

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 Inspections: 07 October 2013
04 October 2013

Date of Publication:
November 2013

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
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	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 4 October 2013 and 7 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke in private with four people who used the service, five relatives of people using the service and four members of staff. Everybody spoke positively about the standard of care provided.

People's care and support was based on a written plan which itself was based on a comprehensive series of assessments. Care plans were regularly reviewed. Comments from people using the service included: "it's very good", "they treat me well", and "I felt part of the place almost as soon as I came here". Visitors told us there was good communication with the home.

Staff told us that communication within the team was good and they were kept up to date with the changing needs of individuals.

The provision of food and drink was good.

The building was clean, tidy and well maintained.

Staff were appropriately vetted during their recruitment. They were able to access training and support after their appointment.

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 we spoke in private with four people who used the service, five relatives of people using the service and four members of staff. Everybody spoke positively about the standard of care provided. Not everyone who we spoke with could recall being formally involved in a discussion about their care needs. However they told us they believed they could influence the way in which their care and support was provided.

Comments from people who used the service included: "it's very good, [staff] all love me", "they treat me well" and "it's fine, absolutely fine". One person told us they were very confident about the way their care needs were met and said staff "don't embarrass you at all".

Comments from relatives when asked about involvement in decisions about their relative's care included: "Very good care and if anything happens they let us know straight away", "[my relative] has been very content ... I feel comfortable with the staff, I don't feel I am interfering" and " "[I am] very impressed, staff are very approachable and I could discuss any issues in the care plan". One visitor, when asked what the best thing about Stoneswood was replied, "I feel [my relative] is safe and well looked after, which gives me peace of mind".

Interactions which we observed between staff and people using the service seemed relaxed and friendly.

There was a notice in the entrance hall informing visitors that they could always ask the manager for a review of their relatives care which would then "be arranged at your convenience".

We looked at a selection of files relating to the assessment and care planning of people living at the home. Each file we saw had a written plan of care which was based on a comprehensive set of assessments. There was documentary evidence that care plans

were periodically reviewed and updated when appropriate.

Staff who we asked, described a care planning system which involved a written care plan, written daily notes and a thorough verbal handover at each change of shift. Staff told us that the system worked well and helped to ensure that they were always aware of any changing needs of the individuals to whom they were offering care and support.

Staff told us they believed their views were listened to and that they could contribute to the assessment and care planning process. Staff said there was good communication within the staff team and if they were not sure of anything they could always ask a senior care worker or a colleague. They also told us that people who used the service were involved in their care planning.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that the assessment of needs for people who used the service included nutrition and that, where appropriate, people's weight was regularly monitored. This was to enable specialist dietary advice to be requested when necessary.

People who we spoke with were positive about the provision of food and drink. One visitor told us that "[relative] appears to eat very well ... no problem with the food and [relative] takes as long as she needs". Another relative described the food as "stunning, especially the home made cakes". Another visitor said their relative needed help with feeding and she had noticed that staff always considered what they wanted and that there was choice and plentiful portions.

One person using the service said "I love the food, some of it very much indeed. There is more than enough and you could always ask for more". Another person confirmed there was always a choice and enough food and described the meals as "fine".

We spoke with staff who confirmed there was an adequate food budget and that there were no unreasonable restrictions on what food could be provided. We saw information in the kitchen detailing any special diets that were required for specific people living at the home. Staff also told us that there were always drinks available for people who used the service.

The service provider told us that they had recently been awarded five stars for food hygiene from the Food Standards Agency.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During this inspection we looked around the building. This included the communal areas and a sample of people's bedrooms. The home looked clean and tidy throughout, with no unpleasant smells. All the visitors, people who used the service, and staff who we spoke to, said that this was the usual state of the building.

One person who used the service said they had "never seen any sign of dirt". Another told us "the cleaner does a marvellous job" and another described the building as "a beautiful place". One visitor described the housekeeping team as "very good" and cited the "lovely environment" as amongst the best things about the home.

We were told that there was a part time 'handyman'. Staff told that they were expected to report any repairs which were needed. They also told us that repairs were dealt with quickly. One visitor who we spoke to confirmed their relative was encouraged to personalise their bedroom. This included extra hooks being put up by the handyman.

The service provider told us that all the required routing maintenance and servicing work on the building and equipment was undertaken. We looked at a sample of maintenance and service records, including the fire alarm, lift engineer, and gas safety inspection. These all appeared to be in order.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We did not specifically ask any visitor or person using the service about staff recruitment. However, everyone spoke positively about staff attitude and approach. Staff were described by different people as, "very approachable", "staff are all very nice and friendly" and staff were "all wonderful".

We looked at a selection of staff files relating to the recruitment and vetting process of new staff. All the files we looked at contained evidence that the necessary legally required checks had been undertaken. The rigorous vetting of staff helps to minimise the risk of appointing people who are unsuitable to work with vulnerable adults.

Staff who we spoke to confirmed that they had been subject to the necessary checks before being appointed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We did not specifically ask any visitor or person using the service about staff training or support. However people did tell us that they found the staff team to be competent. One person said, "they definitely know what they are doing".

We looked at a sample of the records relating to staff appraisal and 'one to one' supervision. These provided better evidence of the more structured appraisals of staff, than the more frequent 'one to one's. However, all the staff who we asked told us that they did have regular discussions with a senior member of staff, about their work. Similarly staff said they could approach any of the staff team for advice or support if they needed to.

The management team was described as approachable and staff were confident that they would provide any support which was necessary. We asked staff what the best thing about Stoneswood was for them. Comments included "I like the atmosphere, [members of the management team] are so approachable", "the staff are friendly and management approachable" and "the whole community spirit between staff and residents".

We saw the home's training 'matrix' (a chart showing who had completed what training). This demonstrated that a comprehensive range of training was available for staff to attend. Staff who we spoke to said they were encouraged to attend training, and that the manager would seek out relevant courses for them.

Most staff had achieved NVQ II (National Vocational Qualification) in care. Senior staff held the NVQ III. Staff who we asked told us they were not asked to undertake any tasks which they did not feel they had been trained for or were competent to do.

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.

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