

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: 17 January 2013

Date of Publication: February 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Northern Care Home Limited
Registered Manager	Ms. 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 17 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During this scheduled unannounced inspection visit we spoke in private with two people who used the service, to people who were visiting relatives and four members of staff. We also spoke with the registered manager and one of the owners of the service.

People using the service and their relatives were very positive about the care provided by the staff team. Comments included "just brilliant"; "excellent communication"; "very friendly establishment and very pleasant building"; "[staff are] very very very nice people" and "staff who do the work are always pleasant and approachable".

People who used the service were involved in discussions about how best to meet their care and support needs. People's needs were regularly reviewed and staff were kept up to date with their current circumstances.

People's medication was appropriately stored and administered.

Staffing levels were such that people's identified needs could be met in a timely manner.

People who used the service and their relatives could talk to staff about any complaint which would be listened to and acted on.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During this unannounced inspection we spoke in private with two people who used the service, two people who were visiting relatives and four members of staff. Additionally we spoke with the registered manager and one of the owners of the service.

Everybody who we spoke with confirmed that people were involved in discussion about the best way for them to be supported and cared for. One visiting relative said that their relative "feels listened to".

We looked at a selection of files relating to the care needs of individual people using the service. These included written confirmation of peoples assessed needs and their preferences. We saw examples where the care plan agreement had been signed by the person using the service. We also saw examples of a "daily living planner" (to detail peoples preferences) which had been completed by a relative.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Everybody who we spoke with was positive about the care provided at Stoneswood. One person who was using the service described this staff as being "very accommodating in every way". Another person said they were "well looked after" and that they were "happy with the care provided".

One visitor told us that there was "excellent communication" with the staff at the home and that they were always kept involved and informed if anything was happening with their relative.

We looked at a selection of files relating to the care of people using the service. Each contained a written care plan identifying the needs and preferences of the individual. Care plans were based on a comprehensive range of assessments including nutrition, moving and handling and pressure care. There was documentary evidence that these assessments and plans were reviewed monthly and amended if necessary. There was also written evidence of referrals to other agencies, such as the mental health team, when it was identified that extra support was required.

Staff who we talked to confirmed that people were involved in their own care planning process. Staff also told us that in addition to the written care plans and the daily records there was a verbal handover at each shift change and communication books which they were encouraged to use. Staff told us that they believed that the overall system of care planning kept them informed of each individual person's up-to-date needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People using the service, who we asked, were confident that they received their medication regularly. Similarly visitors who we asked were confident that their relative was receiving appropriate medication. One person described the staff as being "on the ball" in connection with issues surrounding medication.

Not all staff who we spoke with had direct dealings with the administration of medication. Staff who did administer medication told us that they had received training in connection with medication and that they felt competent to undertake that task.

Medication was stored in locked trolleys and in a locked room. Some medication needed to be kept in a refrigerator. There was a dedicated fridge in the medication room for this purpose and a record of its temperature was maintained to ensure it was working effectively.

The home used a "monitored dosage system" (blister pack) for people's medication which was prepared by a local pharmacy. The deputy manager told us that they had a good relationship with the pharmacy which provided the medication.

We looked at a sample of medication administration records (MARs) which appeared to be appropriately maintained. This helped to ensure that the right person was getting the right medication in the right dose and at the right time.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The manager told us that staffing levels were predominantly based on the assessed needs of the people using the service. At the time of this visit that equated to one senior and five care assistants between 08:00 – 15:00; one senior and three carers between 15:00 – 22:00 with an extra carer between 16:00 – 20:00.

In addition to these carers and the full-time manager, the home employed domestic staff and a laundry assistant; a chef and kitchen assistant; a maintenance person and a part-time administrator. An activity coordinator was employed for 20 hours per week and Age UK used the home's function room twice a week as a day care facility and people using the service could access those sessions if they wished.

We were shown the staff rota for the week beginning 07/01/13 which demonstrated that these staffing levels were usually maintained.

Staff who we asked, told us that there were generally enough staff on duty. This meant that people using the service were provided with the support they needed in a timely manner.

People using the service confirmed that they thought there were enough staff on duty. They told us they were not kept waiting for an unreasonable length of time if they needed assistance. One person told us that the staff were "very friendly and helpful and I consider myself to be well looked after".

Visitors who we spoke with described the staff as being "kind and caring" and who "always come when required".

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The home had a written complaints procedure which was displayed on the wall in the foyer. This gave slightly out of date information but nonetheless would enable an appropriate procedure to be followed by anybody who wished to make a complaint.

The home maintained a log of any formal complaints received but attempted to resolve issues at an informal stage which were not then logged as "a complaint".

People who used the service who we asked, were confident that they could complain if necessary and that their views would be listened to. One person cited as amongst the best things about living at Stoneswood as being "able to talk to people".

Visitors who we spoke to were confident that people could complain and that their views would be listened to. One person, when asked about complaints said that they thought staff "would listen and it would get attended to". This person added that they "had not had to ask for anything that was not provided". Another visitor talked about "excellent communication" and cited as amongst the best things about Stoneswood was it being a "very friendly establishment".

Staff who we asked, were all confident that any complaint would be dealt with appropriately. Staff told us that if they couldn't resolve an issue themselves they would pass it on to the manager and they were confident she would sort it out.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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