

Stoneleigh Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection over two days on the 15 and 20 January 2015. At our last inspection in August 2014 we had areas of concern. These related to the safe administration of medication, assessing the quality of the service, and notifications in relation to deaths and injuries to people within the service. Following the

inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found that the provider had taken actions to address these issues.

Stoneleigh care home provides accommodation for up to 25 people who require personal and or nursing care. At the time of our visit there were 25 people living at the

Summary of findings

home. Stoneleigh had accommodation over two floors with stair lifts at each end of the building. The communal areas were accessible from the ground floor. These included two lounge areas and the dining area.

The home had a registered manager in place who was responsible for the day to day running of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home manager was present during the whole of our inspection.

We found at our previous inspection people were not protected against the risks associated with the administering of medicines. We found that during this inspection improvements had been made and that medicines were now being administered and recorded in a safe way. Creams and Lotions which had been applied had been correctly signed for and these were now all stored safely. There were appropriate arrangements in place for staff to monitor the medication stock.

Risks to people's safety were not always identified and appropriately risk assessed. Assessments did not always identify behavioural and moving and handling needs. This lack of information could mean people were at risk of not receiving the care and support individual to their needs.

The home had a warm and relaxed feel. All people who we spoke with felt that Stoneleigh was their home and that they could come and go, accessing the different communal areas and activities as they wished.

People who we spoke with all felt well supported and that there was enough staff available. The service retained staff. Most had worked at the home for a number of years. There was a robust system in place for the recruitment of staff ensuring all checks were satisfactory before employment commenced.

The home had an electronic entry system. All visitors and people living at the home were able to use this entry system. All people we spoke with felt safe at the home and had no concerns if they wished to go out. All relatives confirmed they had unrestricted visiting times.

People were supported with their religious and personal interests. The home had various activities that all people felt able to join in with should they wish. We saw a wide range of activities available to residents and a weekly 'easy-read picture' programme displayed in the hall. Activities included music and movement sing-a-longs, quizzes, arts and crafts, reminiscence, hand massage, bingo, Wii interactive computer sessions, theatre visits and walks in the park weather permitting.

There was a complaints procedure in place. The last complaint had been received in 2013. All people we spoke with felt able to raise any concerns or issues with staff and the manager of the home. Care plans confirmed that people were aware of the home's complaints procedure.

Only one resident and relatives meeting had been held in the last 12 months. It covered a range of topics. A range of topics were discussed and shared. However due to the infrequency of these meetings it was difficult to see that important actions which had been raised had been addressed in a timely manner. People and relatives that we spoke with confirmed they had not received any minutes of these meetings but did feel able to approach and discuss any concerns with the manager of the home.

There was a new electronic care plan system in place. All Staff had their own log in and password details. There were some sections of the persons' care plan that still required updating. This information could mostly be found elsewhere within the electronic system. We spoke with the deputy who confirmed some information still needed to go into the relevant sections.

People told us staff were responsive to their needs and that their care needs were being met. Throughout our inspection the atmosphere of the home was calm, relaxed and friendly. Staff were welcoming to people and visitors and we saw them regularly engage in a conversation. People were not hurried or rushed with any conversation or task undertaken.

Staff we spoke with confirmed they felt well supported and had no concerns working at Stoneleigh. People who we spoke with were all happy with how approachable and accessible the manager and their deputies are.

Summary of findings

All certificates relating to the building maintenance were accessible and current. There was a handyman on site who carried out daily maintenance and we saw weekly fire tests were completed and confirmed with the date any actions were required.

The home was clean and tidy and all people who we spoke with were happy with the standard of cleaning to their rooms and communal areas.

The home had a system in place for sending out quality assurance questionnaires. We saw the service has taken action where people were unsure about the homes complaints procedure. Most staff were 100% satisfied with working at the home only one saying they felt the service could involve them more. Family's had also been sent questionnaires. Where comments had been made

about the laundering of clothes the manager had purchased a marker pen so clothes could be named. Activities had also been raised through comments in these questionnaires' and we saw the manager had discussed options with people within the home.

The service had not returned their Provider information return (PIR) report within the timescales set. All future PIR's will need to be required within the timescales set by the CQC. If the PIR is not returned it will affect the rating for the service.

Incidents and accidents were being recorded and actions taken when required. We have prompted the provider to ensure all notifications relating to incidents and accidents are made without delay.

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?

Risks to people's safety were not always identified and appropriately risk assessed. This was due to people not having their specific individual needs identified through adequate risk assessments.

Medicines were now being safely managed and arrangements were in place to ensure staff handling medication had competencies and skills needed to manage this safely.

The home had safeguarding and Whistleblowing procedures in place. Staff were able to demonstrate they were aware of reporting concerns and who they should report to. All people at the home felt safe.

Requires Improvement



Is the service effective?

People were provided with a choice of nutritious food. There was access to healthy snacks and juice in the communal areas. All people who we spoke with were happy with the food.

Staff felt well supported and had access to supervision sessions. Records confirmed that the service undertook supervisions and that staff had an agreement for this to happen.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were no applications which had been made at the time of this inspection.

Good



Is the service caring?

People were supported by kind and caring staff. All people who we spoke with said staff were caring.

People who we spoke with felt Stoneleigh was their home. They all felt able to do as they wished and that they could stay in their rooms as they choose.

We saw people were supported in a dignified and private manner when they required the necessary support.

Good



Is the service responsive?

Care plans although mainly detailed and person centred did not contain all of the information needed to ensure that each person received care which was responsive to their needs.

Stoneleigh had a range of activities for people in the home. All people we spoke with felt happy and able to access these activities as they wished.

The service was not holding relatives and residents meetings very often. Relatives that we spoke with were unable to confirm they had received minutes of these meetings or that they occurred.

Requires Improvement



Summary of findings

Is the service well-led?

A Provider information return (PIR) was requested but not returned within the timescales given. All future PIR's will be required within the timescales set by the CQC.

Incidents and accidents were recorded and logged by the service with actions taken as required. Incidents that meet the Regulations need to be sent without delay to the CQC the provider has reviewed these regulations and taken action as required.

Staff were all happy working at Stoneleigh and confirmed they all had a good working relationship with each other.

The home sent out questionnaires to gain feedback regarding the service. This included peoples experience, relatives and staff. All questionnaires confirmed most people were happy about the service.

Requires Improvement



Stoneleigh Residential Care Home Limited

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 checked 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 which took place over two days on the 15th and 20th January 2015.

On the first day, the inspection team consisted of an inspector, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had experience of supporting people with dementia and experience of accessing care within care homes. On the second day, the lead inspector undertook the inspection alone.

Before the inspection, we reviewed all the information we held about the service. This included the previous action plan and Warning notice as well as previous inspection reports and notifications received by The Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have

happened at the service. Before the inspection, the provider was sent 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. We did not receive this PIR prior to our inspection. The provider returned their PIR after the inspection process. All future PIR requests will be reviewed within the Regulation 10(3) and if we do not receive a completed PIR then we will make our judgement to decide if the service is well led.

We spoke with fourteen people who used the service. People were able to tell us about their experiences of living at the home and the care they received. We also spoke with 3 visitors and 5 relatives. We spoke with the registered manager, one deputy manager, the service administrator and 2 care staff. We reviewed the care records of 5 people and the personnel records of 3 staff. We also viewed other records relating to the management of the service such as the medicines administration records, training records and policies and procedures.

The last inspection of this service was in August 2014. At this inspection we had concerns with the unsafe administration of medication the quality and auditing of the service as well as lack of notifications in relation to deaths and incidents.

Is the service safe?

Our findings

At our last inspection on 7 August 2014 we found that people using the service were not protected against the risks associated with the use of medicines. A warning notice was served. During this inspection we found that improvements had been made to ensure the safe management of medicines. These were now being administered and recorded in a safe way. Creams and Lotions which had been applied had been correctly signed for and these were now all stored safely. There were appropriate arrangements in place for staff to monitor the medication stock.

On our last inspection we found creams and ointments in communal bathrooms were not labelled with the name of the person. Staff had not always recorded when they applied creams and ointments for people. During this inspection we found arrangements had been put in place so that people's creams and ointments could be kept separately. Staff recorded when they had applied creams and ointments for people.

Staff told us non-one was able to look after their own medicines at the time of our inspection. This meant all medicines used in the home were looked after and given by the staff. Staff had received training for medicines administration including an update in December 2014. Staff had also received training from the district nurses so they could support people who required regular injections.

We saw people being given their lunch time medicines in a safe way. The member of staff recorded and administered the medication as prescribed. People were asked if they needed medicines that were prescribed to be given 'when required', for example pain relief. This meant people were able to have their medicines if they wanted them. Two people we spoke with confirmed that their medicines were available for them and thought they were given at appropriate times.

The pharmacy provided printed records for staff to complete. We saw staff signed the administration record when people had taken their medicines. This meant accurate records were kept of the medicines people had taken.

Suitable arrangements were in place for the safe storage of medicines. A medicines refrigerator was available and records showed this was kept at a safe temperature for

storing medicines. However records were not kept of the room temperature where medicines were stored. So staff could not assure themselves that this was always at a safe temperature for storing medicines. Suitable storage was available for controlled drugs which need additional security. Records showed these medicines had been looked after safely.

Arrangements were in place to monitor the supplies of medicines in the home. Staff recorded when medicines were opened and any stock that was carried forward from the previous month. This meant staff could check whether medicines had been used as recorded.

We found not all risk assessments identified people's individual needs. This was relating to moving and handling and behavioural needs. We found four risk assessments failed to identify specific information relating to the person's individual needs. One risk assessment failed to identify physical behaviour we observed on our inspection along with what interventions staff should use. Risk assessments lacked guidance on what staff should do if an individual refused their care and support for an identified period of time. We saw one person on occasions was refusing their care and support. We asked staff and the manager what arrangements were in place if this happened. They confirmed they offer care and support regularly to the person although there is sometimes an extended period of time when the person does go without some support when they refused care. We found daily records did not always record care offered and when it was refused. This meant people could be at risk of not receiving care and support due to lack of detailed risk assessments and accurate records. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Everyone who entered the building was asked to sign a visitor's book in the reception area. There was a fingerprint recognition security entry system 'EASY DENTIC' at the front of Stoneleigh. This allowed entry to those people who had been registered and entered into the computerised system. This included all staff members, known relatives and regular visitors to the home e.g. the hairdresser. Residents who wished to go out alone were offered this service although few accepted it. They told us they preferred someone to open the door for them on leaving and ringing the bell on their return. All people and relatives we spoke with felt the home was safe. Comments included: "I feel

Is the service safe?

safe here, there's nothing dangerous", "there are staff walking about keeping an eye on things the front door is locked and there is always staff around", "staff are very competent". This meant people and relatives all felt the home was secure and that people felt safe.

The provider had policies in place for safeguarding and whistleblowing. Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work. We spoke with one member of staff regarding the procedure for reporting any whistleblowing concerns they had within the service. They were a little unclear on what the policy said, but they did confirm they would report to external agencies if they needed to. We fed this back to the manager as staff might need to be refreshed on the home's policy.

We reviewed the home's training matrix. We saw all but 5 staff had attended safeguarding adults training. We saw that those 5 staff were booked onto this training for January 2015. One member of staff confirmed what the home's procedure was for identifying and reporting safeguarding procedures. They told us "I would go to the deputy or manager, or if I needed to The Care Quality Commission or the Local authority". This meant staff knew who to contact should the need arise relating to any safeguarding concerns.

The home had a warm and welcoming atmosphere. It was newly decorated and communal areas were comfortably furnished and had plenty of space for people to move around. All floors had recently been re-carpeted. There were hand rails on the walls of corridors and there was a stair lift at each end of the first floor. In one corridor there

was a distinct change in floor level but there was nothing to indicate this change. This was brought to the attention of the manager who will now take steps to address the associated risks and undertake a risk assessment.

People were supported by suitable numbers of staff. All people who commented told us there was always staff available and that they have never had to wait long for staff to attend a call bell, comments included, "always plenty of staff available", "I call the bell if I need help, they come as quickly as they can, never had to wait a long time". Relatives who we spoke to also told us, "there is plenty of staff available", "staff are always accessible" and "there are enough staff available, the only time it's busy is around lunch time". We observed the lunch time routine and saw staff coming and going providing lunches to those in their rooms and the dining room. We did not see anyone waiting for support and or assistance. This meant there were enough staff available to meet people's needs.

There were robust recruitment and selection processes in place. This minimised the risk of people being supported by unsuitable staff. Three personnel files demonstrated that appropriate checks had been carried out before new members of staff started work with people. The files contained relevant probation paperwork which had been reviewed and signed off. This enhanced people's safety as new staff were assessed as suitable before being able to continue employment.

We saw people were clean, well presented and appropriately dressed throughout of our inspection. All people who we spoke with felt very happy with the care they received. We received a complaint regarding one person's standard of care whilst on our inspection. We passed this to the registered manager for them to investigate through their complaints procedure.

Is the service effective?

Our findings

We observed lunch being served in the newly refurbished dining room. People choose where to sit. They chatted together creating a social atmosphere. Jugs of water were within reach and people were able to help themselves. Meals were well presented and looked appetising. Portion sizes were adequate and food was served hot. We heard staff warned people the plates were hot as they put them in front of them. The dessert was not served until everyone at the table had finished their main course and the plates had been cleared away.

People appeared to enjoy their meals and most cleared their plates. We saw that people were not asked if they had received enough to eat. Although everyone we spoke with was happy with their meal. Bowls of fresh fruit were in communal areas and we were told people were encouraged to help themselves, taking it back to their room if they wished. Large jugs of squash were in the lounge area and we saw these being replenished throughout the day. All people and visitors we spoke with confirmed the food at Stoneleigh was excellent. They told us “Food is superb, I eat better here than I ever did at home”, “They know what I like so that I eat everything that is on my plate”, “Food is excellent, I’m a fuss-pot and I have never had anything I dislike”, “Meals are normal everyday food, nothing fancy or high-fluting”. We saw the menu for that day was available in the dining room.

Training information we reviewed showed staff had access to training relevant to their role. One member of staff told us “There is a good amount of training, and anything we want to do we can”. We saw for those staff who were due a freshener course this was planned and highlighted on the training matrix. Records we looked at confirmed staff had observational and one to one supervision sessions. Those personnel files we reviewed also had an individual supervision agreement in place. This meant staff had appropriate support and guidelines in place to ensure they had adequate support.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005, which allows

the use of restraint or restrictions but only if they are in the person’s best interest. We spoke with staff who confirmed no one at the home had restrictive practices placed on them. They confirmed how they offer daily choices. This included choice in what the person would like to wear, eat, drink and what sort of help they would like and activities they want to undertake.

We spoke with the deputy manager who confirmed there were no best interests in place for anyone living at the home. There were plans to start the process with one person due to them requiring medication to be administered in a certain way. The manager and the deputy confirmed that this was just a suggestion and they had not started administering the medication in this way yet. We reviewed six care plans in relation to mental capacity. All five confirmed the person was able to make their own decisions. We spoke with the manager regarding the one which identified the person lacked capacity and they confirmed this was a mistake and that in fact they had capacity to make all their own decisions.

We reviewed four care plans in relation to the individual’s emergency evacuation plan. The assessment identified the support the person required and the level of risk but did not always give specific details in relation to what equipment might need to be used. For example staff told us one person required assistance with a hoist. This level of detail was not recorded on the individual’s risk assessment form. This meant people might be at risk of receiving support in an emergency that was not safe or appropriate to their needs.

We saw people had regular access to appropriate health care professionals. The deputy manager told us people have access to health care professionals. This included support from the person’s doctor and chiropodist who visit Stoneleigh regularly. We saw the service had a list of all those who received support from the chiropodist and this was recorded in the person’s care plan. Records confirmed, where one person had complex medical needs, these needs were monitored and supported as required. This meant people had access and assistance to receive support through appropriate health care professionals as the need arose.

Is the service caring?

Our findings

We spent time with people who lived at Stoneleigh. People were supported by kind and caring staff. One person said “staff are kind and considerate, they will do anything to help you, they respect me”, “staff are wonderful”, “staff are very caring they treat me with respect and kindness”. People also said they had personal care carried out in a caring and sensitive way.

We saw staff supporting people with respect and dignity. On one occasion we observed the manager provide support and assistance to someone who required immediate support. This was done in a low key manner not raising any attention to the individual’s situation which meant they were supported in the most dignified manner. We saw throughout the day people were spoken to in a polite and respectful way. We saw staff were calm and spoke to people by their preferred names. All people confirmed staff were all very good and that they felt staff treated them very well. They told us “staff are kind and considerate, they will do anything to help you” and “staff are wonderful, they treat me with respect and dignity, it’s a very lovely friendly way”. All relatives we spoke with also confirmed staff treated people in a positive way even when they felt staff were unaware they were in the next room. The training matrix confirmed all staff had attended training in dementia awareness.

People were well-groomed. They had clean hair, fingernails and clothing that reflected their age, gender and previous life style. They were wearing well-fitting slippers or shoes with non-slip soles. One relative told us they were unhappy with the state of their relative’s nails and that on occasions they looked unkempt. We reviewed the care records which confirmed there were times when the person was refusing care and support provided by staff. We fed this back to the manager who confirmed they would use their complaints procedure to look into this.

People were supported by a small team of staff. We were told many of the staff had worked in the service for a long period of time. Staff used appropriate volume and tone of voice when speaking to people.

People were able to decide how much and what help they required. They confirmed “There is always someone to help if I need it”. One person said, “There are no rules here, this is not an institution, it is our home”. People were able to choose when they got up and if they wished to go downstairs to sit in one of the lounges or stay in their room. Several of the residents who remained in their rooms said they do so because they enjoy looking out of the window watching passers-by, people walking their dogs and children playing in the park opposite the house. One person who had a bird bath and feeder outside their window said they get enormous pleasure from watching birds using them. Others said they stayed in their rooms because it is where they choose and where they enjoy reading in peace. We saw throughout the inspection staff knocked and waited for a response prior to entering people’s rooms.

All relatives we spoke with confirmed they were welcome at the home at any time. They told us how they often visit unannounced. Comments included “I often turn up unannounced” and “I visit 3 or 4 times a week, I just let myself in”. All relatives confirmed they were able to use the home’s electronic entry system as a form of entry should they wish to.

People had support and access to activities that were important and personal to them. The provider had taken steps to meet one person’s religious needs by ensuring they had access to an important weekly routine. Staff confirmed arrangements have been made for one person who was an avid reader to receive books from the mobile library. Another resident had their religious needs met whilst in the home. Every resident had a daily activity sheet where the activity and the resident’s participation was recorded.

Is the service responsive?

Our findings

All people felt able to raise any concerns or issues with staff and the manager of the home. We saw care plans confirmed that people were aware of the home's complaints procedure. People told us "I have no reason to complain", "No I have never made a complaint, there is nothing to complain about" and "Why should I complain when everyone is so kind and looks after me so well", "If I need help I only have to ask and someone will come". We saw the home had a complaints procedure in place. The last complaint the home had formally received was in 2013. One relative confirmed on the day of our inspection that they had recently raised a complaint with the manager. The manager confirmed they were addressing this complaint. We have asked them to send us a copy of the outcome.

We saw the home had resident and relatives meetings. Only one had been held in the last 12 months. We saw a range of topics discussed and shared. Due to the infrequency of these meetings it was difficult to see that important actions which had been raised had been addressed in a timely manner. One person told us they were unsure about the resident meetings, they said, "We discuss and decide things on a day to day basis". All relatives that we spoke with confirmed they had not received any minutes or update from the meeting. The service might want to review how they involve and share information after these meetings.

We saw the home had an identified key worker system. Each care plan confirmed the key worker associated with that person. We saw care and support plans confirmed what activities the person enjoyed doing either in the home or within the community.

The home had moved from a paper to a new electronic care plan system in December 2014. Through this transition not all information on the person was available and assessable to staff. Care plans were now accessed on the service lap top and care docs system. All Staff had their own log in and password details. We reviewed the my life story section of one person's care plan. This section remained blank. We reviewed the rest of their care plan and found some information relating to their life story such as working history, marital status and their medical history in other sections. We spoke with the deputy who confirmed some information still needed to go into the relevant sections.

We saw the electronic care plans had a traffic light system to identify when information was missing or required updating. We were told the new system allows staff to update the details whenever they need to. We saw the system identified when actions were required. For example where one person had a completed body map the system identified that the member of staff needed to take action and have this signed by a manager. This meant the service was able to identify daily changes and take the appropriate action to keep care plans up to date following any change to the persons need.

We saw people had emergency information pack should they be taken to hospital at short notice. It included information on the person and what medication they took. We found no information which related to how the person should be cared for with their daily needs or how they mobilised. We also found where one person's direct wishes related to not attending a certain hospital this information had not been recorded in their pack. This meant people could be at risk of not having their personal wishes and needs met if this emergency pack was the only sole information taken to hospital.

People told us staff were responsive to their needs and that their care needs were being met. Comments included "We are cared for like a family and treated as individuals", "Staff are kind, absolutely brilliant, they listen and take notice", "We get excellent care, we are a family", "If something is not right they will listen and do as I want".

We saw a wide range of activities available to residents and a weekly 'easy-read picture' programme displayed in the hall. There were regular sessions from outside entertainers and dedicated members of staff who were responsible for co-ordinating these activities. Activities included music and movement sing-a-longs, quizzes, arts and crafts, reminiscence, hand massage, bingo, Wii interactive computer sessions, theatre visits and walks in the park weather permitting. We observed on one afternoon an interactive music session with songs from the sixties, incorporating an element of reminiscing. People were enjoying this, signing and joining in as they recognised the songs. All residents we spoke with felt able to join in with the activities even if they choose not to.

The home has close links with a local school. We saw that over Christmas the children had visited Stoneleigh to sing Christmas carols.

Is the service responsive?

Relatives told us there was an open door policy at the home. We saw visitors come and go throughout our inspection and were encouraged at all times. We were told they are able to make use of the kitchen and are able to make hot drinks and to join in with activities if they wished.

Is the service well-led?

Our findings

Prior to our inspection we had asked the provider to complete a Provider Information Return (PIR) containing information about the operation of the home. This had not been returned to us prior to our inspection. It was submitted after the date when the information could be used. We have informed the provider that filling in and submitting a PIR form is a requirement under the Health and Social Care Act (Regulated activities) Regulation 10(3). Failure to submit the required PIR form in the future will mean that the service is in breach of regulation 10(3).

The home had a registered manager who was also the owner of the home. People told us that they found the manager very approachable, they knew her by name and said she always has a chat. One person said, "She's lovely, she will do anything for you". We saw the registered manager actively touring the home throughout our inspection. We saw them talking to people and staff as they went about their business.

The Registered manager confirmed there were three deputy managers who supported them. They told us it was important for people to feel that Stoneleigh was their home. All people who we spoke with confirmed how they felt secure and that Stoneleigh gave them the feeling it was their home. Relatives also confirmed that they felt Stoneleigh was homely. Comments included "it's so homely", "it's so friendly and staff are so approachable, nothing is too much trouble, it's a really nice place".

Staff we spoke with confirmed how they felt well supported and had no concerns working at Stoneleigh. Comments included "We have a good working relationship here, I have no concerns about working here and there are enough staff". We were told the home had deputy manager meetings. These meetings took place when there was a change to the deputy on shift. We saw that the manager also had regular management meetings with their deputies. Agenda items included reviewing the home's incidents and accidents and discussing areas of concern. We saw that where actions had been identified they had been completed. Staff had daily handover sessions. We were shown the records of these daily handover sessions. These records were recorded on the new electronic care plan system and daily records. It allowed the deputy to handover from the previous shift any areas of concern those staff had recorded.

The provider had systems in place to monitor the maintenance of the building and people's rooms. They employed their own handyman. We saw him going about his tasks throughout our inspection. There was a maintenance book where staff could write if they required something fixing. We also saw that each room had a risk assessment completed which confirmed if the water had been tested and if there were any items that required fixing.

All certificates relating to the buildings gas, electrical, stair lifts, bath seats, hoists, fire safety were accessible and current. We saw that weekly fire tests were completed and confirmed with the date any actions were required. We saw these were resolved by the time the next test was undertaken.

We reviewed the home's risk assessments for the Control of Substances Hazardous to Health (COSHH). We saw that staff had signed to say that they had read them. This was located at the front of the file. Some of these risk assessments dated back to being printed in 2008 and 2012. This meant that some of the product information could have changed posing a new risk to staff. We fed this back to the registered manager who said they would review their COSHH file.

We saw the home was clean and tidy on both of our inspection days. People who we spoke with were all happy with the standard of cleaning to their rooms and communal areas. We saw bins were emptied and bathrooms were clean. The manager confirmed how they now monitor the home's cleaning schedule and address any areas of concern as required.

We reviewed the notifications we had received for this service. We found that the registered manager had reported those notifications relating to a death of a person who used the service. We reviewed records that related to other incidents and accidents within the service. We found that some incidents had resulted in a person injuring themselves and requiring some medical assistance and treatment. We spoke with the registered manager regarding this. They seemed unclear when they should report incidents and accidents to us. We asked them to review the guidance on notifications. They confirmed after reviewing the guidance that they would start to report any incident they feel comes under this Regulation. We have

Is the service well-led?

since our inspection received statutory notifications that confirms the registered manager has taken on board our advice. We will monitor the notifications we received from this service.

We reviewed the quality assurance process at the home. We saw the home had sent out a recent questionnaire to service users in October 2014. It identified that not all people knew how to make a complaint. We saw the registered manager had put an action plan in place to ensure everyone was aware the home had a complaints procedure. These conversations were now documented in people's care plans.

There was a good retention of staff. We were told that there had only been two new staff in the last 12 months and that most staff had worked at Stoneleigh for more than 5 years. We saw four of the six employee surveys were returned. There was a 100% satisfaction rate in the staff feeling adequately inducted, and able to approach management.

They also felt 100% satisfied in having their training needs met, health and safety needs being met and Stoneleigh being a good employer. All but one of those staff surveys confirmed that staff felt involved in the service they work for.

The family satisfaction survey sent on October 2014. Confirmed that all were happy with the care provided. We saw two out of the six surveys returned highlighted problems with the laundering of peoples clothes and how these were going missing. Two surveys also felt that activities could be better. We saw where these comments had been raised the registered manager had now put a marker pen in place to mark peoples clothing and that activities had been discussed with those people within the service. This meant the service was gaining people's views and taking actions to address areas where the home could improve on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care as they had not taken action to ensure the welfare and safety of service users. Regulation 9(1)(a)(b)(i).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.