

Valeo Limited

Tunhill

Inspection report

251 High Greave Road
Ecclesfield
Sheffield
South Yorkshire
S5 9GS

Tel: 01142466891

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Tunhill is registered to provide accommodation and personal care for up to four people living with a learning disability or autistic spectrum disorder. The home is situated in Sheffield, South Yorkshire near local shops and public transport. At the time of inspection four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service: People were protected from the risk of abuse. Staff knew how to recognise, and report abuse if required.

Risks associated with people's care were identified and actions taken to minimise risks occurring. Accidents and incidents were monitored to ensure any trends and patterns were identified and addressed.

The service had enough staff available to meet people's needs. There was a safe recruitment process in place.

People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy with the food provided at Tunhill and said staff encouraged them to eat healthily whilst maintaining choice.

People had opportunities to engage in a variety of suitable activities both at home and out in the community, including household tasks, hobbies and leisure activities. Staff supported people to go on holidays and day trips.

The provider had an effective complaints procedure in place. People and their relatives knew how to complain if they needed to.

The provider and deputy manager supported the staff and ensured people received appropriate care. Staff we spoke with felt supported by the deputy manager and provider and felt valued. Audits were in place to identify areas which required attention and action plans were devised as needed. People and relatives told us the home was managed well and had confidence they could approach staff and management if they needed to.

Rating at last inspection: Good (report published 16 December 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Tunhill

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

Tunhill is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager of Tunhill had recently left the service. At the time of this inspection, the deputy manager was managing the home with support from the area manager and other registered managers within the providers group. The provider said interviews for a new registered manager were being held the week after this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the provider. We asked the provider 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.

We contacted health and social care commissioners who help arrange and monitor the care of people living

at Tunhill. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During our inspection we spoke with three people living at the home. In addition, we telephoned three relatives of people living at the home to obtain their views of the support provided. We spoke with the deputy manager, three senior support workers and a registered manager from another of the providers care homes who attended Tunhill to support the deputy manager with the inspection about their roles and responsibilities.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission one person's room.

We observed the daily life in the home including the care and support being offered to people. We looked at two people's care and medicine records, three staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise, and report alleged or suspected abuse. There was a clear safeguarding policy and procedure in place.
- People told us they felt safe in the home. Relatives also spoke positively about the way staff supported their family members. People said, "I like it here, I've no worries" and "Sometimes I am sad, but staff make it better." Relatives said, "[Name of family member] is definitely safe, I've no worries" and "We have no concerns, [name of family member] likes Tunhill and the staff."
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure that risks were minimised. People's support plans contained risk assessments that were individual to each person's specific needs, including an assessment of risk for behaviours that may challenge, finances, accessing the community, and the need for regular reviews of both physical and mental health. The assessments showed how the risks were managed to keep people safe. Risk assessments were reviewed each month or more frequently if a person's needs changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. A fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in March 2019.

Staffing and recruitment

- Staffing levels were flexible and based on people's needs, and there were enough staff to care for people safely. We observed staff were very visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people on a one to one basis and accompanying people into the community when they requested to go. One person said, "I like to go shopping, staff always take me." Staff said there was always a 1:1 ratio of staff to people during the day and they felt they could meet people's care and social needs effectively with these numbers.
- The provider continued to carry out relevant employment checks prior to new staff commencing employment at the home.

Using medicines safely

- People's medicines were managed in a safe way. Systems were in place for ordering, administering and disposing of medicines safely.
- Controlled drugs (CDs) are prescribed medicines that have additional safety precautions and

requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.

- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.

Preventing and controlling infection

- Tunhill was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly. Staff had received training in infection control.

Learning lessons when things go wrong

- Staff documented any accidents or incidents that happened. They used charts to help identify any trends in behaviour that challenged the service, which helped them identify any particular triggers for a behaviour and reduce the risk of it happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Tunhill to check the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to support them.
- People receiving support were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so support could be provided in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- One person's relative told us, "Staff training must be OK. They know what they are doing and seem to have the right balance of skills and experience." Staff told us the training and induction they received from the service prepared them well for the work they did. Staff said, "The training we get is really good. There is a mixture of training in the classroom and online."
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements needed. The deputy manager had completed annual appraisals for all staff. Staff said they felt supported by the deputy manager and providers' area manager and able to raise any concerns or questions with them. Staff said, "The deputy is excellent you can go to her with any problems, always an open door, and she helps."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced and varied diet that met their nutritional requirements. One relative said, "I know staff are supporting [named family member] to eat more healthily which is good."
- People were involved in meal planning, food shopping and food preparation. We saw plentiful supplies of food available for people. People said, "I choose what I have to eat. Staff sometimes help me make my meal, but I can do things myself as well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A relative told us how staff had recently worked well with medical staff to address their family members medical problems.
- The service kept records of any changes to people's health, to help identify any concerning trends and provide enough information for healthcare professionals working with people.
- The provider carried out an assessment of people's healthcare needs, including details of any other services they needed to use. Records showed people accessed the healthcare services they needed.

Adapting service, design, decoration to meet people's needs

- The environment provided people with both communal and private space to use as they chose.
- The home was clean although the corridors and communal areas did seem a little sparse with a prevalent colour of magnolia and bare walls noticeable. The deputy manager said they were looking at redecorating and would discuss redecoration and refurbishment with the provider and people who used the service so further improvements could be made to the environment.
- People were able to decorate and personalise their bedrooms to their taste. One person was keen to show us their room which was personalised with posters and bedding of their favourite pop groups.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The deputy manager and provider also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they supported people in the home or to go out in the community. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spent time observing interactions between staff and people. In all cases people were cared for by staff that were kind, patient and respectful. We saw frequent and friendly interactions between people and the staff supporting them. Support staff offered people choices all the time from what drinks the person would like to where they would like to be and were inclusive with all conversations. Staff were keen to include people in the inspection of Tunhill.
- People were positive about the way in which staff supported them and they told us staff were always kind and caring. Comments included, "I like them" and "They are nice."
- People's relatives told us their family member was well cared for and that they received support from the service as a family. Relatives commented, "We've been made to feel welcome when we visit", "[name of family member] seems very happy and has thrived at Tunhill" and "I have observed the staff to be very caring and considerate to all residents."
- Staff had developed positive relationships with people and displayed affection towards them. A staff member told us, "We really care about the people we support. People are always at the centre of what we do."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in reviews of their care. People told us they attended care reviews to highlight their needs, wishes and choices so they could be recorded in their care plan. One person said, "We talk about it [support plan] every month."
- People were afforded choice and control in their day to day lives. We observed staff asking them what they wanted to do during the day and where they would prefer to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to promote privacy and dignity and were able to give examples of how they did this.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. One person said, "I like to help around the home. Staff help me do this, like cleaning and washing up." Staff said, "We try to encourage people to be as independent as they can. For example, one person said they didn't like how their boiled egg was cooked. I supported them to boil another themselves, so it was cooked exactly how they liked it."
- The service ensured they maintained their responsibilities in line with the General Data Protection

Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan, which was person-centred. Care plans included information about people's medical history, likes and dislikes, routine and personal care needs. These contained enough detail for staff to support people to carry out care tasks in ways they were comfortable with and met their needs.
- Care plans contained detailed information about how people communicated specific emotions, such as anger or happiness. There was guidance for staff about how each person would like them to respond when they were upset or agitated. This helped staff provide the right support at appropriate times.
- The provider reviewed people's care plans regularly. They looked at people's progress against their goals and any changes needed to the support they received that would help them achieve them. People and relatives confirmed they were regularly involved in these reviews.
- People had opportunities to go on outings and participate in their local community. There were also opportunities for people to go on holidays. People said, "I go out with staff and I like to go to the disco" and "I am going to a wedding soon." One person was excited to tell us about a forthcoming pop concert they were going to. By the end of inspection all people who used the service were taking part in a leisure activity in the community. Relatives told us their family member frequently accessed the community and said, "[Name] has a better social life than me, that's how it should be."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
- People and their relatives felt able to complain if they needed to. They said, "Any worries I would talk to [named the deputy and provider area manager] and it would be and has been sorted."
- The provider kept a log of complaints and ensured lessons were learned and action was taken to prevent the same issue being raised again.

End of life care and support

- At the time of our inspection, none of the people using the service was expected to require end of life care in the foreseeable future. However, the provider had considered people's needs and preferences in relation to death and burial, taking into account their families' wishes, culture and religion.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who used the service and their relatives told us the service was well led and they felt listened to. They said, "I think Tunhill is a very good home. I know I can email or phone the area or home manager with any problems and they are sorted" and "People and staff seem happy at Tunhill, that says a lot."
- The provider and deputy manager has established an open and inclusive culture in the service, so people, relatives and staff could raise any issues or concerns or make suggestions. The provider understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- Services that provide health and social care to people are required to inform us (CQC) of important events that happen in the service. This is so we can check appropriate action has been taken. The provider and deputy manager had submitted notifications to us in an appropriate and timely manner in line with our guidelines.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager of Tunhill had recently left the service. The deputy manager was managing the home with support from the area manager and other registered managers within the providers group. Interviews for a new registered manager were being held the week after this inspection.
- Staff spoke positively about the deputy and area manager. They said they were approachable, readily available when they needed advice and active in the day to day running of the home. They said, "I feel so supported" and "[Named deputy] has been brilliant."
- People using the service and their relatives said they had good access to the deputy manager and found her friendly and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people to ensure their voice was taken into consideration. People were invited to attend meetings and complete questionnaires, which were analysed for any areas needing attention. A summary of the last survey, completed in October 2018, contained positive outcomes and had been shared with people and their relatives.
- Everyone we spoke with felt the service listened to them and acted on their suggestions. People and relatives said, "We have a meeting about six times a year and I have a review every month" and "We are listened to, I have also completed surveys."
- We saw minutes of the last 'resident meeting' where a suggested change of use of a communal area had

been discussed with people. It was positive to see people were confident enough and had been supported to reject this change.

Continuous learning and improving care

- The provider, deputy manager and other staff carried out monitoring and auditing of all aspects of the service. These included audits of medicines, care records and an environmental audit. Audits showed the actions taken to address any issues.
- Staff had attended regular staff meetings, one to one support sessions and an annual appraisal of their work. These kept them informed about how the home was operating, gave them the opportunity to share their views and assessed their work performance.

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people who used the service. Care professionals we contacted told us they had no concerns about the service. One said, "Overall I was happy with my findings during my last visit."