

# Valeo Limited Tunhill

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### 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 27 January 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 8 June 2015 and short notice was given. We told the provider 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

# Summary of findings

other small care homes they manage, and people are often out. We needed to be sure that the manager 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. People commented, “I can talk to the staff here, they know what I like to talk about, what I like to do” and “It’s good. I’m all right.”

We spoke with three relatives who had no concerns regarding the care their loved one 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. However, some staff did not have a clear understanding of the MCA and DoLS and would benefit from further training so that they had the knowledge needed for their role and to make sure people’s rights were upheld.

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 that 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 some systems in place to monitor and improve the quality of the service provided. Some checks and audits were undertaken to make sure full and safe procedures were adhered to. However, visits by the registered providers ‘locality manager’ to audit and assure themselves of the quality of service delivery had not taken place at the frequency identified by the registered manager. In addition, people using the service and their relatives had not been asked their opinion via surveys and staff had not been asked to complete a survey within the last 18 months as part of the quality assurance process. Some policies available at the home were out of date and required reviewing. Staff meetings had not taken place on a regular basis to share information and provide and encourage an open culture in the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

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

There were effective staff training, recruitment and selection procedures in place.

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

Good



### Is the service effective?

The service was not effective.

Some staff had not been provided with supervision on a regular basis or an appraisal for development and support.

Some staff had limited understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect peoples' rights.

Staff were appropriately trained to provide care and support to people who used the service.

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.

Requires improvement



### Is the service caring?

The service was caring.

People said staff were kind.

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

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

Good



### Is the service responsive?

The service was responsive.

Whilst people's support plans had been amended in response to changes in their needs, routine care plan reviews had not consistently taken place.

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.

Good



# Summary of findings

## Is the service well-led?

The service was not well led.

There were some quality assurance and audit processes in place. However, some quality assurance visits had not taken place at the frequency identified, surveys had not been undertaken and some audits had not been fully completed.

Team meetings did not take place on a regular basis where staff could discuss various topics and share good practice.

The service had a range of policies and procedures available to staff. Some policies kept in the policy files needed replacing with the up to date versions available on the computer.

The manager and staff told us they felt they had a good team. Staff said the manager and senior staff were approachable.

**Requires improvement**



# 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 8 June 2015 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 that the manager and staff would be available. The inspection team consisted of one adult social care inspector and an inspection manager.

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, three relatives, two professional visitors, the registered manager, a senior support worker and two 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 two people's care records, four 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, “Yes I am safe, they [staff] help me be safe” and “I am all right here, I can talk to [listed names of several support workers.]”

Relatives spoken with said that they had no worries or concerns about their loved ones safety. Their comments included, “They are 100% better here than anywhere else. They [staff] couldn’t do any more than they do. [Name of relative] is very safe here. We don’t have any worries at all.”

We found three staff 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 support worker was available for seven and a half hours each day to facilitate further support, activities and trips out. Staff spoken with confirmed that at least 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 that 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 that 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. 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 that 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 that these

policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. 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. We found that some recruitment information was kept at the head office. Additional records relating to staff recruitment were sent to us shortly after this inspection visit so we could make sure all appropriate information had been obtained. We were provided with copies of three staff application forms which evidenced that full information had been obtained. The files checked showed that where gaps in previous employment had been identified, these had been explored and explained to evidence safe procedures had been followed. We saw that the company had a staff recruitment policy so that 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 two 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 that each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for three people and found the records and receipts tallied for two people. We found a small discrepancy with the record and amount of money held for one person. We discussed this with the registered manager who gave assurances that this would be checked. The registered manager contacted us the day following this inspection to confirm the discrepancy had been explained and amended. The manager told us that a financial audit

## Is the service safe?

undertaken by staff external to the home took place on an annual basis and had taken place in February 2015 by the Divisional Financial Controller. We saw the report from this audit that showed people's financial records, monies held and receipts had been checked for the period 1 August 2014 to 25 February 2015. 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 that staff had understood their training and could help keep people safe.

We found that one member of staff, usually the senior on duty, was designated with responsibility for managing medicines. We spoke to the senior staff responsible for medicines on the day of our inspection. They could describe to us how medicine was administered by dispensing into a medicine pot and then marking (dotting)

the Medication Administration Records (MAR) chart to indicate which tablet had been dispensed into the pot. The medicines were given from the medicine pot and the person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines safely. When the person had taken their medicine the member of staff signed the MAR sheet. This showed that safe procedures were followed.

We checked two people's MAR charts and found they had been fully completed. We saw that controlled drugs (CD's) were stored appropriately and administration records were signed by two people. The medicines kept corresponded with the details on MAR charts. This showed that 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 that 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, “I like it, it’s all right.” Another person commented, “They [staff] are nice, they help me.”

Relatives spoken with said that 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, “I have nothing but good things to say. I am not sure [my relative] would be here without the help from the staff here. They are healthier than they have been in a long time.”

Staff spoken with and records checked showed that 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.

Two staff spoken with were unclear about the frequency of supervision. They commented, “I don’t know how often supervision should be. I’ve had one this year” and “We do have this (supervision) but often we don’t need it. I always talk to [the managers] so this could count as supervision. I think I had one just before or just after Christmas (2014).” Staff said they had received limited supervision but were unclear about their frequency.

One staff supervision record showed one supervision had taken place in March 2015, and three in 2014, with a gap of six months between two of the supervision meetings. We found no record of an appraisal in this file. A further file showed that three supervisions had also been provided in 2014 and one in January 2015. An appraisal was dated February 2012. The third supervision record checked showed that supervisions had taken place in November 2015 and May 2015. No evidence of appraisal was found in this file.

In addition, whilst records showed that staff had been provided with training in Deprivation of Liberty Safeguards (DoLS) and the MCA (Mental Capacity Act 2005), staff spoken with had a limited understanding of this and were unsure what the MCA was or if DoLS were in place. Staff

also had limited understanding about the practical implementation of these. Comments included, “I’m not sure about MCA” and “I don’t know if anyone has a DoLS. I think [name of person] has capacity.”

These examples demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

CQC monitors the operation of the DoLS which applies to care homes. DoLS are part of the MCA legislation which is in place for people who are unable to make all or some decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff confirmed that they had been provided with training in MCA and DoLS. One member of staff told us they were waiting for training in this area. We found that appropriate DoLS had been obtained in line with current guidance. We saw that best interest meetings had taken place where necessary to ensure guidance was followed.

We looked at two people’s support plans. They contained a range of information regarding each individual’s health. Support plans contained a health action plan which showed that 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. The people seen who lived at Tunhill looked fit and well.

At the time of this inspection Tunhill had no vacancies. The registered manager explained that 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 invited and took part in reviews to contribute their views.



## Is the service effective?

The support plans detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. Staff told us that people helped to decide the weekly menu and joined staff to do the food shopping. People were able to choose what they wanted to eat. Staff told us that two people liked to choose the same meals and eat together. One person living at Tunhill confirmed this and said "Me and [name of person] like to eat the same tea sometimes. We are having pizza tonight. We both like that." We saw people eating different breakfasts at different times according to their wishes. This showed that people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

Staff told us that there were always choices of food available and if a person wanted different to the menu this was respected. They said they encouraged people to eat healthily and commented, "We guide people to have a balanced diet." We saw that the fridge contained a variety of fresh produce including vegetables. We saw fresh fruit was available in the kitchen.

Staff told us they were provided with a range of training that 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 that training updates could be delivered to maintain staff skills. The registered manager told us that training was completed via e-learning on the home's computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood.

We found that Tunhill had a patio and garden area. We saw the garden was unkempt and overgrown in places. A broken table and chairs was placed in part of the garden and one area was inaccessible due to overgrown weeds. This was discussed with the registered manager who informed us that staff would usually undertake gardening maintenance with people living at the home, but as no one was interested in spending time in the garden this had not been achieved. The registered manager gave assurances that she would discuss this issue with her managers' in order to make the garden a well maintained, safe and inviting space for people.

# Is the service caring?

## Our findings

People told us they liked living at Tunhill. Comments included, “They [staff] are nice, they help me” and “I am friends with them, I can talk to them.”

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 shopping in the city centre. We heard them ask the person if they still wished to do this and confirm what they wanted to shop for. The person engaged in conversation and made decisions about the trip out. On another occasion we saw staff patiently and quietly advise a person regarding a habit. This was done respectfully and the person listened and acted on their advice. 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. We saw that one person tended to repeat conversation. We found staff were patient and reassuring with the person.

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, “They [staff] are absolutely fantastic. Without these staff [my relative] wouldn’t be in the position they are now. They were in pieces. We are thrilled they are getting the help and support they need. I would recommend this home to anyone.”

Relatives also told us that they had been fully involved in the care planning with their loved one so that their opinion was taken into account. One relative commented, “We are very involved. We are always invited to meetings to discuss what’s happening with [name of relative]. They definitely involve us and we are always asked.”

Staff said that they had a good relationship with people’s families and commented, “We work well with families, and we work alongside each other. Families are always involved.”

Throughout our inspection we saw that people’s independence was promoted and people’s opinion was sought. We saw staff asking people about their choices and plans so that these could be respected. One staff told us, “We are good at supporting people to do what they want, help with things, not do things for them.” Another staff told us “That’s why we are here, to guide and support and to get people involved to enhance their lives.”

We saw people’s privacy and dignity was promoted so that 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. Comments included, “We always knock before we go in someone’s room. We ask how they want to be supported” and “I find ways to find the right words to maintain dignity and respect, how to say something in the most appropriate way.”

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 we saw examples where some parts of a record had been reviewed and updated to reflect people’s wishes. Examples of these wishes included choice of outings and interests. The plans showed that people and their relatives had been involved in developing their support plans so that their wishes and opinions 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 that staff supported them in the way they needed and preferred. They said, “Staff are good, they talk to me about things so that it’s all right” and “They [staff] know my interests and I can talk to them.”

Relatives said they could speak with staff and found them approachable and friendly. Comments included, “The staff are great. We are always made to feel welcome and can talk to them about anything at all.”

We saw that 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 food shopping with staff, another person went into town shopping with staff and a third person enjoyed a visit from their family.

One person told us about an interest that was important to them. They were able to describe this in detail. We later heard them talking about this interest with staff. We checked their support plan and found details of this interest were recorded so that a full picture of the person was available.

Peoples 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 that 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 that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

We spoke with two health care professionals who were visiting the home during our inspection. They spoke positively about the support provided and commented, “The staff are supporting [a person] with very complex needs. Their plan is descriptive and the person is well captured. The plans need indexing to make it easier to get information but I have no concerns about the staff here. I visit every two to three weeks and the staff always make me feel welcome” and “I visit every two weeks. I held a workshop for staff and this was well attended. The interactions during the session were positive. Staff follow through any recommendations and address issues promptly.”

One health professional shared some advice they had given the registered manager to ensure staff were equipped to enable them to summon help if needed. We spoke with the manager and staff who confirmed that the advice had been followed, to ensure staff were fully supported to deal with any potential conflict.

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 told us that plans were reviewed, but they were unsure of the frequency of these reviews. Staff were confident that people’s plans contained accurate and up to date information that reflected the person.

We found that both the support plans we checked held evidence that some review had taken place, to reflect changes. However, neither had been reviewed on a monthly or three monthly basis as advised by the registered manager. In addition, one care record contained duplicate or blank documents that made the plan difficult to navigate and find information. This was discussed with the registered manager who informed us that they had identified the need for the plan to be better organised and gave assurances that this would take place, along with more frequent reviews. There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to the registered manager, and “They [the registered manager] always writes things down and documents them”, which showed that complaints were taken seriously.

We saw an ‘easy read’ version of the complaints procedure was included in the ‘Service User Guide’ which had been

## Is the service responsive?

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. This showed that people were provided with important information to promote their rights and choices.

We found that a system was in place to respond to complaints. The registered manager told us that one complaint had been received since she had worked at the home in the last two years. We checked the electronic records related to this complaint and found full details had been kept, including the response and outcome of the complaint.

# Is the service well-led?

## Our findings

We found a quality assurance policy was in place and saw that some audits were undertaken as part of the quality assurance process. However, gaps in some quality monitoring, audits and monitoring visits meant that quality assurance systems were not fully in operation.

The registered manager told us the locality manager completed 'Operational Performance and Monitoring' visits on a monthly basis. We checked a sample of these reports and saw they detailed 'to be submitted monthly.' The quality assurance policy stated 'the locality manager should visit regularly.' However, we found that only three visits had taken place in 2015. The most recent monitoring visit had commenced in February 2015 and the registered manager informed us that this had not been fully completed.

There were no records of care plan audits to identify gaps and the lack of consistent reviews we noted during this inspection.

Surveys to people using the service and their representatives to formally obtain and act on their views, had not been undertaken as part of the quality assurance process. In addition, the most recent staff surveys had been undertaken in October 2013. We discussed this with the registered manager who informed us that surveys would be sent to people using the service and their representatives by the end June 2015.

Records checked showed that staff meetings did not take place on a regular basis to share information and obtain feedback from staff. We looked at the staff meeting minutes and found that two meetings had been held in 2015. However, these group meetings were held by a psychologist to specifically look at how to support individual's behaviour management. No general staff meetings had been held in 2015. Staff spoken with were unsure of the frequency of staff meetings. The last recorded meeting took place in December 2014. We discussed this with the registered manager who gave assurances that further staff meetings would be planned to ensure good communication in the home.

These examples demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

We saw some 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, weekly medication audits and health and safety checks. We found the health and safety audits covered infection control so that any issues identified could be acted upon. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. We found the Quality Compliance and Regulation manager had undertaken an annual audit in June 2014. The registered manager informed us that a further visit was planned for July 2015.

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

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 that 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 that 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.

Staff told us they enjoyed their jobs, communication was good and they were a good team that worked well together. We saw that staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so that staff were aware of these. This showed that this aspect of communication was good.

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

The home had policies and procedures in place which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office. We found some policies were out of date and recorded that they had needed reviewing, some in February and March 2013. We discussed this with the registered manager who told us that all policies and procedures had been updated and showed us the updated and reviewed policies. The registered manager gave assurances that these updated policies would be placed in the office file so that changes in

## Is the service well-led?

legislation and current good practice guidelines were reflected and staff could access these. The registered manager also informed us all updated policies were available on the companies Rezume web site which was available to staff when the registered manager was present.

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.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:** Staff were not receiving appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:** Systems were not in operation to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.