

Stapely Jewish Care Home Limited

# Stapely Residential and Nursing Home

## Inspection report

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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

This inspection took place on the 28, 29 November and the 3 December 2018. The first day of the inspection was unannounced and the second and third days were announced. At the last inspection 25, 26 April 2018 and the 1 May 2018. The service was rated Inadequate overall. We found six breaches of the Health and Social Care Act 2008 (Regulated Activities).

At the last inspection there was no effective management and oversight of the service. The three separate units operated in isolation and there were no systems in place for managers and staff to work together to share good practice and learn from mistakes. Although some checks were being completed by some managers, there were no formal systems in place to assess the overall quality of the service. Therefore, shortfalls on some units in relation to the completion of care records, medication administration records (MARS), staff recruitment files, staff supervision, staff appraisals, health and safety checks and the business continuity plan had not been identified.

At this inspection we found that a lot of work had taken place and improvements to the way the home is managed and effective systems implemented to ensure the health and safety and wellbeing of the people living there. There is a plan of ongoing improvements that we were shown and discussed throughout the three-day inspection.

Following the last inspection in April 2018 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well led to achieve a Good rating. We received an action plan and a business continuity plan.

Stapley Residential and Nursing Home is a care home. People in care homes receive accommodation and 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.

Stapley Residential and Nursing 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 63 people were living there of whom 28 were receiving nursing care.

There was no registered manager in place, however a manager who had been working at the home for over 20 years has applied with the Care Quality Commission to become the 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 toured the home and visited all areas. There is still a lot of work taking place internally to link the home directly with the Fernlea building. A plan was provided with regular cyclical works and continuing works to be completed by early 2019. Time was spent with the electrician who completed all fire safety alarms throughout and ensured the home was safe under the fire regulations and we were provided with the official correspondence by the provider from the Merseyside Fire and Rescue Authority that stated they had withdrawn the enforcement notice as works had been carried out.

The medication procedure for safe storage and temperature records was not being followed in two of the units and medication was not being sent back to the pharmacy for surplus stocks. There were gaps in medication records that when checked however showed that the relevant medicine had been administered but staff had omitted to sign the medication record.

People received support with their health care. Care plans and risk assessments had been updated accurately and contained guidance to be followed by staff to ensure their health and safety. Monitoring records including food and fluid charts and, repositioning records that had been completed fully by staff to inform that the care and support had been provided as required in the care plans.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. We saw that mental capacity had been assessed appropriately, consent had been sought, DoLS conditions that were being applied by the home for people that required updating had been applied for by the manager.

Accidents, incidents and complaints had been managed appropriately with records in place to show actions were taken.

Infection control standards at the home we observed were good. Audits of the service were effective and were carried out on a monthly basis and sent to the monitoring infection prevention and control nurse.

We saw evidence of an induction process into Stapley Residential and Nursing Home and the staff training we were provided with informed us that staff had started a programme of relevant training or required updated training. Supervisions and appraisals were taking place with a programme of meetings for all staff working at the home.

The rotas we were provided with and observations and discussion with people, relatives, staff and the manager indicated there were sufficient staffing levels in all areas of the home.

People we spoke with told us they felt safe at the home and they had no worries or concerns. People's relatives and friends also told us they felt people were safe. The staff at the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful towards people.

The activities arranged at the home not only gave people the opportunity to pursue their interests and hobbies they also provided a sense of purpose for people as they continued to remain part of and contribute to their wider community.

People's personal emergency evacuation plans did match their risk assessments and gave the relevant information required.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe

The premises was having construction works taking place internally that had yet to be completed. Other work was required to ensure the home was comfortable and safe for the people living there.

Medication procedures were not being followed for recording, safe storage and returned medicines.

There were safe recruitment practices followed at the service.

### Is the service effective?

**Good** 

People's needs were assessed for the care and support required. Records were up to date relevant and updated monthly or more frequently if required.

Staff had received an induction and a training programme was in place for all staff, with supervision and appraisal meetings to ensure staff were confident and competent in their roles.

People's nutrition and hydration was met with monitoring records completed effectively in most instances.

### Is the service caring?

**Good** 

The service was caring.

Staff we observed interacting with people and treated them with kindness and respect.

There were sufficient staff on duty to adequately meet people's health, care and support needs.

Staff communicated well with the people they were supporting and showed patience and understanding and gave them information and explanations about what they were about to do.

### Is the service responsive?

**Good** 

The service was responsive.

Care plan documents were designed to be person centred and were completed with all relevant details of the individual. Records were up to date and staff were following the wishes of people.

People were offered choice about their food and were able to experience activities they preferred and enjoyed. People were constantly invited to be engaged in activities within the care home.

A system was in place to ensure people knew how to complain if they needed to and we found that complaints had been dealt with appropriately.

### Is the service well-led?

The service was being well-led.

The manager although not registered as yet with the CQC had implemented a system of effective governance across the home. There was work still required in informing of actions taken for issues and areas of improvement.

The manager was supported by the provider and did have oversight of the service and a clear vision of what standards were required and what was being provided.

People living at the home, the staff and visitors all informed us that there is a positive, open culture where all people have their say and an open-door policy to speak to the manager.

**Requires Improvement** ●

# Stapely Residential and Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 28, 29 November and the 3 December 2018 and was unannounced on day one and announced days two and three. The inspection was carried out by two adult social care inspectors, an expert by experience and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked for information from the local authority and we checked the website of Healthwatch Liverpool for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the registered provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our visit we spoke with ten people who used the service, five relatives, three care staff, two nurse managers, two-unit managers, two housekeeping staff, three chefs and the head chef, the maintenance officer, the manager, the registered provider and two visiting professionals. We undertook a Short

Observational Framework for Inspection (SOFI) which is a tool developed and used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We looked at care plan records for five people who used the service, medication storage and records, five staff records, accident and incident report forms, health and safety records, complaints records, and other records for the management of the home.

# Is the service safe?

## Our findings

When we last inspected on 25, 26 April and 1 May 2018 we found the service was unsafe. We served requirement notices and a warning notice. On this inspection we found improvements had been made to identified risks for people being recorded in a risk assessment record. Medication procedures had improved but processes required further improvement.

The fire authority identified serious concerns in relation to the safety of the premises in the event of a fire. Immediate action was taken by the provider and the premises were deemed safe in June 2018.

Recruitment practices were deemed not safe at the last inspection. Appropriate identity and security checks had not always been completed before staff started work. At this inspection records and information looked at informed that recruitment records required were all in place with the relevant identity and security checks for all staff and volunteers currently working at the home.

At the last inspection we found some staff received regular training and supervision from their line manager others had not. At this inspection records and talking with the manager and staff informed all staff had a programme of supervision and appraisal with a training programme in place. From June 2018, 178 training sessions had taken place for staff.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. Records also showed that systems were in place to monitor and assess the environment to help ensure it is safe. For example, contracts were in place to check the fire alarm and firefighting equipment, gas, electrics and lifting equipment.

We found that the risks to people had been assessed appropriately including up to date personal emergency evacuation plans (PEEPs) were now in place for all people currently living at the home. We found that emergency evacuation sledges were in place on all stair wells, and all staff had received fire evacuation training with eight fire marshals trained to evacuate all safely.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. Staff told us and records we viewed confirmed, that staff had completed training in relation to the safe management of medicines and had their competency assessed. A policy was also available to guide them in their role.

Medicines were stored in trolleys or fridges in locked clinic rooms. The temperature of the rooms and fridge were recorded regularly in one unit but not in the other two units where we saw records were not within recommended ranges. If medicines are not stored at the correct temperature, it can affect how they work. Medicine administration records (MARs) had been completed fully in Fernlea unit but we found gaps in MAR's in the other two units. When we checked the required medication had been administered it was an



omission of staff who had not signed to reflect their actions. The MAR's and medication care plan and risk assessments reflected any allergies people had. This reduced the risk of people being administered a medicine they are allergic to. We checked the storage and stock balance of the controlled medicines and they were accurate except for one pain relief patch that had been administered appropriately and the relevant MAR sheet completed but the controlled medicine record book had not been updated. Controlled medicines are those that have controls in place under the Misuse of Drugs Act and associated legislation.

There was an issue whereby excess stock of control drugs were being stored in a non-secured cupboard of people who had passed away. In discussion with the manager this was acted on straight away and the pharmacy used, collected the excess stock. We saw that there were six full sharp boxes stored on top of a storage cupboard in the medication room. On day three of this inspection the sharp containers were collected by the contractor used by the provider.

The home's medication policy was last reviewed in 2014 and required updating. We saw a pharmacy medication audit report and the homes audits from August 2018 where actions were required to be met. The manager informed us that she had started to action the areas raised but had not as yet recorded them.

These issues are a breach of Regulation 12 of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014. Whereby the medication procedures were not being followed safely by staff.

We saw evidence of PRN (as required) protocols and records in most people's records who required it. PRN medications are those which are only administered when needed for example for pain relief. This helped to ensure that people received the medicines they needed consistently, when they needed them.

People living in Stapley Residential and Nursing Home told us they felt safe living there and were happy with the care that they received. Their comments included, "Yes, staff are always around and I can call on them", "Yes, it's all closed and locked up" and "Yes, I feel very settled." Relatives we spoke with agreed that the home was a safe place for their family members to live. Their comments included, "Yes, the staff are always present and I know [name] is safe".

Staff had a good understanding of adult safeguarding and how to raise concerns if necessary, what constitutes abuse and how to report concerns. A policy updated in May 2018 was in place to prompt staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available. We found that appropriate safeguarding referrals had been made.

Staff understood the concept of whistle blowing and told us they would not hesitate to raise concerns. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm.

Feedback we received regarding staffing levels in the home was that people living in the home told us they felt there were enough staff to support them. One person told us, "Yes, they come quickly" and another person said, "Yes, [there are enough staff], they come but it might take a bit longer if they are busy, that's usually morning time". Most relatives agreed that there were enough staff, but one relative told us, "At times there is a shortfall especially at break time." Most staff we spoke with did feel there were always enough staff on duty. Their comments included, "There are enough but busy in the mornings", "We have a good team of staff and all help each other at busy times".

We looked at how staff were recruited within the home and saw evidence that application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in

place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. There were also checks made to ensure that when needed, staff maintained up to date registration with relevant regulatory bodies, such as the Nursing and Midwifery Council (NMC).

We looked around the home and found that it was clean and had a team of three maintenance staff to continually monitor and maintain. There was an infection control policy in place and audits had been completed monthly with the last one being completed in November 2018, in which the home achieved 97.2%. The home had been supported by the infection control prevention and control nurse. Bathrooms contained liquid hand soap and paper towels in line with infection guidance and this helped to reduce the spread of infection. Most staff had completed infection control training as well as food hygiene training and we saw that they used personal protective equipment such as gloves and aprons appropriately throughout the inspection.

Accidents and incidents were reported and recorded within the home and we found that appropriate actions had been taken to help reduce risk and prevent recurrences. For example, records showed that a person had fallen. Since the fall, staff had arranged for the person to be seen by their GP and have their medicines reviewed; they had regular observations completed and their risk assessments had been updated to reflect the increased risk with referrals sent to the falls team.

All accidents were reviewed by the manager and internal monthly audits had been completed. The manager monitored accidents for any trends or themes that may indicate actions were required. Relatives told us they were kept informed of any incidents and that they felt that staff managed accidents well.

## Is the service effective?

### Our findings

We asked people about the meals available in the home. People told us they had plenty to eat and drink and always had a choice. Their comments included, "There is a good choice, it's very good, there is quite a good selection", "It's not too bad considering, it can be repetitive, always tastes good though", "I enjoy my meals". A relative told us "It's very good, they are building [relative] up and monitoring their weight. They seem to always provide good nutritious food, no complaints".

We saw that juice was available in the lounges for people to help themselves to and hot drinks and biscuits were offered regularly throughout the day. We joined people for lunch in one of the dining rooms and saw that tables were set with tablecloths; napkins and a menu was displayed.

We spoke with the head chef and two other chefs who was aware of people's dietary needs and we saw that all staff who prepared food had access to this information within the kitchen. The head chef told us they could cater for any specific diet, including allergies, preferences, religious or cultural requirements. They also told us alternatives were always available to people and we saw this during lunch. For instance, one person did not want the meals available that day, so a sandwich was prepared for them at their request.

Risk assessments were in place in relation to malnutrition and we saw that staff made appropriate referrals to other health professionals if there were concerns regarding a person's intake. Advice from these professionals, such as the dietician, was available within people's care files. Staff also monitored and recorded what people ate and drank if necessary, however we saw that this information was not always reviewed to check if people had had sufficient amounts. We discussed this with the manager who acted accordingly and informed the unit managers to inform all staff to calculate the daily amounts as required on the monitoring records.

The environment of the home was suitable to meet the needs of people living there. The corridors were wide and well-lit with hand rails for people to use if needed. Bedroom doors contained people's name and their room number to help people identify their rooms. Equipment was also available to enable people's needs to be safely and effectively. This included hoists, wheelchairs, grab rails in the bathrooms and specialist shower chairs and commodes, sensory mats if required for chairs and the floor. There was a dining room and lounge on each floor where people could spend time together if they chose to with various spaces also including a library and coffee shop.

We also observed the lunchtime meal on the nursing unit and found that although the support people had received had improved since our last inspection it was still not as relaxed and respectful as mealtimes on the two other units. 10 people were eating in the lounge and four people in the dining room. In the dining room we noted that a trolley containing buckets and used plates was parked next to a table two people were sat at. In the lounge during lunch the radio was on loudly and the television was on with no sounds but subtitles, this could prove distracting for people.

The dining area is through the lounge which meant staff were constantly walking past people Each time

anyone entered the lounge the door squeaked loudly. This occurred several times until we asked a senior member of staff to arrange for the door to be addressed. We saw a couple of people asleep over their meal in the lounge area and staff not always available in the room to offer support. A trolley was wheeled through the dining room and lounge which was also noisy and distracting.

We found this mealtime to be unrelaxed and not a sociable occasion for people. We observed a member of staff supporting one person to eat their meal. This was carried out in a way that was respectful to the person. The member of staff sat with them throughout their meal and spoke quietly and respectfully to them, making sure they had time to eat their meal at their own pace.

We discussed the difference in ambience with the manager and provider and how they would ensure the dining experience on the nursing unit would be improved. We were informed the conservatory/dining room was being re-designed and a new roof was in the planning. The provider told us that the environment would improve and the plans were sent to the commission to inform when the actions and works would be carried out.

We saw that people's needs were assessed holistically, including their physical, mental and social needs a pre-admission assessment was completed prior to people moving into the home. This ensured their needs were known and could be met by staff from the day they moved in.

People were supported by staff and a range of other health and social care professionals to maintain their health and wellbeing. Records showed that people received advice, care and treatment from their GP, dietician, optician, dentist, speech and language therapist and community nursing teams and advice provided by them was clearly recorded within the plans of care. People told us staff contacted their doctor quickly for them if they were unwell and that the community matron visited each week or more frequently if required.

We looked to see how staff were supported in their roles and saw that they completed an induction when they first started in post and then a programme of training. The manager told us that the management team scheduled supervisions with staff every, one to three months as required and records provided at the inspection, showed that all staff had received supervisions this year. The manager also told us that most staff had had their annual appraisal and we were provided with a schedule for those who were still required to complete the process.

We requested to see information regarding staff training, these records showed that most staff had completed training that the provider considered mandatory. This included courses such as safeguarding, health and safety, fire awareness, mental capacity and infection control. Staff also completed additional training relevant to their role and based on the needs of people they supported. These included diabetes management, catheterisation, dementia care, syringe driver management, enteral feeding and wound management. Most staff told us they received sufficient training and had the support of the manager and provider for requesting other training they requested to benefit their competency in roles. A member of staff told us, "I love it. I love my job, I am learning everyday".

A training programme provided by the manager did inform that some staff were behind in training and a plan and meetings were taking place to ensure all had completed.

People told us they felt staff were knowledgeable and had the right skills to support them. One person told us, "Yes, they are very caring and most keen to increase their skills" and another person explained how staff could always tell when their health condition was about to deteriorate and took appropriate action.

Care plans showed that when able, people signed to evidence their consent in areas such as photographs, access to records, involvement in care plans and agreement to have student nurses assisting with their support. Staff we spoke with had a good understanding of the MCA and told us they always asked for people's consent before providing care. People living in the home agreed and told us staff always knocked on their bedroom doors. One person told us staff always asked if they wanted support rather than just providing it.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards

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 and found that they were. A list was in place of people who a DoLS had been applied for on each unit. Nobody living at the home actually had a granted DoLS in place, however records showed that there were two people's that required an updated DoLS granted by the local authority. One person's DoLS had expired a new one had been applied for, and the other required clarity.

The home used a form to assess whether people would benefit from the protection of a DoLS. We looked at this form and found that although it had been used it was not 'decision specific'. People's capacity to make a decision should be checked for each important decision that is being made where staff suspect the person may lack the ability to understand the decision required. We discussed this with senior staff who agreed to re-visit this form to ensure it contained all the required information.

## Is the service caring?

### Our findings

People living at the home told us staff were kind and caring and treated them with respect. Their comments included, "Yes, they are all lovely", "Yes, very kind and wonderful care", "It's very good, I have friends here too" and "Yes they [staff] go out of their way to help, I can find no faults".

Relatives agreed and told us, "All staff go above and beyond", "I'm happy, the staff are lovely with [name]", "It's marvellous, I am able to relax knowing [relative] being cared for by the wonderful staff and manager", "They are very caring staff and we are always made welcome. We [family] always observe staff to be warm and friendly". Professionals visiting the home also told us that they observe staff to be caring, respectful and communicate any health issues immediately ensuring the information is communicated effectively for actions to be taken.

People told us they felt able to share their views and that they were listened to. One person told us, "Yes, I can talk to [staff] and they do listen to me, of course". Another person said, "Staff always listen to me, if I have anything to say I say it and it's good to have some fun, humour is very important to me".

Staff told us they protected people's dignity and privacy when providing support by knocking on people's doors and providing personal care in private, care plans we looked at reflected this. We saw that people did not have to wait long to receive support when they required it and people were not rushed, such as when eating their meals. We heard staff speak to people in a respectful and warm manner and care plans used language that promoted people's dignity.

We saw that people's personal information was stored securely to protect their privacy. This meant that only people who needed to see this confidential information could access it.

People living in the home told us that staff supported them to be as independent as they could be. One person said, "I have had several falls so I have to be careful, but staff are very good and encourage me as much as possible. I have a wheelchair now for when I want to go out". Another person told us, "I try and do as much as I can, but if I need help they are there" and a third person said, "Staff always ask me how much help and support I require, they never assume I can't do it".

Care plans also prompted staff to support people's independence. For instance, one person's personal care plan advised staff to encourage the person to wash as much of themselves as possible and to choose their own clothes each day. People who were at risk of falls had sensor mats to enable staff to be alerted when they got up out of bed so they could provide support. This enabled people to continue being as independent as possible, whilst reducing the risk of injury from falls.

Staff supported people to communicate and have their needs and views heard. We heard staff speak to people in ways which they understood. The manager told us documents such as the service user guide can be provided in large print and braille if required. The manager and activities coordinators had also ensured that a person whose first language was not English had an I-pad with an app that was in their specific

language. Interpreters were also used and records informed meetings took place to ensure staff were providing the relevant care.

Information was also available regarding local advocacy services and the manager told us they would support people to access these services whenever needed. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Friends and relatives visited throughout the three days of the inspection and all those we spoke with told us they could visit at any time and were always made welcome. The manager told us that there were no restrictions as to when people could visit and this encouraged people to maintain relationships that were important to them and prevent isolation. People living in the home agreed and told us, "Yes, my relatives are made very welcome" and "Yes, my daughter says, 'It's really good for her as she works different hours and visits when she can'". Relatives told us, "We are always made very welcome by staff whenever we visit", "It's been made very clear to me I can come anytime and visit". We did discuss the protected meal time in the nursing unit with the manager and was told that this procedure is no longer used and relatives are made welcome at any time.

## Is the service responsive?

### Our findings

We reviewed care files and found that plans were in place regarding all of people's identified needs. For instance, one person's care file reflected that they had a health condition that required regular monitoring by a number of different health professionals. There was a plan in place to provide clear information as to what checks were needed or the frequency they required. Another person's file showed they could display behaviours that challenged and there was a plan in place to guide staff how best to support the person during these times. We also found that care plans were in place to inform staff when people had an authorised deprivation of liberty safeguards in place and what restrictions had been agreed, although there were two waiting on actions from the provider and local authority. We raised this with the manager who actioned the two DoLS and we were informed of the outcomes.

Plans were in place in areas such as health, medication, tissue viability, breathing, nutrition, personal care, communication and work and leisure. These plans were detailed and reflected the person as an individual, including their preferences regarding their care and treatment. A choices and preferences record was also available within care files and this included information about people's family, education, work, holidays, preferred activities, meals and drinks, favourite books and television shows. People's daily routines were also included, such as when they liked to get up each day and what time they preferred to go to bed. This helped staff get to know people as individuals and provide care based on their needs and preferences.

People told us they had a choice in how they spent their time in the home, such as when they go to bed, when they have a bath and where they spend their time during the day. People's comments included, "I wake up early and staff support me to get up washed and dressed for breakfast", "I decide what to wear and staff will support me as required" and "I get up usually early around about 7-8am and [staff] help me back to bed in the evening when I'm tired".

It was evident that care plans had been reviewed regularly and people told us they were happy with the care support that was in place for them. Relatives told us they had been involved in the care planning process and were kept informed of any changes to their family members plan of care.

Staff told us they were informed of any changes within the home, including changes in people's care needs through daily handovers between staff and through viewing people's care files.

Technology was in use within the home to help people receive care in a timely way and remain safe, as well as to support social activities. This included call bells, sensor mats, sensor lights in bathrooms and tablets to enable people to keep in touch with friends and family electronically with internet connections throughout the home.

People told us they felt able to share their views and that they were listened to. One person told us, "Yes, I can talk to [staff] and they do listen to me, of course". Another person said, "Staff always listen to me, if I have anything to say I say it and it's good to have some fun, humour is very important to me".



People living in the home told us that staff supported them to be as independent as they could be. One person said, "I have had several falls so I have to be careful, but staff are very good and encourage me as much as possible. I have a wheelchair now for when I want to go out". Another person told us, "I try and do as much as I can, but if I need help they are there" and a third person said, "Staff always ask me how much help and support I require, they never assume I can't do it".

Care plans also prompted staff to support people's independence. For instance, one person's personal care plan advised staff to encourage the person to wash as much of themselves as possible and to choose their own clothes each day. People who were at risk of falls had sensor mats to enable staff to be alerted when they got up out of bed so they could provide support. This enabled people to continue being as independent as possible, whilst reducing the risk of injury from falls.

Staff supported people to communicate and have their needs and views heard. We heard staff speak to people in ways which they understood. The manager told us documents such as the service user guide can be provided in large print and braille if required. The manager and activities coordinators had also ensured that a person whose first language was not English had an I-pad with an app that was in their specific language. Interpreters were also used and records informed meetings took place to ensure staff were providing the relevant care.

Information was also available regarding local advocacy services and the manager told us they would support people to access these services whenever needed. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

People were provided with a service user guide when they moved into the home and one was available in the reception. This included information about what people could expect from the service, the types of service available, information on complaints, fire safety and menus. It also advised people that they would be encouraged to maximise their potential by taking informed risks, making informed decisions and being involved in the planning of their care. This showed that people were given information and explanations regarding the service.

Friends and relatives visited throughout the three days of the inspection and all those we spoke with told us they could visit at any time and were always made welcome. The manager told us that there were no restrictions as to when people could visit and this encouraged people to maintain relationships that were important to them and prevent isolation. People living in the home agreed and told us, "Yes, my relatives are made very welcome" and "Yes, my daughter says, 'It's really good for her as she works different hours and visits when she can'". Relatives told us, "We are always made very welcome by staff whenever we visit", "It's been made very clear to me I can come anytime and visit". We did discuss the protected meal time in the nursing unit with the manager and was told that this procedure is no longer used and relatives are made welcome at anytime.

A number of regular weekly activities take place at the home. These included, Musical Mondays, poetry reading and discussion, Knit and Knatter' groups and arts and crafts. In addition to activities arranged at the home a concerted effort to support people to remain a part of their wider community and to feel valued members of their community was underway. This had included inviting people who did not live at the home to join groups such as the 'Knit and Knatter' group. Members of the local community are welcome to use the on-site coffee shop and regularly attended the synagogue on site. People living at the home attended a regular luncheon group for people of the Jewish faith. Following a meeting with people living at the home some people living there chose to volunteer on the reception desk. Letters showed that people living there had donated blankets they made to a local children's hospice. In action a good sum of money had been

raised for a local appeal from holding a coffee morning.

Links with local school were being forged. For example, a local school was due to visit to sing Christmas carols. The children were Muslim and a volunteer explained that some of the people living at the home and the children both got something out of this as they were able to relate experiences of moving to a country as a refugee. A volunteer activity worker was also forging links with local secondary school to invite children to play the recently purchased piano at the home.

The activities arranged not only gave people the opportunity to pursue their interests and hobbies they also provided a sense of purpose for people as they continued to remain part of and contribute to their wider community.

People had access to a complaints procedure and this was displayed within the home. Complaints were also discussed at resident and relative's meetings to ensure people knew how to raise any concerns and to advise people that they were welcomed as a way of ensuring good service. People told us they knew how to raise concerns and would be happy to talk to staff or the manager about any issues they had and their relatives agreed. The manager maintained a complaints file which showed that complaints had been investigated and responded to appropriately.

Care plans showed that people had discussed their end of life care wishes with staff and relevant health professionals such as their GP. For example, one person's file included an end of life care plan which indicated they had a 'do not attempt resuscitation' order in place and that they had contributed to this decision making. Preferences regarding where they wanted to spend their last days were also recorded. Some staff had completed training to enable to support people effectively at the end of their lives. The manager told us they worked closely with the GP's and community nurses to support people during these times and nursing staff had completed additional training to support people, such as syringe driver management.

## Is the service well-led?

### Our findings

When we last inspected on 25, 26 April and 1 May 2018 we found there was no effective management and oversight of the service. The three separate units operated in isolation and there were no systems in place for managers and staff to work together to share good practice and learn from mistakes. Although some checks were being completed by some managers, there were no formal systems in place to assess the overall quality of the service. Therefore, shortfalls on some units in relation to the completion of care records, medication administration records (MARS), staff recruitment files, staff supervision, staff appraisals, health and safety checks and the business continuity plan had not been identified.

At this inspection we found that a lot of work had taken place and improvements to the way the home is managed and effective systems implemented to ensure the health and safety and wellbeing of the people living there. There is a plan of ongoing improvements that we were shown and discussed throughout the three-day inspection.

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. The service had not had a registered manager since June 2018. The manager who had who had worked at Stapley Care and Nursing Home for over 11 years has started her application with the commission to become the registered manager.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records, medicines and infection control audits.

We looked at how the provider and manager ensured the quality and safety of the service provided. We found however, that audits completed did not identify all of the issues we highlighted during the inspection. For instance, the medication audit completed in August 2018 and also an external audit completed August 2018 informed that issues had been identified within the audits, clear actions had not always been recorded. Also the medicine recording forms had been checked in August 2018 and had identified a number of missing signatures and that there was surplus stock required returning to the pharmacist. However, there was no action plan to identify what would be done to ensure improvements would be made.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the quality assurance and improvement systems now in place with the manager. We could see that a lot of work had taken place since the last inspection in June 2018 and where actions had been taken. The manager told us that she was aware of areas that still required work and discussed what actions were

taking place to ensure compliance. The fire risk assessment completed by the manager and senior staff in June 2018 showed that personal emergency evacuation plans now included all information required and that staff had received training in the use of emergency evacuation sledges.

The manager told us they were supported in their role and that the provider ensured they had what they needed to make improvements to the service when needed.

Staff told us they all worked together as a team and that they could raise any concerns with the management team. Team meetings took place every few months and records showed that topics discussed were relevant and promoted good practice. Areas discussed included safeguarding, privacy and dignity, falls, staff responsibilities and communication. Policies and procedures were also available to help guide staff in their role and we saw that these were updated regularly.

Systems were also in place to gather feedback from people living in the home and their relatives. This included monthly resident meetings, regular relative meetings and annual quality assurance surveys. Results from the last surveys had not been analysed or collated however we saw that most responses were positive.

The manager submitted statutory notifications about incidents and events that they were required to inform the Commission of. The CQC had been made aware of all referrals that had been made to the local safeguarding team for investigation. We discussed this with the manager who was fully aware of all incidents that require a statutory notification to be submitted, the manager also said that if she was not sure she would always contact the CQC for advice.

Steps had been taken to develop links with the local community and external agencies such as the local authority and clinical commissioning group. There is a synagogue on site that holds regular services and is open all day for anyone to sit in. Senior staff explained that people of all or no religious beliefs are welcome to live at the home. They are also welcome to celebrate their religion and have visits from their chosen minister if they chose. The home maintains a strictly Kosher menu and people are informed of this prior to moving in. However, we were told that religious festivals such as Christmas were celebrated with a traditional, although kosher roast dinner and a carol concert was arranged. Plans were also in place to celebrate the forthcoming Hanukkah with traditional singers visiting the home and presents given to everyone living and working there.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a three monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were accessible and actions were taken for any requests.

There was a positive, person centred culture apparent in the home and obvious respect between the manager, staff and people who lived in the home. The manager maintained an active and visible presence at the home and it was evident that people found them approachable. During our inspection, we observed people approach the manager with ease and sense of familiarity, to have a chat or ask for help.

Everyone we spoke with told us they were happy with the quality of care they received and complimented the service. Comments included, "I'm very happy", "Great manager she always helps me she's marvellous", "The manager is a great and nothing is too much trouble", "What can I see, yes I'm happy living here would rather be in my own home but understand I'm not safe there. The manager is really good and respectful too".

Staff told us they enjoyed working at Stapley Residential and Nursing Home. One staff member said, "The manager is brilliant, they listen and do act on issues raised appropriately". Staff meetings were held regularly and staff felt they could raise any issues informally with the manager. One staff member told us, "If we need anything, [manager] is always here. They listen to us, very helpful and fair".

The ratings from the last inspection were clearly displayed via a link on the registered provider's webpage. The ratings were also displayed in the reception area.

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
Diagnostic and screening procedures	The medication procedures were not being followed safely by staff to ensure the welfare of the service users. 12 (1) (2) (g)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The audit and governance system must be effective. Actions from the providers evaluations and audits must be improved upon for the safety and welfare of the service users. 17 (1) (2) (b)
Treatment of disease, disorder or injury	