HC-One Limited

Stoneleigh Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected this service on 12 and 16 February 2015 and our visit was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by a single Adult Social Care Inspector.

Stoneleigh care home provides care and accommodation for up to 36 people. The home provides a service to people who do not require nursing care including people living with dementia and end of life care. A respite care service is also available. On the day of our inspection there were a total of twenty two people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner.

Summary of findings

We spoke with care staff who told us they felt supported by the registered manager. Throughout the day we saw that people and staff were very comfortable and relaxed with the registered manager and staff on duty.

Care records contained risk assessments, which identified risks and described the measures in place to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health professionals as appropriate. We saw people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were not supported by sufficient numbers of staff. For example, a visitor came to the registered manager's office to draw her attention to a person using the service who had pulled the alarm bell and had been waiting for some time for someone to assist them with their pillows. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff we spoke with confirmed they attended training and development activities to maintain their skills. They told us they had regular supervisions with a senior member of staff where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were appropriate recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and patient when supporting people. We spoke with people who used the service and their relatives. We were told they were happy with the service the home provided.

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw an entertainer was visiting that day. One person told us how they took the handyman's dog for a walk and attended church independently. Two other people told us how they loved looking in charity shops and how the staff supported them with this activity.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

We found the building met the needs of the people using the service. For example, corridors were wide and spacious for people who used a wheelchair and there were signs to help people with dementia find their way around.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We discussed the quality assurance systems in place with the registered manager. We found the way the service was run had been regularly reviewed. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people using the service were regularly asked for their views.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was safe but required improvement.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was not arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Good

The service was effective.

Staff received training and development and formal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

People's needs were met by the design of the building.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Is the service responsive?

Good

The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People who used the service were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Stoneleigh Care 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.

The inspection took place on 12 and 16 February 2015 and was unannounced. This meant the registered manager and staff did not know we would be visiting. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 20 January 2015 and used the information we gained about the service to plan our inspection.

One Adult Social Care inspector carried out this inspection. We spoke with eight people who lived at Stoneleigh and two visitors. We did this to gain their views of the service provided. We also spoke with the registered manager and five staff, including the activities co-ordinator and catering staff.

We carried out observations of care practices in communal areas of the home.

We looked at three care records, three personnel files of a recently recruited members of staff and staff training records for all staff. We looked at all areas of the home including the lounge, people's bedrooms and communal bathrooms.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Requires improvement

Is the service safe?

Our findings

People using the service told us, "It's excellent here. Because of the negative stuff on T.V. I was nervous about staying here, but I have felt very safe. What is great about this place is I'm allowed my freedom. You are very vulnerable if you are elderly, so you need to know you can trust people. All the ladies have a good rapport with everyone talking nicely and kindly during the day and night", " The carers are very, very good. Just after Christmas I had a chest infection and had to be on antibiotics and steroids. They looked after me, gave me my tablets. Everyday I get paracetamol for my arthritis. Sometimes I don't want it. They (care staff) ask me if I need it. If I need it I ask them (care staff) straight away" and "Sometimes when I press the call button I have to wait because there are not enough staff".

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. In addition to the training the registered manager told us she discussed safeguarding adults in every monthly team meeting as well as each member of staff's one to one meetings with her (called supervisions). This was to make sure staff were knowledgeable about the different types of abuse and the action to take if they had any concerns. We saw a safeguarding adults and a whistle blowing policy were displayed in the entrance foyer of the home for staff and people using the service as well as visitors so people knew who to contact if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. One member of staff told us, "I would feel able to report abuse. I know who to contact. We talk about it in supervisions." The procedures in place helped ensure people were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

We saw evidence that thorough investigations had been carried out by the provider in response to any allegations and concerns raised. Where necessary, the provider had informed CQC, and the local authority safeguarding team of any allegation and worked closely with them, and other appropriate professionals, to make sure people who lived at the service were protected. The service had taken action to address any issues that were raised. This demonstrated that the provider took allegations seriously and took action to make sure people were protected.

During this inspection we spent time in all areas of the home. We saw the environment was well maintained. The registered manager showed us records of the monthly health and safety checks which were carried out by the maintenance person employed to work in the home. These included checking that the profiling beds (these are adjustable beds that can be adjusted to meet peoples' specific requirements), as well as checks of the water temperatures and the fire alarm system to make sure these were safe. All of these measures ensured people were cared for in a safe and well maintained environment.

We found the registered manager reviewed any incidents and accidents. We saw that the registered manager completed an investigation of every accident and incident and the outcome of this was recorded and improvements made if required to ensure people's safety.

We saw in the care plans we looked at that each contained a 'personal evacuation plan' for each person which provided staff with guidance on the support people required in the event of a fire. We found that policies and procedures were in place guiding staff on what to do in an emergency. For example, we saw in the office contact numbers were available for staff, for example, out of hours emergency repairs for the gas and electric supply. In these ways the provider could demonstrate how they responded to emergencies by keeping people safe from harm.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and satisfactory references and disclosure and barring checks were obtained. We saw documentation that showed us this took place. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

The home had a medication policy in place, which staff understood and followed. We spoke with a member of staff who was able to describe the arrangements in place for

Requires improvement

Is the service safe?

ordering and disposal of medicines. They described how they had detailed information about each type of medicine people had been prescribed as well as any possible side effects. We checked people's Medication and Administration Records (MAR). We found they were fully completed, contained required entries and were signed. We saw that where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular management audits to monitor safe practices as well as daily audits carried out by staff of the medicines held in stock. Staff had received medication training. This showed us there were systems in place to ensure medicines was managed safely.

On the first day of our inspection there was a deputy manager on duty, a senior member of care staff (who floated between the ground and first floor), two care staff allocated to eleven people upstairs and one member of care staff allocated to eleven people on the ground floor. We saw that two people on the ground flood required the assistance of two members of staff with their personal care needs. We also saw there were people who could become agitated as a result of their mental health and dementia care needs. We asked staff how they were able to meet people's needs safely when two people needed two staff to support them when there was only one member of care staff based on the ground floor. We were told that the senior member of staff was available to assist, however, if they were administering medication (a dedicated senior care worker task) this would mean people would have to wait for assistance. It also meant that at such times there was no care staff available to attend to anyone else who may require assistance at such times.

On the second day of our inspection, on duty was the registered manager, a senior member of staff and one member of care staff allocated to the ground floor. A visitor came to the registered manager's office to draw her attention to someone who had pulled the nurse call bell and had been waiting for some time for someone to assist them with their pillows. The registered manager and administrator went to assist this person. The registered manager told us that she was always available to assist with people's personal care. However, we saw the registered manager worked Monday to Friday and was not available at the weekends. It also meant that by attending to people's personal care needs during the week, this detracted from her role as registered manager. During our two days inspecting the service, we observed there was little staff presence on the ground floor of the home and relatives commented, "There don't seem to be many staff around when we visit." We asked the registered manager how the service calculated staffing levels. She told us she provided information about the numbers of people using the service to the quality assurance manager who then contacted them with the numbers of staff they needed to provide. We were later told by the registered manager that the provider used a calculation of a ratio of one member of staff to eight service users during the day and one to ten during the night. We saw this did not take into consideration the dependency needs of people using the service. All of this showed the provider was unable to demonstrate people's needs could be met safely with sufficient staff.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Good

Is the service effective?

Our findings

People using the service told us, “If you don’t like the menu you get something else instead. There is always a choice of main menu. the cook would always make you something else if you requested it. The staff are always weighing you, they watch to see how much you eat each day and if you leave too much for too many days they (the staff) do something about it. The staff come around about 11-11.30 am with a hot drink and biscuit. You can have a drink anytime. the staff put jugs of juice in your bedroom so you can help yourself”, “The food is very good for someone who cooks for large numbers of people. There is no rationing with the fruit”.

From the sample of care records we looked at we saw documentation that showed us people’s needs were assessed before they moved into the home. We also saw people’s care was reviewed on a monthly basis and if people’s health needs changed, referrals were made to other health care professionals to ensure people’s needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals, for example, speech and occupational therapists. The staff we spoke with demonstrated a good understanding of the needs of the people in their care. For example, during our observations we saw that staff communicated well with people living with dementia. They were patient and kind and gave people time to make decisions for themselves.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. They told us, “We talk about this in team meetings.” Staff were clear about what action they needed to take to ensure the requirements of the MCA were followed. The registered manager told us that applications had been made for DoLS authorisations and they were working with the local authority to ensure that they were appropriate and had been considered in people's best interests. We saw records which confirmed this was the case.

We saw staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw there was information displayed in the home about accessing external advocates who could be appointed to act in people's best interests when necessary. The registered manager was aware of how to contact an Independent Mental Health Advocate (IMHA). IMHA's are a safeguard for people who lacked capacity (this means people who were unable to make decisions for themselves). This ensured they were able to make some important decisions on behalf of the person who lacked capacity. All of these measures meant, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We asked staff to describe the training and development activities they had completed at Stoneleigh. The staff we spoke with told us they had worked at Stoneleigh for a number of years. They said they had access to computer based training called ‘touch training’ and had completed training in areas such as dementia care, food hygiene, moving and handling and ‘behaviour that challenged'. We saw how this was complemented by having face to face training such as in dementia care. We looked at the training and development records for all staff and saw that staff had also achieved national vocational qualifications in care at levels two and three. Training had also been provided to staff depending upon their role, for example, the catering staff had completed training in hospitality and food hygiene.

The registered manager told us that any new staff completed an induction at the beginning of their employment and records confirmed this. She told us staff also undertook shadowing shifts to see how tasks were completed and what was required from them. This meant that the staff team had appropriate skills and knowledge to support the people who used the service. The staff we spoke with also told us they received supervision to enable them to identify their training needs. We saw that the registered manager was also introducing appraisals to develop and motivate staff and review their practice and behaviours. The staff we spoke with were positive regarding

Good

Is the service effective?

the training and development activities they completed. This demonstrated care staff were being supported to complete training and development that would assist them in delivering effective care to people who lived at Stoneleigh.

We saw pictorial menus were displayed in the dining rooms to assist people living with dementia to choose what they wanted to eat each day. We observed people eating their midday meal and saw they were offered a choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw a healthy option was always available. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. We saw people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. People's care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example, care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. We spoke with a member of the catering staff. She demonstrated an in-depth knowledge of the likes and dislikes of people using the service as well as any dietary specialist requirements people had, such as, if a person was at risk of choking and required a soft or pureed diet. She told us, "I have the freedom to order what I want. One day one lady was poorly and fancied a teacake. I got the money to go out and buy her one."

The premises had been sensitively built to meet the needs of people with dementia and physical impairments. For example signs were used around the home that made it easier for people to see where toilets, bathrooms and bedrooms were located. Contrasting colours had also been used in bathrooms so people living with dementia/and or visual disability, could easily see the toilet seats and grab rails. The layout of the building enabled people to move around freely and safely, with wide corridors and level access to outdoor space and fresh air, which people using the service told us they regularly took advantage of in the warmer weather.

Good

Is the service caring?

Our findings

People using the service were extremely complimentary about the caring nature of the staff and registered manager. They said, “I recently lost my friend. [Name of staff] encouraged me to come out of my bedroom and sit in the lounge. [Name of staff] came to see me when my friend died. He is very, very caring. The staff are there for you. When I was poorly the staff said I needed to keep the alarm call by me. Even the Handyman will do anything for you like put a picture up or change a light bulb”, “They always treat me with privacy and dignity. The BBC should come in and film here. It would give people a better idea of what caring is. The cook is very caring about what is put in front of you”, “I have made friends here” and “I love it here. It’s a home from home". Visiting relatives said, “It’s small but the staff couldn’t be more helpful. We can have meals too.”

Over the two days of the inspection we saw staff interacting with people in a very caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the registered manager and staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. We saw staff respected people’s diverse needs. The registered manager described the ways in which people’s spiritual needs were respected. For example, how people were supported to attend the local church. One person using the service described how important this was to them.

We heard staff address people respectfully and explain to people the support they were providing. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, “You're in their home not the other way around and we are given training about this.”

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or sat down when talking with people so they were at the same level. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and closely followed people’s way of communicating. For example, we observed people being supported to eat their lunch time meal. We saw staff engaged with them and conversation was encouraging, respectful and positive. People were supported to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm.

We saw that information was available to people in a range of different formats so people could make decisions and take control of their lives. We saw how pictures and signs were used for information on a range of topics such as activities and meal choices. This meant people were supported by a range of communication techniques to keep them informed of information or things that mattered to them.

Good

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as very good.

One person using the service told us, "There are lots of activities. There are a lot of puzzles and a chap comes in every Tuesday to do a quiz which is really good for the brain. I like bingo. I played five games and won three. We have good fun. It's a very happy place." People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met.

We saw a life story document called 'All about me' was held in people's care plans and contained information about their past and what mattered to them. Relatives had provided information about people's past and important people and events in their life, which helped staff to provide personalised care and support, particular to those people living with dementia

We looked at people's care records. We saw some good examples of person centred care and of how people's needs were to be met by care staff. We found every area of need had descriptions of the actions staff were to take to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely. Staff we talked with gave us examples of the different ways they worked with people depending on their preferences. We looked at people's care plans, which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of responding to people to guide and comfort them which took account of their dementia type illness and previous life experiences. Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage. This helped to ensure people received consistent, care, treatment and support that was person centred.

People were encouraged to retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, one person told us how they were supported to attend church independently each week. We also saw how people were supported to eat their meals independently with staff gently encouraging and offering assistance if this was required.

We looked at people's bedrooms and saw that these areas were personalised with people's belongings. We saw that even where people required the use of specialist equipment, such as a profiling bed, the room still felt domestic and personalised rather than institutional.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and actively encouraged people to maintain their hobbies and interests. We saw that the provider enabled people to follow their interests and be fully integrated into the community life and leisure activities.

We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. For example, on the day of our inspection, two people who used the service went out on a shopping trip to a number of charity shops, an activity both said they very much enjoyed. Another person told us how they enjoyed going for walks with the handyman and his dog and how they also helped out with the garden. We saw there was an activities co-ordinator whose role it was to organise and arrange activities catered to each person's likes and interests. We saw how she had arranged a trip to Beamish Museum for one person living with dementia. The staff described how this trip stimulated this person's memory and promoted their well-being as they used to work in one of the shops replicated there. Other regular activities arranged for people included in-house entertainers, cake competitions, which staff told us people using the service judged and clothes parties. The registered manager also described how at Christmas, she and the staff arranged a Christmas dinner where each person using the service could invite a guest of their choice, which included a member of staff if the person so chose. We saw photographs of this event. Staff also described how they made sure relatives were provided with photographs of this occasion. People told us they enjoyed outings in the home's mini bus.

Good

Is the service responsive?

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their health and social care needs. The registered manager said they always involved relatives or advocates in decisions about the care provided; this helped to make sure that the views of people receiving care were known by all concerned, respected and acted on. This was confirmed when we spoke with people using the service and people's relatives.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. this was displayed throughout the home. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints. They described how they would report any issues raised to the registered manager. Everyone we spoke with without exception said they would have no hesitation in raising any concerns they had with the staff or the registered manager.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff told us, "I have felt supported by both [name of person, the manager] and [name of person, the deputy manger]", "If I wasn't sure about something I would tell [name of person, the manager] and [name of person, the deputy manger]" and "I was nervous about being a senior member of staff but I've had a lot of support from [name of person, the manager] and [name of person, the deputy manger]. They are always there to listen. I can phone them anytime, even during the night." People using the service told us, "There is a hairdressing room upstairs. There was a meeting and I mentioned about getting a standing hairdryer. As a result we got one. I'm going to mention about getting comfy chairs too as the wooden chairs aren't comfy" and relatives told us, "We know who the manager is, her door is always open."

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a deputy manager and a quality assurance manager who carried out regular visits to Stoneleigh.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Stoneleigh. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Stoneleigh. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager or deputy manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service, staff and other stakeholders. We saw this was achieved through regular meetings where staff and people who used the service were provided with feedback and kept up-to date about any changes within the service. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including tissue viability and speech therapists in order to ensure people received a good service at Stoneleigh.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people were asked for their views in regular meetings and also by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified as a result of this.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included recorded checks of care plans, risk assessments, medication, people's nutrition, health and safety, fire, and the environment. When we visited the home and looked at a sample of these records we saw regular checks and audits had taken place. For example, the registered manager showed us how she and senior staff carried out a 'daily walk about' to make sure people's needs were being effectively met. The registered manager also showed us a recently introduced self-assessment audit tool where the registered manager and staff graded themselves against the five questions; 'Is the service safe, effective, caring, responsive and well-led'. We saw this was a detailed, thorough self assessment tool used to identify areas of good practice and areas where improvements needed to be made. The registered manager told us when completing this, "It really made me think."

We also saw the provider's quality assurance manager visited the home and carried out regular checks or audits of the service provided. This was called a 'quality audit'. The quality audit we looked at was very detailed and covered all aspects of care. For example, as well the general environment, health and safety issues such as how infection control was managed, fire risk assessments to make sure these were up-to-date, bath water temperatures to make sure they were not too hot or cold, were all looked at. The audit also included a check on care plans, equipment to make sure it was safe, medication, people's

Good

Is the service well-led?

social life and whether people were treated with dignity. We saw any issues identified through this process were included in the home's action plan, which was looked at again during subsequent 'quality audits'.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who use services and others were not protected against the risks associated with unsafe care because the provider could not demonstrate sufficient staff were on duty at all times. Regulation 18 (1).