Northern Care Homes Limited

Stoneswood Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Stoneswood Residential Home provides accommodation and care for up to 41 people in a semi rural location on the outskirts of Oldham. The home is a converted building with the addition of a modern, purpose built extension. It is set in large grounds together with the provision of retirement accommodation. 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. At the time of our inspection 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. At the time of this visit, the service provider told us no one living in those flats was receiving any personal care provided by the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager was first registered in October 2010 with the CQC but had managed the service prior to CQC registration.

At the last inspection of June 2016 the service were found to be in breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. Regulation 2014 The need for consent. We found that the home had not submitted applications for Deprivation of Liberty Safeguards for all the people who lived in Stoneswood who did not have the capacity to consent or object to their care and treatment. The service sent us an action plan to show how they were going to meet the regulation and we found that the regulation was met at this inspection.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained at a good level.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and

welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

Further training was given to some staff to become 'champions' in topics like dementia care which enabled them to support staff to provide a better understanding of people with this illness.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed.

People were treated with respect and dignity.

We saw the service had embraced technology in activities, care planning and family contact.

People were treated in accordance to their age, gender, sexuality and religion.

Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted. We saw there were plans to help people who used the service meet people from other organisations.

Audits, surveys and key worker sessions helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

We observed staff had a kind and caring approach to people who used the service.

People were encouraged and supported to keep in touch with their family and friends.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns and people told us they felt confident they could raise any issues.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Stoneswood Residential 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 was an unannounced inspection and was conducted by one adult social care inspector on the 30 and 31 May 2018.

We requested and received a provider information return. 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 record to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also contacted Healthwatch Oldham and Oldham Metropolitan Borough Council to ask for their views on the service. They did not have any concerns.

We spoke with four people who used the service, four relatives, the registered manager and three care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people and medicines administration records for ten people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

Two people who used the service told us, "I feel very safe here. I could not live outside now" and "I feel safe here. I have a buzzer I can use if I need help." Other people we spoke with also said they felt safe. Visitors also spoke about safety and said, "We feel our relative is safe here. We can go on holiday and not feel worried" and "I think she is safe and well cared for."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues and said they would use the whistle blowing policy if they had to. One staff member commented, "I am aware of the whistle blowing policy. The numbers of the local authority are available if you don't want to talk to management. I would use the policy if I had to."

There had not been any safeguarding referrals but the registered manager was aware of the reporting procedures. Accidents and incidents had been recorded and were audited by the manager monthly. We saw the registered manager investigated the incidents/accidents and looked for any patterns or trends to reduce any reoccurrence. The audit included looking at what had happened, if any treatment had been required and if any further professional advice had been sought.

A person who used the service told us, "I do not need much help but the staff are there when I want them." On the day of the inspection we recorded the number of staff on duty. There were two administrative staff, the proprietor, the registered manager and deputy manager, a senior care staff member, seven care staff, a cook and assistant cook, a person who worked in the laundry, two domestic staff and a person who undertook maintenance. There were sufficient staff to meet people's needs.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and were safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing, the lifts and fire alarm system. Hot water outlets were checked by the maintenance person to ensure water was delivered at a safe temperature. Windows had a restricting device to prevent

accidental falls and radiators did not pose a risk of burns. We checked some water temperatures and hot water outlets and they were safe.

Hoists and lifting equipment was serviced and staff trained to use them correctly.
Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. A copy on the PEEP was retained at the entrance hallway to pass to the fire service in an emergency.

There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure. This document contained the details of which organisation to call depending upon the type of emergency and staff contact details who could be called in to assist. There was a plan and contact details other local homes in the area for placing people if required.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

People who used the service and visitors said the home was clean and tidy. On the first day of the inspection we toured all communal areas of the home and several bedrooms. We saw the home was very clean, uncluttered and did not contain any odours that people may find offensive.

There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service was working with Oldham Metropolitan Borough Council to become a centre of excellence for the control and prevention of infection. A member of staff was the 'lead' and worked with the local authority to provide best practice guidance for staff about infection control topics. This was based around the National Institute for Health and Clinical Excellence guidelines which are considered to best practice information. The service were teaching staff correct procedures, for example, good hand washing and oral health with the overall principle of following the essential steps to good clean care. Staff had been trained and had their competencies checked for safe hand washing. The local authority confirmed the service were working towards being a centre of excellence.

The laundry was sited away from any food preparation areas, had a simple dirty in clean out system and had sufficient equipment to keep laundry clean. The washing machines had a sluicing facility for contaminated waste and different coloured bags to move around soiled linen safely. Staff had access to personal protective equipment including gloves and aprons and there were hand washing facilities around the building for staff to use to help prevent the spread of infection. The registered manager conducted infection control audits and checked the home was clean and tidy.

We looked at three plans of care during the inspection. We saw there were risk assessments for moving and handling, falls, tissue viability (this is to prevent pressure sores) and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance, for example speech and language therapists. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

A person who used the service told us, "The medicines come on time. In the morning and at night for me."

We looked at ten medicines administration records (MARs) and found they had been completed accurately.

There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR to help staff identify the correct person. All staff who administered medicines had been trained and had their competencies checked to ensure they maintained good standards.

Medicines were stored in a locked cupboard and only staff who needed to had access to the keys. The temperature of the medicines cupboard and dedicated fridge was checked daily to ensure medicines were stored to manufacturer's guidelines.

We checked the controlled drugs cupboard and register. Controlled drugs are stronger medicines which need more stringent checks. We saw that two staff had signed for the administration of controlled drugs which is the correct procedure. We checked the numbers of controlled drugs against the number recorded in the register and found they tallied.

Any medicines that had a use by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal. Any handwritten prescriptions were signed by two staff which is the recommended safe method.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the National Institute for Health and Clinical Excellence guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

The medicines system was audited by staff weekly and managers regularly to spot for any errors. Staff retained patient information leaflets for medicines and a copy of the British National Formulary to check for information such as side effects.

Good

Is the service effective?

Our findings

A person who used the service said, "The food is very nice. I manage very well and we have very nice puddings. I have a sweet tooth. You get a choice if you do not like something." Other people told us the food was good and they had a good choice and could ask for something else if they wanted to. A visitor said, "The food is good. Our relative has put weight on since being here."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink and specialist help and advice sought where needed. Tables were nicely set with tablecloths, place mats, a small flower arrangement and condiments for people to flavour their food to taste. In one dining room for people with more independence we saw there were also glasses to drink from. We observed a meal and saw that it was unhurried and people and staff talked to each other socially. The food looked hot, nutritious and plentiful. People who required support did so in an individual and dignified manner.

The service catered for special diets such as soft or for people with diabetes. We saw the cook was given the information to provide the diets and had information around allergies. The food served at this home was mainly home cooked and sourced locally where possible which meant deliveries were regular and food fresh.

We saw the kitchen was clean and tidy. The service had recently been inspected by the environmental food agency and given a five star very good rating which meant the ordering, storage and serving of food was safe. This also showed the cleaning schedules were maintained in the kitchen.

People had what they wanted from the normal range of breakfast foods, the main meal was at lunch time and a lighter tea was served in the late afternoon. A supper was also available for those who wanted it. Drinks were served at mealtimes and when people asked for one. We saw people had a drink of their choice often during the day.

We saw there were good supplies of fresh, frozen, canned and dried foods. Fresh fruit was served from the drinks trolley and also as a dessert. (Strawberries on one day of the inspection).

The cook recorded the meals served to provide an audit trail should any problems arise. Each care plan showed a person's dietary needs, referrals made to a Speech and Language Therapist (SALT) if required and people's weights were recorded to see if they were gaining or losing weight.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). We saw that the service assessed each person's mental capacity.

At the last inspection the service had completed a DoLS application for some people accommodated at the home but had not for other people who required one. We saw at this inspection this had been rectified and we saw evidence that applications had been approved or were awaiting approval by the local authority team responsible for processing them. The CQC had been notified of any DoLS. We also saw records of best interest meetings especially around end of life care. Best interest meetings are held for people who do not have the mental capacity to take their own decisions and are attended by the person, where possible, family members if appropriate, staff from the home and professionals from other organisations. This meant that any restrictions to a person was taken in the least restrictive way. People had access to an independent mental capacity advisor or advocate. These are professionals who act independently for people to protect their rights.

We saw that where possible people had signed their consent to care and treatment.

A person who used the service said, "I have a nice room and I chose this one. I have been here ever since and like it." We toured the building during the inspection and visited all communal areas, several bedrooms and the bathrooms/toilets. Communal areas were suitable for the people accommodated at the home and contained sufficient homely style furniture for their comfort. There were different lounges and dining rooms for people to sit where they wanted or if they preferred it to be quieter. Some people stayed in their rooms if they wished.

There was hoisting equipment in the bathrooms if people required assistance with getting in and out of the bath. There was also a wet room if people preferred a shower.

One room was a dedicated activities room. We observed people using this room during the inspection and we saw that family members were able to join their relative in the room and participate in the activity if they wished.

The outside space was being upgraded to provide even more areas for people to enjoy. An area to the back of the property was being levelled to provide more space to sit and there was a 'pavilion' being constructed to the front of the property, which was near completion. This was for the use of people who used the service and would provide a bistro type environment with outdoor seating. There was a dedicated garden for people with dementia which was a safe environment and we saw people used it when they wanted to.

New staff were enrolled onto the care certificate and the homes own induction program. Staff were on a probation period of six months. Staff were introduced to an experienced member of staff who would act as a mentor. The induction covered key policies and procedures, the facilities and services on offer, the rules for working at the home such as the dress code, disciplinary or grievance procedures, care and support in practice, health and safety, infection control, NICE guidelines and all other aspects of working at the home. We saw evidence that staff were completing the homes own induction and that some staff had completed the care certificate. New staff were given the skills to work with the people accommodated at the home.

Staff told us they thought they received enough training to look after the people who used the service. We saw from looking at the training records, staff files and when talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others, the care of people with diabetes and fire awareness. Most staff had completed a recognised course in health and social care and end of life care.

Other staff had completed more training to become 'champions'. They were then able to pass on the extra knowledge to other staff. This included a champion for dignity, end of life care and infection control.

Staff told us they had regular supervision with a manager and they had the opportunity to bring up their own needs including training. We saw the records that showed supervision was ongoing and enabled managers to assess staff performance. A staff member said, "I have supervision and appraisal. I get a chance to talk about my career or if things at home change. They are very understanding about family commitments."

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and speech and language therapists (SALT). People were also supported to attend routine appointments with opticians, dentists and podiatrists. A family member told us their relative, "Gets all the health care needed including chiropody". This helped ensure people's health care needs were met. Another visitor said, "The care is very good. If there is anything wrong they get the doctor."

We saw the service had introduced technology into the homes. Care plans were on the computer system which we found easy to understand. The service also provided computer tablets which people could use to contact their families. The service had also provided several virtual reality headsets which gave people the impression they were doing things like controlling an aircraft. People were also provided with lifelike robotic dogs which appeared to breathe and people got great comfort from sitting them on their laps.

Good

Is the service caring?

Our findings

People who used the service told us, "I do not know of anywhere nicer. I do not think you will find a home as good as this. They spoil me. The staff are all wonderful. Every one of them. The manager is nice too"; "The staff are very nice and helpful" and "I am happy living here and could not think of anywhere else I would like to be." Visitors said, "They are all well-kept. The care is very good. If there is anything wrong they get the doctor. The staff are approachable and genuinely caring" and "They look after [my relative] when she can be awkward. Staff know them well and are all kind." People thought they were well cared for and staff were caring.

We asked staff what it was like working at the home. They told us, "I would absolutely accept a member of my family here. I would happily do so. I like working here. I think I can empathise with people and like to make people happy" and "I love it here. I treat people like my family and when you get people smiling or calmed down it is rewarding. You can even get rewards from providing good end of life care. One of my relatives has been in here so I have recommended someone to live here. Our relative had a lovely time here and nice to know they were well cared for." Staff were motivated and enjoyed working at the home.

We observed staff during the inspection and saw that staff were kind, caring and professional. Staff had time to sit and talk to people. We did not see any breaches of privacy which was conducted behind closed doors and staff were discreet when asking people about their needs.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. Staff were also informed about not putting confidential information on social media.

One person told us, "I have just completed my life story so they get to know me. They have used some photographs as well." We saw that each person completed a life story which told staff of people's past history and personal preferences, past employment, pets and holidays. This allowed staff to get to know each person and treat them as individuals. We also saw in the plans of care that people's abilities were recorded so they could do as much for themselves as possible.

We saw that people had many choices in their lives. This included what they wore, what they ate, where they sat and what time they got up or went to bed. We saw that the home had acted on behalf of a person to enable them to go out alone. We saw that staff asked people what they wanted to do. One person said, "The staff are not bossy. They ask you rather than tell you what you want. They are not pushy."

A person's religion was recorded in the plans of care and visiting clergy gave them the chance to practice their faith if they wished. Two people also went out to their church of choice. Activities were suitable to a person's age and gender. There were no current people accommodated at the home who had any ethnic needs but the registered manager said they would accommodate a person's wishes regardless of their backgrounds.

In each person's room there was a copy and photograph of the key worker who would look after them.

There was also a copy of the fire procedures. Each person also received a copy of the service user guide which included the complaints procedure and informed them of the facilities and services on offer.

Staff were taught about privacy, dignity and independence. There was a dignity 'champion' who had received further training around dignity. This staff member could pass on good practice issues to other staff to help people retain their dignity. People could choose same sex staff if that was their preference.

We saw there were many thank you and other cards sent to the service. Comments we recorded which were taken from the cards included, "Lovely friendly staff. A beautiful home. I am extremely happy with the care my relative receives here"; "Nothing was too much trouble. Not only did you look after our relative you looked after us as well" and "One of our relatives is not able to visit much so we asked for our family member to wear a nice dress. When we came she looked beautiful, with washed and styled hair. Everyone is incredibly kind at Stoneswood." One comment said the television was blocking the outside view. The television was moved to accommodate this person which showed the service responded to people's wishes.

People who used the service and visitors told us there were no restrictions to visiting and they were made welcome and offered refreshments when they visited. They could visit in private if they wished and we saw one person had gone to a quiet area to spend time with their family member. There was also a drink making machine in the lobby and people could get a drink for a small fee if they wished.

People's rights were protected and had the opportunity to vote if they wished. One plan of care showed they had an independent person (advocate) to act on their behalf to ensure the care given was what they wanted.

There was a sensory room which provided a comfortable, safe and secure area for people who were anxious or needed an area of calm. The equipment used included visual stimulation, calming lighting, soothing music and tactile items such as soft furnishings and doll therapy. The registered manager thought this was an important part of the home for people who had impaired interaction skills.

Good

Is the service responsive?

Our findings

The service had embraced the use of technology in some of the activities they provided. People could experience a virtual reality headset which gave people experiences such as flying an aeroplane. We saw photographs of people using the equipment which they appeared to enjoy by undertaking actions from what they saw. There were also robotic dogs and dolls which people could put on their lap. We saw the calming effect this had on people who used the service who stroked and cared for them. One person also had a cat which responded to being stroked. Although at an art activity the person was more interested in tending to the virtual pet. The service had also bought computer tablets and were showing people how they could contact their families electronically. This equipment gave people an opportunity to get enjoyment out of modern devices.

The service gave people a chance to make a wish come true. A person who used the service said, "For my wish they are taking me shopping but will leave me to shop independently." We spoke with this person who wanted to go shopping but be left to walk around the store on their own and enjoy the experience at her leisure. The person felt that with family they had to just go where the relative wanted. The wish will allow the person to be more independent and enjoy the experience. Another person had been to a football match. The make a wish incentive allowed people to do something they may not have enjoyed otherwise.

The service also provided people with a chance to go on a holiday and we were told five people were booked to go this year. They were being taken to Rhyl in Wales. People had gone to the same bungalow in the past. Staff supported people when they went on holiday to ensure they remained well cared for.

One room had been converted into a shop where sweets and small personal items could be purchased. This was especially useful for people with mobility problems.

There was a person employed to provide activities which were advertised weekly on a notice board. Over the two days of the inspection there were activities each morning and afternoon. We saw there was a choir session, arts and crafts, a quiz and a music session. We also saw people being given one to one attention such as going into the garden for a walk or staff sitting beside and talking to people. Some people also attended the hairdressing salon located in the building. Family members were present helping their relative's complete art work. The art work was displayed in the activities room and in the corridors of the home.

Other activities included, exercise sessions twice a week, film nights, dominoes and other games, carpet bowls, pamper sessions, the zoo lab (various animals are brought into the home for people to hold or watch), going shopping, trips out to places of interest such as the zoo, going out for lunch or coffee mornings, baking and an entertainer came in to sing every month. We saw people took a newspaper and could sit in their rooms and read or complete crosswords.

The service put on events on special days such as the recent royal wedding, Christmas and birthdays.

People and their families were encouraged to join in fund raising events such as a monthly home baking stall and coffee mornings. People were also encouraged to join in arts and crafts or talks which were arranged by the local age concern group who came into the home.

Students from a local art college came into the home to help with art projects and the local children's schools also came in to have a play session. The children were encouraged to complete jigsaws and interact with people who used the service. The registered manager said some people just took pleasure from watching the children play. The service liaised closely with the local age concern group. On the day of the inspection we saw that some of this group came into the home to join in an arts and crafts activity and people were assisted to go out with the group which gave people a wider circle of friends to enjoy activities with. People were assisted to go to places of interest, for a meal or taken shopping. Delph community group provided a play and book reading club people could take part in if they wished.

We saw people used the garden to walk around which was enclosed for people's safety. There was seating if people wanted to use it. There were works being undertaken at the rear of the property to provide another area of garden for people to use.

In the front of the home a new building (the pavilion) was nearing completion and this building will also be available for other local organisations, for example Age Concern and Delph community group. This building was being provided after research the service had undertaken from people who used the service, families and the local community. It was felt this would help local people who used the service remain in contact with their community. The pavilion had been brought up at resident's meetings and people were excited to use it. One person said, "I am looking forward to the bistro. I will enjoy going the short walk to that. I will be able to stay on my own which is very nice for me. We will have cakes as well. I like to join in the activities. I like the art work." The registered manager said it will also be used for people who do not go out much and will provide them with a walk and activity. People who used the service named the building as The Lodge.

Prior to someone being admitted to the home each person was assessed by the registered manager at home or hospital. The assessment was based around the care plan so that details could be easily transferred onto the computer. Information was gained from the person if possible, relatives and professionals involved in the person's care. We saw that the assessments were thorough and enough information was gained to decide if the home could meet the person's needs. The local authority or CCG also provided an assessment which we saw was within the person's documentation.

There was a small section of a person's care records which remained in hard copy to show that people's consent to care and treatment was obtained, the terms and conditions of the home, records of professionals involved in the person's care, the DoLS documentation and any records which needed retaining. One person's records held a funeral plan.

We looked at three plans of care which were computerised. The system was very easy for us to follow and we could see was accessed every day. Daily records were added to the notes and there were reminders for staff to add the records. The registered manager accessed the records daily. The records each had a photograph and personal details of each person to ensure staff were recording in the correct folder. Each person's diagnosis was recorded. The system would also show when any updating was due which meant the plans were always up to date.

The plans of care were person centred and reviewed regularly. Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support

them to reach the desired outcome. Each person's day was recorded. We saw that people had access to professionals if it was noted that a person's needs were changing. We saw in one plan a person had required input from a SALT and another an optician.

Plans of care informed staff of the abilities of each person and what they could do for themselves and what they needed assistance with. People were encouraged to perform the tasks they could manage to remain independent where they could.

The registered manager held a resident of the day session with staff to fully discuss the person's needs and any action that could be taken to provide better care and support. The registered manager said they used these sessions to get to know people better and could update any changes onto the computer system to ensure the information held was up to date. We saw that action was taken following the session such as one person was issued with a pressure relieving mattress, another was referred to a professional for their drinks to be thickened and one person was being taken to a wedding by staff because the family could not arrange it.

We saw a handover session which staff had at the start of their shifts. These sessions gave staff chance to pass on any relevant information about a person to the oncoming staff, which was also recorded and passed to management to keep good lines of communication open around how people were.

Three staff members had completed the six steps end of life care at the local hospice. This gave staff the confidence to approach end of life care with empathy and were able to care for people and their families at this difficult time. We saw that best interest decisions had been made around people's end of life care and many had completed end of life wishes. There was a record of any person who was on end of life care and if a decision had been made not to resuscitate them. There was also a record of any anticipatory medicines that could be used to ease pain or other symptoms when people were approaching death. The six steps end of life care model used is considered to be good practice and staff who had gone through this training were able to support and train other staff.

The service held meetings with people who used the service around three times a year. We saw that people discussed the environment, plans for the pavilion, meals and mealtimes, the use of technology and the make a wish incentive. We saw the registered manager took note of what people said and one mealtime was served later as a result of a meeting.

People who used the service told us, "I can talk to anyone if I have any concerns" and "If I had a complaint, which I do not have, I can go to the manager." A visitor said, "If we had any concerns we could approach the manager." There were no concerns raised on the day of the inspection.

Each person was issued with a copy of the complaints procedure when they were admitted. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of other organisations including the local authority and complaints Ombudsman. The had not been any formal complaints since the last inspection. However, the registered manager had a system in place to investigate complaints should someone make a complaint. The registered manager also looked at and responded to people's views in surveys. There was also a suggestions/compliments book on the reception desk. We saw that if there were any negative comments or queries this was responded to by the registered manager who either spoke to the person or responded by letter to ensure the matter was resolved.

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager was first registered in October 2010 but had managed the service prior to CQC registration.

We asked people who used the service if they thought the service was well-led. People who used the service told us, "I am happy living here and could not think of anywhere else I would like to be. The manager is lovely"; "The manager is nice. I can talk to the manager" and "The manager is very good. Ask for her and she will come." Family members we spoke with said, "We are happy with the care and support. The manager is very friendly and approachable and seems to be on the ball with everything" and "My relative is happy. Staff are attentive and approachable. From top to bottom."

We asked staff about management and the team and they said, "The registered manager and proprietor are both easy to talk to and get stuck in on the floor if necessary. There is a good team here" and "Managers are very approachable. They have an open-door policy. They are very understanding of personal needs as well as work needs."

We saw the results of recent quality assurance questionnaires sent out to families which were very positive with an overall satisfaction percentage of 91%. From the comments made from the survey more soup was added to the menu and one person was given a key to lock their bedroom. This showed the registered manager responded to the views of family members to improve the service.

The registered manager held meetings with relatives to pass on information about planned upcoming events or any changes. The service also produced a newsletter to keep families and people up to date with the plans of the service. We saw the last newsletter contained information about the choir sessions, where people can find their post and the notice board, the achievement that the home had been included in the top 20 care homes in the northwest, the use of the new I pad and the list of activities on offer.

Staff were able to attend regular meetings to discuss the running of the home. Staff were kept up to date in any new developments or any care items on the agenda. Staff told us they were given the opportunity to comment and bring up topics they wanted to. This enabled staff to feel included in the running of the home. Staff were offered a small monetary incentive for going above and beyond what was normally expected to reward good practice.

The service had invested in staff by giving extra training to be champions. There were currently champions for end of life care, infection control, the care of people with dementia, the care of people who have had a stroke and dignity. This meant the service had staff who could pass on their knowledge in these topics to provide better care and support to people who used the service. Three staff members had also achieved qualification in a level five degree in health and social care which helped with their management skills.

The service had achieved ISO recognition. The registered manager said this made her question what you do and how audits helped her to see how the service was performing and how it could be improved.

The registered manager undertook many audits to check how the service was performing. The audits included health and safety, medicines administration, infection control, plans of care, the level of cleanliness, accidents and incidents and the environment. Following the audits, a plan was developed and we saw that a dining room had been redecorated following an audit. This showed the registered manager has systems in place to maintain and improve standards in the home.

The registered manager held meetings with many other organisations. This included the local authority and clinical commissioning group (CCG) such as The Steering Group, Oldham Partnership group, The Six Steps Forum and also the Care Manager's Forum. The registered manager told us good ideas were brought up at the meetings which could be adopted for the benefit of people who used the service. Speakers relevant to good practice issues, for example a CQC pharmacist and Skills for Care professional provided advice and knowledge at the meetings to share and apply good practice in care homes. The registered provider was the chairperson for the Oldham Care Homes association and said, "It is essential that we are at the forefront of changes." This meant the service liaised with other organisations to help improve the service.

We looked at some of the policies and procedures of the home which included equal opportunities, health and safety, confidentiality, infection control, medicines, safeguarding, complaints, safeguarding, whistle blowing, equality, diversity and human rights, mental capacity, DoLS and accessible information. There was a full range of policies for staff to access and follow good practice. The policies were reviewed regularly and updated as required.

There was a statement of purpose available to read which gave people the details of the organisation and registered manager, the organisational structure of the service, the aims and objectives, who can use the service, staff and training and the services and facilities on offer at the home. People who used the service were issued with a service user guide which also contained more details around activities, meals and mealtimes and how the service would meet their needs.

We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations. The service displayed their rating in the home and on their website.

There was a recognised management system which staff and people who used the service were aware of so they knew who to approach if they wanted advice or guidance.

We saw the registered manager was well known by people who used the service and by visitors and visiting professionals and made time to speak to them. Family members commented that there was a stable staff team, some had worked at the service for some time and therefore knew the people they looked after well.