Care Management Group Limited

Honeywood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was completed on 18 January 2017 and there were six people living in the service when we inspected.

Honeywood offers a supported living service for adults with learning disabilities, physical disabilities, communication and sensory impairments and complex healthcare needs.

The service had a registered manager in place at the time of our inspection. They had been in post since April 2016. 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. Following our inspection the provider confirmed to us that the registered manager had left the service's employment on 6 February 2017. In the interim, the service was being managed by the manager from a 'sister home'.

Quality assurance checks and audits carried out by the registered manager were not as robust as they should be. In August 2016 the Local Authority visited the service and had informed the provider of areas requiring further improvement. We also identified issues during our inspection that the provider had previously recognised but had failed to demonstrate the actions taken. Therefore, arrangements to monitor actions and address the issues raised were ineffective.

Although the provider confirmed after our inspection that no one living at the service was at high risk of choking and/or eating inedible objects at the time of our visit, on the balance of risk documentation was in place for one person to check that inedible objects were not within reach. There were some gaps in these records and it was only after prompting that staff clearly explained what the risks were and how they would safeguard the person if required.

Suitable arrangements were needed to ensure that staff received regular formal supervision and an annual appraisal of their overall performance. Improvements were required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken. Furthermore, it was difficult to decipher and determine if staff employed at the service had up-to-date training to meet the needs of the people they supported or if they had received a robust induction.

Minor improvements were required to ensure that there was a clear audit trail to evidence medication administered to people using the service. Improvements were also required to ensure robust recruitment procedures were in place for staff.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

Care plans were detailed and provided an accurate description of people's care and support needs. Risks to people's health and wellbeing were appropriately assessed, managed and revised. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected with the exception of lap belts.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The dining experience was positive. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required.

People were treated with kindness and respected by staff. Staff understood people's care and support needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

There was an effective system in place to respond to comments and complaints.

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 not consistently safe.

Improvements were required to ensure that all risks and systems in place to prevent those risks were robust and that all staff knew clearly what these risks were and how to prevent them at all times.

Improvements were required in relation to medicines management and staff recruitment procedures.

There were enough staff to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were required to evidence induction, training, supervision and annual appraisals for staff.

Where people lacked capacity, decisions had been made in their best interests, with the exception of lap belts. The registered manager's knowledge and understanding of the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards required development.

People were supported to access appropriate services for their on-going healthcare needs. The provider had arrangements in place for people to have their nutritional needs met.

Is the service caring?

Good

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance checks and audits carried out by the provider and registered manager were not as robust as they should be and improvements were required.

Systems were in place to seek the views of relatives and others for people using the service.

Honeywood

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 inspection took place on 18 January 2017 and was unannounced. We contacted relatives on 2 February 2017. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The majority of people who lived at the service were not able to verbally communicate with us. We spoke with three people who used the service, four members of care staff, the registered manager and the deputy manager. In addition, we spoke with three relatives so as to seek their views about the quality of the service provided.

We reviewed three people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

Following an incident of concern in 2015 relating to one person who used the service, steps were taken by the provider and management team to review specific risks relating to the incident so as to ensure others safety and wellbeing. During the inspection completed at the time it was clear that the provider and management team of the service had learned from this incident and reviewed their practice to ensure there were appropriate risk management strategies in place to mitigate future risks to people using the service.

At this inspection, although staff spoken with were aware of people's risks relating to choking, aspirating and/or eating inedible objects, a couple of staff needed to be prompted by the inspector to confirm that they were aware who this pertained to. The provider confirmed after our inspection in response to a further information request that no one living at the service was at high risk of choking or eating inedible objects. The provider explained that this was an historical risk from their childhood and they have never attempted to consume any inedible objects in their time living at the service. A daily form was being used at the time of this inspection to monitor each room for objects that potentially posed a threat to people who were at risk of eating inedible objects. We found that this was not always fully completed, however there were no objects around or near the person at the time of our inspection that would pose a risk to their safety and staff were around at all times. We received additional monitoring sheets from the provider following our inspection that was a lot more complete, but the management of the service could not provide these at the time of the inspection so it was unclear if they were fully aware of what checks were taking place or not. We received confirmation after our inspection that the registered manager had resigned and a new overseeing manager had been appointed who had completed a thorough review of all safety processes at the service and was satisfied that risks to people's safety were being robustly managed.

Other risks were identified to people's health and wellbeing such as the risk of falls, risks posed where people could become anxious and distressed, risks presented when individual people accessed the local community for social activities and where people required an enteral feeding regime. The latter refers specifically where a nutritional feed is delivered directly into a person's stomach. Risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's knowledge and practice in relation to these areas, reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. In addition, we found that where appropriate, people were supported to take responsible risks as part of an independent lifestyle, for example, one person was able to spend time in their bedroom without staff support, despite having reduced mobility. The person had an item of assistive technology to alert staff if they required additional support. Assistive technology refers to any item or piece of equipment that is used to maintain or increase a person with disabilities independence.

Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. Our observation of staff practice in relation to medicines management was seen to be good. We looked at the records for each person who used the service. We found unexplained gaps on the Medication Administration Record [MAR] form for three people, giving no indication of whether they had received their medication or

not, and if not, the reason why it was not recorded. This referred specifically to eye drops, topical creams and one liquid medication. The registered manager told us that they would follow this up with the staff member involved.

The Local Authority completed a quality monitoring visit to the service in August 2016 and found that although staff confirmed they had undertaken and completed medication training, evidence to support and confirm this was not available. At this inspection we found that the above remained the same. Three members of staff could not confirm when they last received medication training and records to evidence this were not available. Data initially provided by the then registered manager to show medication training undertaken and completed by staff for the period 2014 to 2017, provided no further evidence that staff records viewed had achieved or attained up-to-date medication training. Following receipt of the draft report, the provider sent us a copy of the staff training report for medication. This showed that two of the three staff member's records viewed in relation to medication training, only received this training after our inspection and no record was available for the other member of staff.

The provider's recruitment and selection procedures required improvement. At the time of the inspection, a full employment history and gaps in employment had not been explored for one person. No references were evident for two members of staff. No evidence of interview questions and the applicant's responses were recorded for one member of staff. The registered manager was made aware of the shortfalls but could not provide a rationale for the above at the time of the inspection. Twelve days after the inspection the references for one member of staff were forwarded to us by the registered manager.

Staff told us that they felt people living at the service were kept safe at all times. One person told us that staff looked after them well, that their safety was maintained and they had no concerns. Relatives told us that their member of family was safe and they had no concerns. One relative told us, "I feel that [Name of person using the service] is definitely kept safe."

People were protected from the risk of abuse. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a member of the management team. Staff were confident that the provider would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the provider was not responsive.

One person told us there was always enough staff available to support them during the week and at weekends. They told us that they were able to go out and for those who did not want to go out there was always sufficient staff available to assist them. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Staff confirmed that where there were staffing shortfalls, additional staff via an external employment agency were deployed to the service. Staff told us that the use of agency had greatly reduced. Our observations during the inspection showed that the deployment of staff was suitable to meet people's needs.

Requires Improvement

Is the service effective?

Our findings

Staff told us that both face-to-face and e-learning training was provided. Staff told us they had received training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Although a list of training undertaken by staff was provided to us following the inspection, it was difficult to determine if mandatory training as required by the organisation was in date or where there were training shortfalls for individual members of staff. Additionally the information provided did not include training undertaken for the three newest members of staff employed. One newly appointed member of staff confirmed that the only training they had undertaken since being employed at the service was safeguarding. Whilst the staff member had previously worked within a care setting, there was no documentary evidence of any relevant qualification achieved or copies of certificates to show training previously undertaken or achieved.

We spoke with one newly employed member of staff and they confirmed that as part of their induction they had been given the opportunity to 'shadow' and work alongside more experienced members of staff. They stated that this had been helpful and staff had been supportive. No evidence was available to demonstrate that newly employed members of staff had commenced or completed an 'orientation induction' or where appropriate, a more robust induction in line with the 'Care Certificate' or an equivalent. We discussed this with the registered manager and they confirmed that all newly employed members of staff received an induction work book. A copy of this was requested; however at the time of the inspection not all components of the work book could be located and provided. The registered manager stated that a copy would be emailed to us; though at the time of writing this report we had still not received it. Therefore it was not possible to determine if the induction work book had been discussed and signed with staff.

The provider's expectation as detailed within their supervision and appraisal policy recorded that all staff should receive formal supervision every six to eight weeks and an appraisal of their overall performance every 12 months. Staff told us and records confirmed that this was not happening as it should. For example, the records for one member of staff showed they last received formal supervision in May 2015 and their last annual appraisal was completed December 2014. We discussed this with the member of staff and they confirmed they had not received formal supervision for some time and could not provide any specific detail. They told us, "I know it has been some considerable time." Another staff member's records showed they had not received supervision over a 10 month period and last received an annual appraisal in November 2015. Where supervision records were in place, these did not always provide details of the actions to be taken, timescales or sufficient evidence of follow-up action taken. For example, where improvements were required in relation to staff communication, teamwork and specific concerns relating to individual people who used the service, there was no information recorded as to the actions to be taken by the management team and the timescales for completion. This meant that we could not be assured that the above had been addressed.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (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 so that they can 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.

Records showed that some staff had received MCA training. Staff were able to demonstrate a basic knowledge and understanding of MCA and when these should be applied. Where people did not have capacity, appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. For example, social activities to be undertaken and choice of food and meals.

The Local Authority completed a quality monitoring visit to the service in August 2016 and found that the arrangements for the administration of covert medication for one person had not been considered and recorded. At this inspection the deputy manager confirmed and records showed that an assessment had been undertaken to ensure that the administration of medication in this way was in the person's best interests. Appropriate people involved in the person's life, for example, GP and their next of kin had been consulted. The registered manager and deputy manager were advised to consider advice from the pharmacist so as to ensure that the administration of covert medication remained effective and did not alter the medicines properties. An assurance was provided that advice would be sought as soon as possible. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Whilst the above was positive an assessment had not been considered or completed for one person who used a lap belt when mobilising in their wheelchair. This showed that a management plan had not been completed to confirm that this decision was in the person's best interest and the least restrictive option available. The registered manager wrote to us on 30 January 2017 advising us that they had instructed staff to dissuade the person from independently using their lap belt. There was no additional information provided to demonstrate to us that this had been discussed with the person or if they had the capacity to be fully involved in this decision. This indicated a lack of awareness and understanding by the registered manager of the main principles relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us and some people indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet their individual nutritional needs, for example, people were provided with a lunchtime meal at a time of their own choosing. People were also assisted and encouraged to choose what they wanted to eat and drink based on staff's knowledge of their likes and dislikes and by being offered suitable choices. Where people were unable to verbalise their meal choice, some people were noted to have a pictorial aid to help them communicate with staff. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a good understanding of each individual person's nutritional needs and how these were to be met.

People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition and hydration, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional. For example, where people were identified as having specific dietary needs, interventions and advice from the local Speech and Language Therapy Team and/or dietician had been sought and implemented so as to ensure the person's health, safety and wellbeing. Where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with due care, respect and dignity.

People's healthcare needs were well managed. Relatives confirmed they were kept informed about any pending healthcare appointments for their member of family and advised as to any outcomes. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. However, the information for two people had not been updated since April 2015 and it was not clear if this remained accurate. An assurance was provided by the registered manager that this would be addressed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

Relatives told us that they were happy with the care and support provided for their member of family. One relative told us, "The care provided is very good. The staff think the world of them. I know [Name of person using the service] is very happy at Honeywood and if they weren't happy they would not go back." Another relative told us, "They [Name of person using the service] seems happy enough. We have no concerns about the care provided."

We observed that staff interactions with individual people were positive and the atmosphere within the service was seen to be positive. Staff had a good rapport with the people they supported and we observed much laughter and sociable banter which people enjoyed. We saw that staff communicated well with the people living at the service and had a 'communication passport' in place. This provided specific detail as to how the person communicated, such as verbally or non-verbally and taking into account facial expressions, pointing and body language. Staff were noted to provide clear explanations to people about the care and support to be provided in a way that the person could easily understand. Our observations showed that a variety of specialist communication aids and methods were being used within the service to help aid people's communication with staff and others, for example, PEC's (Picture Enhanced Communication), objects of reference, Makaton, symbols, pictures, photographs and computer tablets.

Staff demonstrated affection, warmth and care for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. The care plan for one person recorded that in order to enable and empower their independence relating to some aspects of their personal care, hand-over-hand techniques were deployed by staff to support this. This meant staff guided the person's hand, to support them to manage their own personal care.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. Staff respected people's choice of dress and hairstyle.

People were supported to maintain relationships with others. The registered manager confirmed that if in the future a person did not have a family member or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were wide-ranging and detailed and staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. A newly employed member of staff confirmed they had had the opportunity to read people's care plans and risk assessments. We asked them to tell us about two people's care and support needs and found that they were able to demonstrate a good understanding and knowledge of the care and support to be provided. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be thorough and comprehensive. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Information about a person's life had been captured and recorded in both written and pictorial formats. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they encouraged and enabled people the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. Each person had a weekly activity planner displayed within their bedroom detailing activities to be undertaken in line with their personal preferences and choice. We noted that all staff took part in engaging and supporting people in interactions and activities as opportunities arose throughout the day. For example, on the day of inspection one person attended a specialist college for people with autism and two people attended a local facility in Hadleigh that provides day care opportunities and facilities for people with a learning disability. Others were observed to use their computer tablet, to watch television, to listen to music or converse with staff.

Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. The complaints folder was blank and showed that there had been no complaints since our last inspection to the service in June 2015. The registered manager told us there was a 'grumble book' for staff to log concerns raised by people using the service, relatives or those acting on their behalf. The book could not be located at the time of the inspection. Following the inspection the registered manager confirmed on 30 January 2017 that the 'grumble book' had been replaced.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits. This also included an internal review of the service by the provider.

Internal auditing and monitoring processes were in place to identify shortfalls and to help drive improvement. Since the appointment of the registered manager in April 2016, two internal quality monitoring audits had been completed in June 2016 and October 2016 respectively. These had been revised in line with our new approach to inspecting adult social care services introduced in October 2014. Although an action plan was completed in relation to both audits and the timescale for completion recorded, it was not possible to determine at this inspection if the actions highlighted had been completed or if these remained outstanding. Nothing was recorded on either document to confirm that these had been addressed and signed off by the registered manager. The registered manager confirmed that not all of the actions had been addressed and some of these remained outstanding.

Furthermore, the Local Authority completed a quality monitoring visit to the service in August 2016, to monitor and assess the overall outcomes experienced by people using the service. The overall rating judged by the Local Authority at that time was 'Poor' [64%]. At this inspection the registered manager confirmed that an action plan had been formulated to address the shortfalls identified. We looked at this and found that although the action plan was dated 17 October 2016 and 34 areas for improvement were recorded, only four areas had been recorded as completed. The registered manager recorded these areas as completed on the day of inspection despite 24 areas recording a timescale of 'Immediate'. When asked as to why this was the registered manager advised, "We've been busy but there has been a lot to do since I became the manager." Following the inspection the registered manager provided by email on 30 January 2017, a copy of the revised action plan. This demonstrated that actions to address the above had now been completed for the majority of areas; however a number of areas remained outstanding. For example, ensuring staff's mandatory and medication training was up-to-date, and staff supervisions and appraisals scheduled. Staff confirmed that some additional refresher training was required and that they had not received regular supervision or an annual appraisal. This showed the provider's systems and arrangements for monitoring and responding appropriately and without delay to the above was not as effective as it should be and there was a lack of oversight by the registered manager.
People who used the service were involved in how the service was run through 'tenants' meetings. Since the registered manager's appointment in April 2016, there had been four tenants meetings and records were available to confirm this. Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records showed that since the registered manager's appointment two staff meetings had taken place, the last one being September 2016. Although a record had been maintained, where matters were highlighted for action or monitoring, it was not possible to determine if these had been addressed or remained outstanding. For example, the meeting minutes in September 2016 recorded that staff were concerned about one person's behaviours when they became distressed and anxious. There was no evidence to show

this had been followed up or actions highlighted at the previous staff meeting, in July 2016, had been completed. The registered manager was unable to confirm what actions had been taken.

Specific audits relating to health and safety, infection control and medication were completed at regular intervals and recorded, it was documented that no corrective actions were required. Accident and incident records relating to individual people were maintained, however the registered manager and deputy manager confirmed that an analysis of the information had not been completed so as to understand its significance. This meant that it was difficult to determine at a glance the number of accidents and incidents each month, the type of injuries [if any] sustained, staff on duty and the times these happened so as to monitor potential trends.
We were informed after our inspection that the registered manager had resigned and that a new manager had been appointed. The new manager confirmed to us in writing that they had completed a thorough review of the service and that they were actively managing the service on a daily basis.

The majority of comments about the management team were positive; however some staff felt that in their opinion, communication and team work required improvement. When asked to explain their comments further or to provide an example to explain what they were saying, no further clarification was offered. Staff's comments about morale was variable but staff confirmed that this was getting better, particularly as more permanent staff had been recruited and less agency staff were now being used at the service.

The registered manager confirmed that the views of relatives and others acting on people's behalf had been sought in December 2016, so as to gain their views about the quality of the service provided. Relatives and others were handed a 'Family Questionnaire 2016' at a meeting. At the time of the inspection it was not clear if any responses had been received. The registered manager confirmed no questionnaire had been undertaken for people using the service or staff.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff had received on-going or periodic supervision or an annual appraisal of their overall performance in line with their policies and procedures. It was difficult to ascertain and be sure that staff employed at the service had up-to-date training.