served to ensure they met kosher requirements. People liked the meals and received support to eat and drink when they needed it. Snacks and drinks were served regularly throughout the day.

Systems were in place and followed for dealing with concerns, complaints and potential incidents of abuse. People living at Stapely and their relatives felt safe living there and were confident to raise any concerns they had.

People's ability to consent to their care and treatment had been assessed and support had been provided to safeguard people who lacked the ability to consent.

A number of activities took place at the home however some people living there would like to see these increased.

The home had a manager who was registered with CQC. The manager and the representative of the trustees had a detailed knowledge of the people living there and were a visible presence within the home. As the home has recently increased in size additional support for the registered manager would be beneficial in ensuring paperwork remained up to date and records were completed in a timely manner.

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.

Parts of the environment presented a risk to people.

Sufficient staff worked at the home to meet people's care needs.
Recruitment procedures were in place but records were not always clear.

People's medication was well managed and they received it as prescribed.

People felt Stapely was a safe place to live and potential incidents of abuse were dealt with appropriately.

Is the service effective?

Good ●

The service was effective.

People's ability to consent to their care and treatment had been assessed and support had been provided to safeguard people who lacked the ability to consent.

Refurbishment of the buildings was an on-going process with some parts of a good standard and others requiring upgrading.

People received the support they needed with their nutrition and health care.

Staff had a good understanding of their role and received training.

Is the service caring?

Good ●

The service was caring.

People living at the home and their relatives liked and trusted the staff team.

Staff had a good knowledge of people as individuals and had built good relationships with people.

People's religious beliefs were catered for.

Staff provided good end of life care for people and supported their relatives through the process.

Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly to requests for support.

People's care needs were assessed and care plans were in place to guide staff on how to support people.

People knew how to raise concerns or complaints with staff and a system was in place for dealing with these.

A number of activities took place at the home however some people living there would like to see these increased.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Some systems were in place for auditing the quality of the service however these were not always effective.

The home had a manager who was registered with CQC.

The manager and the representative of the trustees had a detailed knowledge of the people living there and were a visible presence within the home. Additional support for the registered manager would be beneficial given the recently increased size of the home.

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 was planned to check 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.

The inspection was carried out on 13 and 14 February 2017. Two Adult Social Care (ASC) inspectors carried out the inspection and the first day was unannounced. On the second day of the inspection an expert by experience and specialist advisor (SPA) also carried out the inspection. The expert by experience had personal experience of caring for someone who uses this type of care service. The SPA was a nurse with expertise in care services for older people.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and spoke individually with ten of the people living there. We spoke with nine relatives or visitors and with 12 members of staff who held different roles in the home.

We spent time observing the day to day care and support provided to people. We looked at a range of records including medication records, care records for ten people living at the home, recruitment records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

Everyone we spoke with told us that they thought Stapely was a safe place for people to live. One of the people living there told us "I feel very safe here, I would not live alone again. I know all the doors are locked and no one can enter unless they are allowed to come in." A second person said "I feel safe because there always staff about and I can call them if I need them."

Relatives had similar views with one telling us "Mum is certainly safe here, she's had no falls or accidents since coming into Stapely. I can go home relaxed knowing she is looked after." Another relative commented "Dad is 100% safe and I have no hesitation in stating that."

We found that parts of the building were unsafe. On Fernlea and the nursing unit we found that some fire doors did not automatically close fully. A fire door to the nursing unit kitchen and several bedroom doors were propped open. This meant that fire doors would not provide the correct level of protection in the event of a fire occurring.

On the residential unit we saw two bedrooms on the first floor which did not have window restrictors fitted. This meant they opened widely and could endanger people living at the home. On the second day of the inspection the manager told us that new restrictors were being fitted.

One bedroom we looked at was of poor standard. There was a hole in the door where the door knob had been removed, which was a fire risk. There was a gap of approximately half an inch around some parts of the window. The curtains were hanging down and the wash basin had been extensively repaired with sticky tape. Following the inspection the manager told us that these areas would be addressed and a new window fitted.

A corridor on the residential unit was partially occupied as some people had moved to other rooms within the home due to an issue with substantial damp in the rooms and a lack of heating. The provider told us that all of these rooms were due to be refurbished soon.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the premises were not always safe.

During our previous inspection of the home in April 2015 we had identified that a basement area was unsafe. At this inspection we found that the area was no longer used and had been closed off.

Parts of the building were cold and there was also a problem with the hot water supply to some outlets. Portable electric heaters were provided for rooms that were cold. The provider told us that two new boilers had been installed but there were problems with old underground pipes. These issues were being addressed by an external contractor.

On Fernlea the nurse call system was being replaced and this work was partly completed. Some bedrooms

did not have a call bell extension lead for people to use when they were in bed and replacements were no longer available for the old system. However, the manager assured us that there were enough call bell leads for the people who were able to use them and the new system was due to be completed within the week.

Records and certificates showed that regular tests had been carried out on the safety of the building including the electrics and gas. Daily records of room and water temperatures were also recorded.

The main staircase on Fernlea had quite a low level handrail that we felt could present a risk to people living there. We advised the manager that a risk assessment of this area should be carried out.

On Fernlea large frosted glass panels were fitted to bedroom doors which did not fully protect people's privacy. We brought this to the attention of the manager.

We found the layout of Fernlea confusing and discussed with the manager putting signs up that would help people to find their way around more easily.

Policies and procedures were in place for dealing with any allegations of abuse that arose. Information on how to report safeguarding concerns was readily available within the home to staff, visitors and people living there. In addition information in the main foyer provided details of an organisation protecting the Jewish community and supporting people dealing with anti-Semitism along with details of organisations that provide support for older people facing abuse.

Records showed that safeguarding concerns had been identified and reported to the appropriate authorities. They also showed that when appropriate the manager had carried out an investigation. A policy was also in place for supporting staff who whistle-blow. Whistle-blowing protects staff who report something they believe is wrong in the workplace that is in the public interest. This policy did not contain a phone number or contacts details for who to contact within the organisation. However both the manager and provider were very visible within the home and staff all knew how to contact the provider if they wished to do so.

Stapely had two laundry rooms and we visited the laundry that served the nursing and residential units. We found that this was well organised with clear systems in place for separating unwashed and clean laundry. Any potentially infectious laundry was washed separately. This helped to reduce the risk of cross infection occurring. We also saw that gloves and aprons were available throughout the home along with hand wash and paper towels. This provided staff with the equipment they needed to follow good hygiene practices.

All three units had separate medication rooms and we looked at medication management in two of the units. We found that medication was well managed with clear systems in place for storage, recording, ordering and administering. We compared a sample of medication stock with records. This including medication prescribed on an 'as and when' basis and medication prescribed in variable doses. We found that these tallied and that people had received their medication as prescribed.

We saw that accident records were completed by staff and passed to the manager. The manager told us that she looked at all of these but did not keep a record. We saw records for one person who had had a number of falls. Staff had taken appropriate action by making a referral to the local Falls Team for advice.

We received varying comments from people regarding staffing levels. Most people said there was sufficient staff to meet their needs with one person telling us "There are enough staff but they are often under pressure, I still give them 10 out of 10." A relative said "There always seems enough staff around and I notice they are all calm and not rushed which creates a nice atmosphere." However a second relative told us

"There are plenty of staff but not enough in the lounge area. Most residents need two to take them the toilet and sometimes it's too late for mum by the time two staff are found."

Staff told us that there were generally enough staff available for them to meet people's support needs with the exception of times when a member of staff was absent at short notice. During the two days of the inspection we saw that although staff were busy there were sufficient staff available to respond to people's support needs in an unrushed manner. Staff were assigned to work permanently on one of the three units. This helped to provide continuity of care for people living there.

We looked at recruitment records for newer members of staff. We found that a series of checks had been carried out on them. This included a Disclosure and Barring Service (DBS) check. The files also contained references, however two of the files did not contain references from the person's last employer. The manager explained to us that they had tried to obtain these but they were not always provided. Recording this information within the recruitment file would evidence that the process has been followed as robustly as possible.

Is the service effective?

Our findings

Staff told us that they had received the training they needed to undertake their role effectively. Newer staff we spoke with had previous experience and care training when they came to the home and were awaiting training courses provided by Stapely. The manager told us that 20 members of staff had been enrolled to undertake a national qualification in care with all other members of care staff having achieved this qualification. Training records showed that staff had undertaken training in a variety of areas including moving and handling people and fire awareness. We also saw that some staff had undertaken more specialist training including supporting people with end of life care and supporting people living with dementia.

Staff told us that they felt supported by senior staff, the manager and provider. They said they felt comfortable speaking out and that they would get support or training if they needed it. Records showed that one to one supervisions had last taken place in September 2016 and the manager told us that these were due to take place for all staff in February 2017.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Nobody living at Stapely had a DoLS in place. People had been assessed to establish whether they would benefit from the protection of a DoLS and where appropriate applications had been submitted to the relevant authority. Assessments were of a good standard and were clear about the support the person may or may not need in making decisions. For example one file we looked at stated, 'respect her choices even if she is not compliant (with care).'

People told us that they always had enough to eat with plenty of drinks and snacks available. One person told us "I am Kosher and I am trying food I have never tasted before. I love liver but we never had it here. I requested it and within two weeks it was served for lunch and it was delicious. It is now regularly on the menu."

Stapely provided Kosher food only and followed Kosher rules for preparing and serving meals. We were told by a senior member of staff that this was made very clear to anybody considering moving into the home.

Kitchens were located in Fernlea and in the nursing unit. Both buildings had separate milk and meat kitchens to comply with religious requirements.

We observed parts of the lunchtime meal in all three dining rooms. People were given support from staff in a pleasant unrushed manner and offered a choice of meals and juices to drink. We found meals times to be a pleasant unrushed experience with staff taking time to chat with people and make sure the support they offered was discreet.

Up to date information about the support people required with their health was recorded in their care plans. Records showed that when needed people had received support to see a health care professional and that the advice of the health care professional had been followed. We also saw that monitoring records were in place for people who needed them. This included records of people's fluid intake and blood sugar levels.

Records also showed that people had been supported to have routine health checks including seeing the optician, dentist and podiatrist.

Since buying Fernlea the provider had invested in decorating and refurbishing the building. Other works carried out in the past year included replacing two boilers within the home and refurbishing some of the bedrooms. There were four premium suites within the home that could accommodate a couple if required. These provided sleeping and sitting facilities as well as an en-suite bathroom and a kitchen area. The provider explained that long term they planned to build more of these suites and to refurbish all bedrooms to the same standard.

Parts of the home were furnished to a high standard, this included a corridor and library area linking the nursing unit and residential units. A café at the front of the home provided a facility for people living at the home and their visitors to use. Other parts of the home looked shabby and would benefit from refurbishment. This included flooring that was taped for safety and bedrooms on the residential unit.

We were told that refurbishment plans had been in place for the residential unit but had been delayed due to unexpected work on the heating. We asked the provider for an action plan detailing the planned works. This showed that work would be completed in 2017 on the planned link between the residential unit and Fernlea to include a new laundry and kitchens and to the residential unit bedrooms along with additional landscaping and car parking. Following this a fourth phase is planned to add additional suites within the home.

Aids and adaptations were in place to support people with their mobility and personal care needs. These included specialist beds, passenger lifts and hoists. Adapted bath and shower rooms were also available. Corridors were wide enough to enable people who used mobility equipment to move around easily.

Is the service caring?

Our findings

People living at Stapely told us that staff were caring and kind towards them. One person said "The staff are very kind to me. They never complain." Another person told us "They are very caring that's the main thing."

Comments we received from relatives included "The staff are always very kind. Staff are lovely to my Dad and I feel they treat him with great respect. There is always staff about chatting to residents and they always deal with Dad quickly if he requires attention." and "It's a wonderful home. Staff are wonderful. (My relative) is very happy."

We spent time observing the interactions between people living at the home and staff. Our expert by experience commented 'All the people I observed at Stapely seemed relaxed and comfortable with staff. Whilst I spent time sitting in the lounges and dining room I observed interaction between the staff and the residents and all treated them kindly and always had time to have a few words and addressed them by their name.'

A relative told us "There is a very caring nucleus of staff. They care; they are understanding, compassionate, and tolerant."

We saw that staff knew people well and spent time interacting with people and reassuring them. For example we observed staff supporting people with their mobility. Staff explained to people what they were doing, reassured the person and gave them time to move at their own pace. Staff treated people politely and with dignity. We saw that staff addressed some people by their first name and other people by their title. We asked a member of staff about this and they explained they asked people what they liked to be called and ensured they followed the person's preferences.

Staff spoke warmly about the people they supported and knew about their interests and hobbies as well as their support needs. We saw that staff were able to change how they communicated with people to meet their preferred methods of communication. One member of staff told us "It's great to come to work." Two other members of staff commented "I love it here."

Relatives told us that they were kept informed of their relatives care with one relative explaining "The staff are in constant touch by telephone and always update on mum's progress. When I telephone they always know instantly where mum is and what she's be doing throughout the day. This is very reassuring." Another relative told us staff contacted them "unfailingly" if there was anything they needed to know about their relative's wellbeing.

Stapely has a synagogue which hold regular services which people living at the home are welcome to attend. We observed that when no services were taking place this was open for people living there to visit or sit in. The home has close ties with the local Jewish community who provide volunteers who help with the reception desk or supporting people with activities. In addition there is a mortuary on the premises which is not operated by the home but where members of the local Jewish community, including people who have

lived at Stapely can be brought and prepared to be laid to rest in accordance with their religious customs.

We looked at cards that had been received from relatives of people who had received end of life care at the home. Their comments included "The kindness and care you showed. You gave her and us an awful lot of time."; "Thank you for your many kindnesses and love to Mum. Her last days were managed with dignity and love."; "He felt safe, well cared for and we knew he was being looked after." and "The nice little touches that go beyond your job make Stapely a lovely place."

A member of staff told us "Nobody dies alone, we will sit with people."

Is the service responsive?

Our findings

People told us that they found the staff team responsive to their needs. One person said "I get help with washing and dressing in the morning. I can buzz when I require help. The staff always treat me with dignity and respect." A second person explained "I have a lie in and only get up about 10am. The staff know this and leave me until I am ready to get up."

A relative said "Mum always looks clean and tidy. She only came into the home (recently) and we are very pleased because she is gaining weight."

Prior to anyone moving into the home an assessment of their care needs had been carried out. This had then been used to produce care plans to provide guidance for staff on how to support people. Care plans were up to date and provided guidance on the support people needed. Assessments of risks to the person including their skin integrity, risk of falls and nutrition had been undertaken and regularly reviewed. This meant that changes to the person's support needs could be quickly noted and acted upon.

Although care plans contained clear information on how to meet the person's clinical or personal care needs they did not contain very much information about the person as an individual. Staff had a detailed knowledge of individuals and how to provide them with person centred care but this was not reflected in their care plans. We discussed this with the manager who told us she was aware of this and planned to address it.

At our inspection of the home in April 2016 we found a breach of regulation in that the provider did not provide care that met people's preferences in relation to activities. We found that activities did take place, however people living at the home and their relatives would like to see these increased further. This particularly applied to the people living in Fernlea.

A number of people told us that they would like more activities to take place in the home. Comments we received from people living in Fernlea included "We have a singer once a week, sometimes once a fortnight, I like this as I can sing along, I wish it happened more often." and "There are no activities at all. I get very bored just sat here watching the TV." On the nursing unit a relative commented "There should be more mental stimulus, I have never seen any activities and I visit (often)."

An activity board was situated in the main corridor of the nursing unit. This displayed pictures of the activities planned each day. It stated that cooking was due to take place on the afternoon of our visit. A member of staff told us that this would only take place if people requested it. We observed a member of staff sitting with people on the nursing unit painting their nails.

A local historical group had met in the homes café the night prior to our inspection and we were advised that people living there had been invited to attend the talk given.

Other activities we saw people engaging with included socialising in the on-site café, attending a poetry

group which we were informed took place three times a week and enjoying a film. Staff told us that regular activities included a knitting group twice a week and an outing each week to a social afternoon for people of the Jewish faith.

The home had recently employed an activity coordinator to work two days per week. In addition a member of staff on the nursing unit was employed to work during the afternoon supporting people with activities. Two mini buses were available for use by people living at Stapely. Staff told us that one of these was used to take people for occasional day trips or outings to the supermarket.

We asked people if they felt comfortable to raise a concern or complaint and everyone we spoke with told us that they would. One person said "I would always speak my mind. I would not be afraid to complain." A relative reiterated this explaining "I would talk to any of the staff if I felt a need to complain. I am confident they would listen."

The home's complaints procedure was displayed in each part of the home. This gave people details of who they could contact if they had a complaint. Records were maintained of any formal complaints received. Two complaints had been recorded during 2016 and they had been investigated and addressed.

Is the service well-led?

Our findings

We saw no clear evidence that the views of people living at Stapely or their representatives had been formally obtained and used to plan improvements to the service provided. Satisfaction survey forms were available in the entrance area for people to take and complete. We saw some of these on file, mainly dated 2015. We saw no evidence that these were used to give the provider an overall picture of people's views about the service. For example people had differing views of the activities available at the home and there was no formal process for the provider to obtain these views and respond to them.

A number of people commented to us that they did not know exactly when plans for improving the buildings and environment would take place. The manager and trustee did speak with people individually but there was no clear consistent method of communicating planned changes to people.

We found some areas of the home were unsafe. Although the manager responded to these issues when alerted by us this demonstrated that quality assurance systems were failing to work effectively.

The manager showed us the quality assurance file that she had set up. This contained a number of audits of various aspects of the service that she had devised. These had not been completed since September 2016 and the manager told us that this was due to lack of time.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes did not operate effectively to monitor and improve the quality and safety of the service.

Since the addition of Fernlea, Stapely is a large home and additional support for the registered manager would be beneficial in ensuring paperwork remained up to date and records were completed in a timely manner.

The manager did complete a lengthy monthly questionnaire for the NHS clinical quality monitoring department and this covered a number of areas.

The manager of Stapely had worked at the home for many years. We found her very knowledgeable about how the home operated and about all of the people who lived there. Everyone we spoke with knew the manager and trustee and told us that they found them approachable. This included people living at the home, staff and visitors.

The management team consisted of the registered manager and three deputy managers each working on one of the units as a unit manager. In addition, one of the trustees was on site most days and acted as representative for the board. He was also well known to everyone living at and visiting the home and provided support to the manager.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises were not always safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not operate effectively to monitor and improve the quality and safety of the service