

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Stoneswood Residential Home

Oldham Road, Delph, Oldham, OL3 5EB

Tel: 01457874300

Date of Inspection: 04 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Northern Care Home Limited
Registered Manager	Mrs Valerie Campbell
Overview of the service	<p>Stoneswood provides accommodation and care for up to 41 people in a semi rural location on the outskirts of Oldham. It is set in large grounds together with the 'development of a retirement village'. Personal Care (that is care provided in a person's own home) is available to a small number of people living in 'assisted' flats which provide independent accommodation, but are attached to the main building.</p>
Type of services	<p>Care home service without nursing</p> <p>Domiciliary care service</p>
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Personal care</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

Stoneswood is a large converted stone built building in its own grounds. It offers accommodation and support for up to 41 people, all in single rooms. At the time of our visit there were 40 people living at the home. The service is also registered to provide personal care to a small number of people living in their own self-contained flats attached to the care home. At the time of this visit the service provider told us no one living in those flats was receiving any personal care.

The inspection was undertaken by one inspector. This summary addresses five key questions: is the service safe; is the service effective; is the service caring; is the service responsive and is the service well led?

This summary is based on a visit to the home where we spoke to the manager and observed staff interactions with people using the service. We looked at records and talked in private with five visiting relatives, three people using the service and two members of staff. We also spoke with a visiting health care professional and a representative of the service provider.

The full report contains the evidence to support this summary.

Is the service safe?

We undertook a tour of the building. This included communal areas and a small selection of people's bedrooms. No obvious hazards to people's health and safety were seen.

People who used the service told us they felt safe and that they had not seen poor practice from any member of staff. Visitors also told us they believed their relative to be safe. One person told us "everybody seems kind, considerate and welcoming".

Similarly staff told us that they believed people were safe. Staff told us they understood the need to be vigilant about poor practice and understood their responsibility to whistle blow if

necessary.

Staff had access to appropriate equipment to minimise risks of injury to themselves or people who used the service. The equipment was regularly maintained. Staff also had access to and used personal protective equipment (PPE) to help minimise the possibility of cross infection.

Staff members spoke positively about the support they could get from their colleagues and managers. They also told us they were not asked to undertake tasks they were not trained for or did not feel confident to do.

Quality audits included issues relating to health and safety in the building.

Is the service effective?

Each individual's care needs were assessed and reviewed. A care plan was developed on the basis of the assessment.

Staff were made aware of the up to date needs of each individual. Staff told us that communication within the home was good.

People who used the service, and their relatives where appropriate could contribute to decisions about the best way to meet their needs. People who used the service and visitors who we asked, all told us they were listened to by the staff at the home.

People told us they were confident that there was good communication with the staff and they were kept informed of their relative's changing needs. Comments included: "I can sit and talk [to staff]"; "You can meet at any time if there are any issues and the manager is always ready to have a word"; "[care is] absolutely brilliant" and "we discuss [relative's] care needs and they keep me informed".

People had good access to health and social care professionals in the community.

Is the service caring?

Observations of interactions between staff and people using the service indicated a warm and caring atmosphere.

All people who used the service and their relatives spoke positively about the caring attitude and approach of the staff. Comments included: "staff are very helpful and will do anything you ask them for"; "staff look after you very well, [staff] never let you struggle, you just ask and they will help you" and "[Stoneswood] is absolutely smashing ... staff treat me well ... staff who look after me talk to my family".

A visiting health care professional told us they found the home to be "very welcoming, staff are always smiling. It is a warm and caring environment".

One member of staff, when asked what the best thing about the home was, said "the very pleasant atmosphere. It is an easy, relaxed place with brilliant staff".

Is the service responsive?

We did not look specifically at the service's complaints procedure at this visit. However, people using the service and visitors who we asked during our visit said they believed they would be listened to if they had a complaint. Staff were confident that the manager and service provider would respond positively to any issues which were raised.

People who used the service and their relatives said that they were comfortable talking to staff and believed that their views were listened to.

There were quality monitoring and quality assurance systems in place. These included responding to suggestions and observations made.

Is the service well led?

A representative of the service provider was present in the home very frequently.

There were clear lines of accountability between the manager and the care staff, including the seniors. This did not detract staff from seeking support from any of their colleagues.

The manager set clear expectations around best practice. They were supportive of staff training and support. One staff member described the manager as "wonderful" and who was "fair and can be firm". A visitor made the observation that "everybody knows Val [the manager] is in charge, but she is very approachable".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection visit we spoke in private with three people who used the service, five visiting relatives, two care staff and one visiting health care professional. We also spoke with the registered manager and a representative of the service providers.

Everyone we spoke with was positive about the care provided.

People who used the service, who we asked, said they were involved in discussions about the way in which their care needs were met. People also told us they believed that staff listened to their views. Comments included: "staff are very helpful and will do anything you ask them for"; "staff look after you very well, [staff] never let you struggle, you just ask and they will help you" and "[Stoneswood] is absolutely smashing ... staff treat me well ... staff who look after me talk to my family". One person, when asked what the best thing about the home was said, "The food and the way they look after us."

Visiting relatives who we spoke with were equally positive about the care provided. People told us they were confident that there was good communication with the staff and they were kept informed of their relative's changing needs. Comments included: "I can sit and talk [to staff]"; "You can meet at any time if there are any issues and the manager is always ready to have a word"; "[care is] absolutely brilliant" and "we discuss [relative's] care needs and they keep me informed". One person said "everybody knows Val [the manager] is in charge, but she is very approachable". Another visitor said "Staff are available to anyone. Everybody has time for you and you are not fobbed off."

We asked visitors what they thought the best thing about the home was. Replies included "Just how they are with everyone. How they have looked after [relative] who has improved such a lot", "Looking after my mother to a level I could not provide, which gives me peace of mind", and "the warmth of the carers".

People who used the service told us they felt safe and that they had not seen poor practice

from any member of staff. Visitors also told us they believed their relative to be safe. One person told us "everybody seems kind, considerate and welcoming". Similarly staff told us that people were safe. One staff member said they had "not met anyone [working at the home] with malice towards the service users". Staff who we asked understood their responsibilities to report any poor or concerning practice (whistle blowing).

The registered manager told us that they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). This is legislation which helps to protect the interests of people who may lack the capacity to make decisions. The manager also told us that there were no DoLS authorisations currently in force at the home, but they were aware of the circumstances in which an application would need to be made.

We looked at a selection of records relating to the assessment and care planning for people who used the service. Each record we looked at had an up to date plan of care which was based on the assessed needs of the individual. There was evidence that the care plans were regularly reviewed and updated.

Staff who we spoke with confirmed that people who used the service could influence their care plans. Staff also told us that care plans were updated to reflect any changing needs. Staff confirmed that in addition to the records, there was a verbal hand over at each change of shift which addressed the current circumstances of each person who used the service. Staff told us the system worked. One member of staff said "you are encouraged to read new care plans and communication is very good. [we have] very good staff who work as a team".

One staff member described the manager as setting high standards and being "fair but firm". Staff who we asked told us they felt supported and were not asked to undertake any tasks which they did not feel competent to perform.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The manager told us that good relationships were maintained with community based health care professionals who provided a service to people living at the home.

We spoke with a visiting health care professional who spoke positively about their relationship with the home. They told us that referrals were made to them in a timely manner. They also told us that staff followed any instructions relating to the health care of their patient in between visits. They described the staff as "very welcoming" and said that in their experience staff ensured that "the patient always came first". This person observed good interactions with their patients and said staff always asked the patient "are you OK to see [health care professional]?"

In the sample of care records we looked at there was evidence that people who used the service had access to a wide range of professionals in the community. The service's electronic record system included the option to print out up to date information on an individual which would be helpful in an emergency. This included health and medication information, together with significant contact details and any relevant communication needs. This was designed to help make sure information was available should someone need an emergency visit to a hospital.

Staff who we asked said they thought good relationships were maintained with local GPs and District Nurses.

Visitors, who we asked, were confident that their relative had access to medical support. One visitor told us they had recently attended a review at the home with their relative's GP. Another when asked if they were confident a doctor would be called if necessary said "absolutely".

People who used the service told us they were confident medical support was called when necessary. One person told us they were "down for a blood test next week".

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The manager told us that the service provider ensured that any necessary equipment was provided. This included aids to help with moving and handling people, such as hoists and adapted baths. The manager said "I can have any equipment I need".

During our tour of the building we saw no equipment that looked unsafe.

We saw documentary evidence that servicing contracts were in place for equipment. We also saw evidence that equipment had been serviced within the last year. This included the hoists, baths and passenger lift.

We did not ask any people who used the service or visitors about the use of equipment.

Staff, who we asked, said that they had access to all the equipment they needed and that it was maintained in good working order. One staff member said they knew they were not to use equipment which they did not think was safe. Staff told us they were appropriately trained and felt competent to undertake any task they were asked to, including the use of equipment.

Staff also told us that personal protective equipment (PPE) such as disposable gloves and aprons, was always available and that they always used it when required. The effective use of PPE helps to reduce the risk of cross infection and consequently helps to promote the health and wellbeing of the people who use the service and staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

We did not ask any people who used the service or visitor about the homes Quality Monitoring (QM) or Quality Assurance (QA) systems. However everybody we talked with described a culture within the home which was warm and caring, with staff who were approachable and responsive.

We did ask people if they could complain if necessary. Everyone who we asked told us they were confident that they could, and that their views would be listened to. One person who used the service said "if you do [have a problem] you just go and ask them and they put it right". A visitor said "if there are any issues there is always someone we can talk to and they will listen to us."

Staff told us that the manager was approachable and that their views were listened to.

The manager and the representative of the service provider showed us documentary evidence of a range of quality audits (checks) which were undertaken regularly. These included checks on care plan reviews, the complaints log, an accident analysis and a monthly Health and Safety audit. We also saw evidence of relative and residents meetings which had taken place in 2014.

We saw that QA questionnaires had been sent to relatives in April 2014. The returned questionnaires had been analysed and there was a report of the service provider's response.

Twice yearly the audits were checked by somebody who was not directly involved in the running of the home. The service provider was kept informed of the outcome of the quality monitoring processes. They maintained an overview of the service which included a 'continuous improvement plan'.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We were told by the manager that the home was using a computer based system for recording information about people who used the service. The manager told us that the system was fairly new to the home and they were still exploring its potential to further improve their records management.

The information was kept securely. The records were secure and password protected. This meant that only staff who were authorised to access the information could do so. We were told by the service provider that the records relating to people who used the service were backed up every three days. This would help to ensure most records could be retrieved in the event of a major computer failure.

With the assistance of a senior staff member we looked at a sample of individual's records. We could see that all had a written plan of care based on a range of assessments. The plans were reviewed and updated regularly. The system automatically recorded the date of any amendments.

In addition to the assessment and care plan records there were daily records of the care and support provided and of any contact with other health or social care personnel.

We were told that some records were still kept initially in paper format. An example given was when people were regularly weighed. When the weight record was transferred to the electronic record, the system automatically updated a graph showing any gain or loss of weight and automatically triggered an alert if the change was outside an acceptable margin.

Staff who we asked about the system told us they were feeling positive about it. One member of staff told us they had no computer skills before the new system's introduction. They also told us they had been supported to develop the necessary understanding of the system and at the point of our visit they were feeling confident and competent with its use.

The manager demonstrated that information could be quickly accessed and if necessary printed off. They said this had been useful for reviews with health or social care

colleagues.

Staff personnel files were still paper based. We looked at a sample of staff records. These contained the necessary legally required information. Similarly records relating to equipment maintenance, including the fire detection and alarm systems, appeared to be well maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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