

Valeo Limited

Tunhill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tunhill is registered to provide accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. The home is situated in Sheffield, South Yorkshire near local shops and public transport.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Tunhill took place on 8 June 2015. At that inspection we found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations 17: Good Governance and 18: Staffing. We found evidence on this inspection to show improvements had been made to meet the requirements of regulation 18, staffing, as staff were being provided with regular supervisions and an annual appraisal for development and support. We also found improvements had been made to meet the requirements of regulation 17, Good Governance, as monitoring visits to audit the running of the home had increased in frequency.

This inspection took place on 15 November 2016 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, people and staff would be available. On the day of our inspection there were four people living at Tunhill.

We spoke with three people living at Tunhill. Their comments about Tunhill were positive. We saw people freely approach staff and have conversations and interactions with them.

We spoke with two relatives who had no concerns regarding the support their family member received.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and

nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and/ or their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to provide care and support to people who used the service. Staff had been provided with supervision on a regular basis for development and support.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

Is the service caring?

Good ●

The service was caring.

People said staff were kind.

We saw staff were respectful and appeared to know people's preferences well.

Staff were positive and caring in their approach and interactions with people.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed and amended in response to changes in their needs.

Staff understood people's preferences and support needs. The activities provided took into account people's personal hobbies and interests.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Is the service well-led?

Good ●

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager was approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available for staff.

Tunhill

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 inspection took place on 15 November 2016 and short notice of our visit was given. We did this because the manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, some people living at the home and staff would be available. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Sheffield local authority commissioners. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with three people living at the home. In addition, we telephoned two relatives of people living at the home to obtain their views of the support provided. We spoke with five staff about their roles and responsibilities. These included the registered manager, the deputy manager and three support workers.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care 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

People living at Tunhill told us they felt safe, comments included, "I like it here" and "It's okay living here."

Relatives spoken with said they had no worries or concerns about their loved ones safety.

We found three support workers; the deputy manager and registered manager were on duty during our inspection. The manager told us three staff were provided each day and two staff were provided each night. An additional 7.5 hour shift was provided each day, the hours of this shift were flexible depending on the needs of service users for each day. Staff spoken with confirmed three staff were always on duty apart from during the night when two staff were available and awake on night shifts. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said enough staff were provided to meet people's needs.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. The company provided a whistleblowing helpline for staff to support them. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them. Information gathered from the local authority and from notifications received showed safeguarding protocols were followed to keep people safe.

We looked at three staff files. We found some recruitment information was kept at the head office and one file seen did not include evidence of a Disclosure and Barring Service (DBS) check. However, this was provided from the head office during our inspection. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The files seen showed appropriate checks had been undertaken prior to employment. Each contained references and proof of identity. We saw the company had a staff recruitment policy so important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a

person's activity and included road safety, community presence, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

The service had a policy and procedure on safeguarding people's finances. The manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for two people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe. Staff told us they had medicine management training as part of their induction and 'medication competency assessments' were carried out by the registered manager before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice.

We found the medicines systems were checked and audited by a pharmacist. We saw the pharmacist had undertaken an audit on 3 November 2016. We were provided with a copy of the pharmacist's report which showed no urgent actions were required following their visit and any recommendations made had been acted upon.

We found one member of staff, usually the senior on duty, was designated with responsibility for managing medicines. We checked two people's Medicine Administration Record (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out. This showed procedures were in place for the safe handling and storage of medicines.

We found that a policy and procedure was in place for infection control. Training records seen showed all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the home was clean.

Is the service effective?

Our findings

People spoke positively about living at Tunhill. One person told us, "It is okay living here" and "I like living here."

Relatives spoken with said staff appeared to know their loved one well and had the skills to support them. They told us they had no concerns regarding their loved ones health. One relative commented, "On a scale of one to ten, it's twelve. I couldn't ask for better staff." Another relative told us, "Staff bend over backwards. There is nothing they haven't tried to do for them."

At our last inspection we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 18, Staffing. We found staff were not provided with supervision on a regular basis. Some staff had not been provided with an annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. At this inspection we found improvements to the provision of supervision and appraisal. We saw a policy on staff supervision and appraisal was in place for guidance and information. We saw the supervision matrix and plan which showed regular, planned supervision and an annual appraisal was provided to staff. Staff spoken with confirmed they were provided with regular supervision meetings with the registered manager.

Staff told us they were provided with a range of training which included conflict management, equality and diversity, first aid, infection control, safeguarding, food hygiene and person centred thinking. We saw a training record was in place so training updates could be delivered to maintain staff skills. Systems were in place to identify when staff needed training updates so these could be planned. The registered manager told us training was completed via e-learning on the homes computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood. In addition, face to face learning in some subjects such as first aid and moving and handling was provided to support people's learning. The registered manager told us all staff had the opportunity to complete the Diploma in health and social care to develop their skills.

Induction training was provided to staff so they had the skills and knowledge for their role. Induction records showed a four day induction was provided to staff that covered two days on conflict and behaviour management and two days on roles and responsibilities. New staff spent time shadowing more experienced staff to help them understand their role. The registered manager informed us new staff were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these.

We looked at three people's support plans. They contained a range of information regarding each individual's health. Support plans contained a health action plan which showed annual health reviews took place to monitor people's well-being. We saw people had contact with a range of health professionals that included GP's, dentists, psychiatrists and hospital consultants. The files held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

At the time of this inspection Tunhill had no vacancies. The registered manager explained if a place became available she would undertake an assessment that considered the needs of, and compatibility with other people already living at Tunhill. The support plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the support planning process to make sure people could share what was important to them. Relatives spoken with said they were always kept up to date and asked their opinion.

The support plans seen detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. Staff told us people decided what to eat each day and they joined staff to do the food shopping. Staff confirmed people were able to choose what they wanted to eat and commented, "I think that is something we are really good at. People always make their own choices and there are never any issues about getting people the food they want. [Name of person supported] is having steak tonight, it is their favourite. We saw the fridge and freezer were well stocked and fresh fruit and vegetables were available for people to enjoy and to promote health. We saw people eating different breakfasts at different times according to their wishes. This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

We saw Tunhill had a patio and garden area. At the last inspection we found the garden was unkempt and overgrown in places. We found the appearance of the garden had improved, was well maintained and accessible.

Is the service caring?

Our findings

People told us they liked living at Tunhill. Comments included, "The staff are nice" and "I can talk to staff about anything."

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

The interactions observed between staff and people living at the home appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were supporting a person to go to a local shopping centre and they made sure they left when the person wanted to. Another staff supported a person to a social event that they had decided to attend. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them. Staff displayed genuine warmth and caring attitude to the people they were supporting. One staff told us, "I love coming to work. It can be really challenging but we all like spending time with [the people supported]."

Relatives spoken with said the staff were very caring. They told us they had no worries or concerns and felt their loved one was well cared for by staff that knew them well. They commented, "We work together, they involve me in everything and that's how I like it. They [staff] are so fantastic" and "Let me put it like this. We've had our ups and downs for the last two years, but [name of person supported] wouldn't be where they are now without the help from staff. There is nothing they wouldn't do."

Relatives also told us they had been fully involved in the care planning with their family member so their opinion was taken into account.

Staff said they had a good relationship with people's families and we found the staff spoken with were knowledgeable about people's family and the contact they had with them.

Throughout our inspection we saw people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and plans so these could be respected.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity.

The manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members

or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and preferences so these could be respected

This showed important information was recorded in people's plans so staff were aware and could act on this.

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. When asked if they got the support they needed, people responded 'Yes' and "I like the staff. They help me."

Relatives said they could speak with staff and found them approachable and friendly. Comments included, "We have no complaints at all. We can talk to the staff at any time."

We saw staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person when they wanted to eat and encouraged them to prepare breakfast.

We found a range of activities were provided, and these were based on people's individual interests. The home had a people carrier available to support trips out. We found activities included meals out at various local pubs, shopping trips, swimming and visits to social clubs. On the day of our inspection one person went to a local shopping centre with staff and another person chose to go to a social club with staff. Staff told us people had chosen what type of holiday they wanted and had enjoyed these.

People's care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The plans contained clear guidance for staff on people's communication so staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life. The care records were well organised and each identified area of support held a corresponding risk assessment so staff were provided with comprehensive information to reduce risk whilst promoting independence.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident people's plans contained accurate and up to date information that reflected the person.

We found support plans held evidence they had been reviewed to keep them up to date. For example, one person's behaviour management plan had been updated following an increase in incidents. The record detailed signs to look out for and the staff actions required when known behaviours were apparent to reduce the person's anxiety. The record also evidenced appropriate health professional's guidance had been obtained. This showed a responsive approach.

We found monthly key worker meetings were held with each person. Records of these showed people had been involved in discussions about their support, their wishes, preferences and goals so these could be

supported.

There was a clear complaints procedure in place. Staff told us they would always pass any complaints to the registered manager, and they were confident the registered manager would take any complaints seriously.

We saw an 'easy read' version of the complaints procedure was included in the 'Service User Guide' which had been provided to people living at the home and their relatives. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The easy read version of the complaints procedure was also on display in a corridor area of the home so this was accessible to people. This showed people were provided with important information to promote their rights and choices. We found a system was in place to respond to complaints. The registered manager told us no complaints had been received since our last inspection. The registered manager was aware of the complaints procedure and informed us an electronic record would be kept of any complaint received and would include the actions taken and the outcome of the complaint.

Is the service well-led?

Our findings

The registered manager had been in post since June 2013 and was registered with CQC.

At our last inspection we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, Good governance. We found monitoring visits to audit the service were not undertaken on a regular basis. In addition, surveys to people using the service and/ or their representatives to formally obtain and act on their views, had not been undertaken as part of the quality assurance process. Gaps in some quality monitoring, audits and monitoring visits meant quality assurance systems were not fully in operation. Staff meetings had not been undertaken on a regular basis to share important information.

At this inspection we found improvements to the quality monitoring which showed systems were in operation to check and audit the running of the home. The organisations locality manager had undertaken regular quality monitoring visits. The registered manager explained a quarterly report from the locality manager's visits was produced. We were provided with a copy of the most recent report which showed checks were made on all aspects of the running of the home. These included checks on people's risk assessments and support plans, complaints, accidents and incidents, fire records, staff supervisions, medication and environment. The registered manager confirmed any areas requiring action would be identified in the report. We saw emails from the locality manager to the registered manager and the homes visitor signing in book to evidence the locality manager had undertaken approximately ten monitoring visits in 2016 in addition to attending the home for meetings.

The registered manager informed us the organisations compliance and regulation team undertook an annual audit of the home and they had visited in May 2016. We were provided with a service development plan which was produced following this visit. This showed actions were identified to ensure ongoing improvements to the home. For example, following feedback plans were in place to involve people using the service in maintaining and enjoying the garden.

This inspection found improvements had been made to the frequency of staff meetings. Records seen showed regular staff meetings were held and all staff spoken with confirmed this.

We found quality surveys had been sent to people using the service or their representatives following our last inspection in June 2015. The results had been audited and a booklet had been produced with the summary of findings. We were provided with a copy of the booklet which reflected positive results. The registered manager informed us the results of the surveys were shared in the quarterly newsletters provided to staff and service users.

We found further surveys had been sent to people using the service and their representatives in September 2016 to continue obtaining people's opinion formally.

We saw checks and audits had been made by the registered manager and senior staff at the home on a

daily, weekly or monthly basis. These included daily financial records checks, daily medication checks and regular health and safety checks. We found the health and safety audits covered infection control so any issues identified could be acted upon. We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

The registered manager was responsible for managing Tunhill and two other small homes run by the same provider in the Sheffield area. The registered manager told us she spent part of each week at Tunhill and the other two homes. The registered manager had a mobile phone and all staff were aware of this and could contact her if needed. Staff confirmed this and said the registered manager was available if needed. The home had a deputy manager who also deputised at one of the other small homes run by the same registered provider. Staff said both managers were approachable and supportive.

We received feedback from Sheffield local authority contracts and commissioning team to inform us a monitoring visit had been undertaken by the local authority and NHS clinical and commissioning group (CCG) on 24 February 2016 and the service was signed off as compliant on 13 May 2016 following some updates to their policies.

Staff told us they enjoyed their jobs, communication was good and they were a good team that worked well together. Staff commented, "I love my job. We get lots of support," "The manager is very approachable. She listens and asks for opinions. She takes on board what we say" and "I definitely feel supported at work." We saw staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so staff were aware of these.

Staff told us they could approach managers and felt listened to. Relatives told us managers were approachable, friendly and supportive.

The home had policies and procedures in place which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.