

# SheffCare Limited

# Housteads

## Inspection report

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## Ratings

### Overall rating for this service

Good 

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?

Good 

## Overall summary

Housteads is registered to provide accommodation and personal care for up to 40 older people, some of whom may be living with dementia. The home is situated in the Richmond area of Sheffield, close to local amenities and transport links. Accommodation is based on the ground floor. All of the bedrooms are single and communal lounges and dining rooms are available for use. The home has a secure enclosed garden and car park.

The service did not have a manager 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. The previous registered manager retired on 17 April 2015. An experienced manager from a home within the same company was covering the vacancy whilst a new manager was recruited.

Our last inspection at Housteads took place on 29 June 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

# Summary of findings

This inspection took place on 26 May 2015 and was unannounced. On the day of our inspection there were 34 people living at Housteads.

People told us they were well cared for and they felt safe. Comments included, "It's good here, I am quite satisfied," "The staff are lovely" and "I feel safe here."

Two relatives told us, "We don't have any concerns. The staff do their best and are very caring."

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

We observed the number of staff on duty and found that staff were visible in all areas of the home and available to respond to people's needs and keep people safe. Some people living at the home said that they would like more staff.

In the main the home was clean and tidy. However, we found that two corridor carpets were stained, marked and worn. This did not create a positive impression of that area of the home.

Individual care plans and risk assessments were in place in order to identify people's needs and manage risks to people. We found that some care plans required updating to make sure they contained relevant information. The manager had identified this and we saw evidence they were working through a programme of updating care plans.

Staff received training in safeguarding and knew how to identify and report abuse and unsafe practice. Incidents were assessed and monitored by the manager to try to prevent and reduce potential reoccurrence and identify any trends.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

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. We found that significant changes to the senior staff team had taken place in the weeks before this inspection. Staff reported an improvement in morale since new senior staff had been working at the home.

Staff had not been provided with regular supervision for development and support.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. 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 that they could speak with staff if they had any worries or concerns and they would be listened to. Some people were unsure who the new manager was.

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

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys; the manager confirmed the results of these would be audited to identify any areas for improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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.

Safe procedures for the administration of medicines were followed and medicines records were accurately maintained.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Some corridor carpets in the home were marked and stained. The environment would benefit from the replacement of these carpets.

Good



### Is the service effective?

The service was not effective.

Staff did not receive supervision at regular intervals for development and support.

People were supported to receive adequate nutrition and hydration.

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

People felt staff had the skills to do their job.

Requires improvement



### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences.

People said staff were caring in their approach.

Good



### Is the service responsive?

The service was responsive.

People's care plans contained a range of information. Some plans held gaps in information and review. The manager was in the process of reviewing and updating all care plans to make sure they were up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people.

People were confident in reporting concerns to the staff and felt they would be listened to.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Significant changes in the senior staff team had taken place in the two months prior to this inspection. Staff reported improved morale. Staff said the manager and team leaders were approachable.

There were quality assurance and audit processes in place.

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

# Housteads

## 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 26 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and dementia care.

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 commissioners of the service and 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 contracts officers and this information was reviewed and used to assist with our inspection.

During our inspection we spoke with 11 people living at the home and six of their relatives or friends to obtain their views of the support provided. We spoke with nine members of staff, which included the manager, the deputy manager, a team leader, care support workers, the activity coordinator and ancillary staff such as catering and domestic staff.

We spent time observing daily life in the home including the care and support being offered to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, which included four 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 the home that we spoke with said that they felt safe. One person commented “I feel safe here, nothing has ever happened to me here.” Another person told us, “I am safer here; we are all safe and looked after.”

People told us that if they did have a worry they could talk to staff and they would deal with their concern.

Relatives spoken with felt their loved ones were safe at Housteads. Comments included, “Yes I think [my relative] is safe, I do not have any worries and have not seen any challenging behaviour from others” and “We know [our relative] is safe. She would definitely tell us if she didn’t feel safe or was unhappy about anything at all. We’ve no worries.”

Whilst people told us they thought there were enough staff to deal with their care needs, some people felt more staff were needed. Comments from people and their relatives included, “I do think there are enough staff,” “At times there seems insufficient staff,” “There’s always staff around to speak to when we visit” and “It can have an impact on care. There has been quite a lot of staff turnover”. Two people who used call bells in their bedrooms told us that when they pressed their bells a member of the care staff usually came quickly. Call bells are used to enable people to attract the assistance of staff. They commented, “Staff seem to cope with their work, it doesn’t take them long to come [when the call bell is used]” and “They are short staffed and it’s hard work here. They [staff] always come quickly when I call for them.”

At the time of this visit 34 people were living at Housteads. We found that five care support workers, the manager, the deputy manager, a team leader, an activities worker and ancillary staff that included domestics and cooks were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the manager about staffing levels. They said that these were determined by people’s dependency levels and occupancy of the home. We looked at the homes staffing rota for two weeks prior to this visit which showed that the numbers of staff were maintained so that people’s needs could be met. On some shifts the number of care support workers available was reduced to four. The manager stated that this was within identified numbers, but on some shifts extra care support

workers were available to ‘float’ where needed. Some staff spoken with said it was ‘much better’ when a fifth care support worker was provided as they had more time for people. This was shared with the manager.

We found that questionnaires had been sent to people living at Housteads the month before this inspection took place, to obtain their views about aspects of the home. We saw that 13 questionnaires had been completed. People had been asked about the promptness of staff attending to them and the level of attention they received from staff. In all 13 responses people stated they were ‘highly satisfied’ or ‘satisfied’.

People told us they received their medicine on time and had not experienced any problems with the administration of medicines. Relatives said they had no worries about anything to do with their loved ones medicines.

Staff confirmed that they had been provided with safeguarding vulnerable adults 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 that they would always report any concerns to their managers and were confident they would be listened to.

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

We found that systems were in operation to swiftly respond to people’s whistleblowing concerns. We saw that any concerns were taken seriously and appropriate action to deal with the concerns, such as undertaking a prompt investigation, were in place.

We saw that a policy on safeguarding vulnerable adults was available so that staff had access to important information to help keep people safe. Staff knew that these policies were available to them.

The service had a policy and procedure on safeguarding people’s finances. The manager explained that each person

## Is the service safe?

had an individual record and could access funds from petty cash. We checked the financial records and receipts for three people and found the records and receipts tallied. The manager informed us that the financial systems were audited annually, as part of the company's overall audit of the business. The manager also informed us the most recent audit was conducted in July 2014, for the year ending 31 March 2014. A further audit was planned for 13 July 2015 onwards for two weeks to cover the year ending 31 March 2015. This showed that procedures were followed to help protect people from financial abuse.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, 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. This information helps employers make safer recruitment decisions. 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 that they had provided references, attended interview and had a DBS check completed prior to employment. We found that one person's reference from their last employer held some information which needed to be considered as part of full and safe procedures. We found no evidence to show that this information had been explored and the risk assessed prior to the decision to employ the person. We discussed this with the manager who completed a statement informing that no risk was identified to place in the staff file.

We looked at four people's care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for 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 followed the correct procedure for administering and managing medicines. The deputy manager informed us a pharmacist had inspected the medication systems the week prior to this inspection and they were awaiting the report from this visit.

We observed staff administering some of the morning and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We found controlled drugs (CD's) were stored and administered in line with safe procedures. We checked three Medication Administration records and three CD records and found the medicines held corresponded to the details on the MAR.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. One domestic staff spoken with said that they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection. We found the home was generally clean. However, two corridor carpets were worn marked and stained. This did not create a good impression and the environment would benefit from the replacement of these carpets.



# Is the service effective?

## Our findings

People living at the home said their health was looked after and they were provided with the support they needed. People told us that staff noticed when they were unwell and called the doctor to see them. One person told us, “We are all well looked after, the doctor comes every week, more if it’s needed.”

People we spoke with told us they thought the care staff were well trained and performed their jobs well. One person who lived at the home said, “I do think they get training for what they do. They seem to know what they’re doing.”

The relatives spoken with had no concerns regarding the health care support provided to their loved ones. One relative told us the communication with staff was good and commented, “Whenever I have wanted information or clarity, I have spoken to the team leader who has always been helpful.”

People told us that the food was good and they enjoyed the meals. Comments on the food included, “I enjoy some of the meals, they make different meals if you ask. I always have a good dinner and then it is sandwiches and buns for tea. At functions we have a glass of sherry or wine or snowballs,” “On the whole the meals are nice and we do have choices” and “I am quite happy with it (the food), if we don’t like it we can ask for something different.” One person told us that they had put on weight since living at Housteads.

The completed surveys seen showed that people thought the variety, quality and service of food was ‘excellent’ or ‘very good’. All 13 respondents had also said that meals were served at the times they preferred and alternatives were on offer.

One person told a member of the inspection team that they were sometimes hungry and wanted more snacks. When we asked them further about this they explained that their family usually brought them crisps to eat but they had run out. They told us they were happy with the meals and ‘quite satisfied’ with everything, they were just ‘fancying’ crisps. They told us they were never hungry. With their permission we informed the manager who arranged for the person to be provided with crisps.

We found that the service had policies on supervision and appraisal. 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.

The manager informed us that staff were provided with six supervisions each year, including an annual appraisal. We looked at five staff files and found four staff had not been provided with supervision at regular intervals, or appraisal annually. One staff file held a copy of an appraisal dated December 2014. The appraisal form had not been completed. In the same file the most recent supervision record was also dated December 2014. Another file held an appraisal dated January 2014, and the last supervision record was dated November 2014. One file held no evidence of an appraisal and two supervisions within the last year. Another file held no evidence of an appraisal and the last supervision record was dated July 2014.

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

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who lack capacity to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests and in accordance with the MCA Code of Practice. Also, where any restrictions or restraints are necessary, that the least restrictive measure is used.

Staff we spoke with generally understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and had a basic understanding of what these meant in practice. This meant that staff had some relevant knowledge of procedures to follow in line with legislation. The manager informed us that where needed DoLS applications had been referred to the local authority.



## Is the service effective?

We looked at four people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans had been signed, showing that people had been asked if they agreed to the support being provided.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, chiropodists and dentists. People's weights were monitored monthly so that any issues were identified promptly.

We spoke with a health professional who was visiting the home on the day of our inspection. They told us they had no concerns about Housteads and commented, "Staff go the extra mile. I visit every week and am always made to feel welcome. Staff appear to know the residents well and are always quick to report any concerns."

We observed part of the breakfast and lunch time meal in two areas of the home. We saw meals were nicely presented and people were eating different meals according to their choice. Staff were chatting to people as

they served meals and there was a pleasant atmosphere in the room. Where needed, people were provided with assistance or equipment to help them eat and staff supported them patiently. One person ate lunch in their bedroom through personal choice. We saw that people had different meals according to personal choice. People were sat in various dining areas of the home to eat their meals, again according to personal choice. This showed a flexible approach to providing nutrition.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks trolleys being regularly taken into the various lounges during the morning of our visit. We saw people who preferred to spend time in their bedrooms also received warm drinks. Staff were aware of people's food and drink preferences and respected these. This demonstrated that staff had a good knowledge of the people in their care.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes. We saw plentiful stocks of food in the kitchen that included fresh fruit and vegetables and home cooked cakes and pastries.

# Is the service caring?

## Our findings

People told us they were happy living at Housteads. Comments included, "I get on with all staff, it is a good place," "Staff are all kind and we know them by their first names," "The staff are very nice and most of the people in here are nice too" and "Staff seem alright and try to help as much as they can. Staff respect me and treat me kindly."

One person we spoke with was staying at Housteads on a respite (short term) basis. They told us, "I choose to come here. I have been in quite a few and I feel this is the best place. It is like having a close family here because it is small. There are plenty of things to do and sometimes we have functions and entertainers come in."

Relatives told us they found the care staff kind and helpful. Two relatives commented "[My relative] would definitely tell us if they were unhappy here. They would tell the staff as well. We think the staff are great, no worries at all."

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided.

We saw the surveys asked people if the 'service was delivered in a way that respected their privacy'. All 13 respondents stated that they were 'highly satisfied' or 'satisfied'.

During our inspection we spent time observing interactions between staff and people living at the home, and how staff spoke with people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledged people, asked how they were and shared conversation with them. We saw care workers reassuring people living with dementia when they became agitated. We saw a care worker encouraging a person to walk at their own pace. We saw care workers knock on bedroom doors before entering. We heard friendly conversations in bedrooms and communal areas. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All assistance with personal care was provided in the privacy of people's own rooms. We heard staff speaking to

people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff could describe how they promoted people's dignity and privacy. Examples included calling people by their preferred name, closing doors when providing support in people's rooms and covering with towels when helping with personal care.

The care plans seen contained information about the person's preferred name and some information on how people would like their care and support to be delivered.

Some people who used the service could not recall being involved in their care planning, and some people felt they had not been involved. Other people said they had been asked about their care needs and been involved in their care planning. The plans seen had been signed by people and everyone spoken with said that the care provided was good. We saw that a care plan review was taking place during the afternoon of our inspection and the person and their relatives attended the meeting so that they could voice their opinion.

In the completed surveys people had been asked if their care plan was based on their needs and choices and enough information about their plan was provided. We found that all respondents were 'very satisfied' or 'satisfied'.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were available in the information point located in the entrance area. 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.

Staff told us visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day.

Staff could describe how they supported people with end of life care. Staff told us that privacy, meeting individual

## Is the service caring?

choices and working with other health professionals were important at this time. On the day of our inspection we found a funeral was taking place for the spouse of a person living at the home. The spouse had also lived at Housteads. When we offered our condolences the person said, "They [staff] have been a Godsend, a comfort to me at this sad time. I couldn't have managed without them." Later in the

day we saw staff support the person to attend the funeral with a friend, and later the wake was held at Housteads for family and friends. We heard staff arranging for the person to sleep in their spouse's bedroom that night, as they had specifically requested this to 'feel closer' to their lost loved one. Staff arranged this to respect the person's needs. This showed a caring approach.

# Is the service responsive?

## Our findings

People living at the home said staff responded to their needs and knew them well. They told us they had choices about their daily life and how to spend their time.

Most people told us they could have a bath when they wanted. One person told us they would like a bath more often. They commented “I used to have a shower every morning at home, and I miss that. I understand the staff are busy and I’m satisfied. I have my baths.” Other people commented, “I have a bath about once a week, staff come and ask you,” “Staff help with bathing; I can ask for one if I want to. I think they probably ask people when staff have the time, pretty frequently,” “I like a big bath and staff come and ask if we want a bath or our hair washing.”

People said they could talk to staff if they had any concerns. Comments included, “I am sure there is someone if we needed to talk to someone. I would try and recognise a member of staff” and “We can talk to any staff, they would sort out any worries.”

One person told a member of the inspection team that they wanted to go out to visit their old neighbours, but hadn’t been able to. When another member of the inspection team later asked them further about this they explained that they were quite happy and had no wish to see their old neighbours as they might have moved. The person told us they were ‘happy’ at Housteads.

Relatives told us they found staff responsive to their loved ones needs. Comments included, “Staff had noticed that [my relative] didn’t sleep at night so had tried to think of something they would be able to do. They now like to colour in pictures and have them on their bedroom walls. They really enjoy this.” And “They [staff] know [my relative]. There is no way they don’t have choices. [My relative] wouldn’t let anyone tell them what to do.”

Relatives said they could talk to staff if they had any concerns. One person told us that when they had asked questions, they were pleased with the responsiveness of the team leader. They said “She keeps me informed and sorts out any problems or requests quickly”.

We found that an activities worker was employed for 27 hours each week. People told us they could take part in a variety of activities if they wished. We observed people

enjoying a game of skittles in the large function room. The game was well attended and the activities worker encouraged people and made sure everyone had an opportunity to participate.

In the completed surveys we saw that all respondents had said they were ‘very satisfied’ or ‘satisfied’ with the activities provided.

The manager informed us that they were in the process of updating people’s care plans as they had identified from audits that some plans required improvement to make sure all relevant information was available and up to date. The manager provided us with a list of care plans that had been updated and we found that approximately 50% had been completed.

We looked at two updated plans and found they contained a range of information that set out the persons identified needs and the actions required of staff to meet these needs. The plans contained information on people’s 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.

We looked at two further care plans and found they required some updates. One plan had not been reviewed since March 2015 and held limited information and gaps about the person’s history and support needs.

We spoke with one person who showed us that they had some difficulty with verbal communication. However, they used specific gestures and signals to clearly portray what they needed to. We checked this person’s care plan and found that whilst the plan provided clear information regarding the person’s medical history and the impact this had on current health, the plan did not provide information on how the person communicated, the signals and non-verbal methods used and how staff could support this person to communicate. The manager confirmed that this person’s plan had been identified for update and we saw this on the list provided.

Staff spoken with had a good knowledge of people’s individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

## Is the service responsive?

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. For example, staff were heard asking people what they would like to eat and if they wanted to join in the activities.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' comments and complaints leaflets on display in the entrance area of the home. A suggestions box was placed in the entrance area so that people had the opportunity to use this if they wished. 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. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Housteads. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

# Is the service well-led?

## Our findings

We found that there had been significant changes to the staffing in the months prior to this inspection. The previous registered manager retired on 17 April 2015. An experienced manager from a home within the same company had been covering the vacancy from 20 April 2015 whilst a new manager was recruited. In addition, one team leader had resigned from post and the deputy was not working at the home. In response to these changes the provider had permanently replaced the team leader post with an experienced team leader from another home in the same company, and temporarily covered the deputy post with an experienced deputy also from another home in the same company.

Some people told us they were unsure who the new manager was. We discussed this with the manager who gave assurances that he spoke with people each day and would make sure everyone knew who he was.

All of the staff spoken with said that morale had improved since the staff changes. Staff told us that they enjoyed their jobs. One care staff told us they would be happy for a loved one to live at Housteads and commented, “I would be happy for any relative to live here [Housteads]. The staff are caring and it’s a good team.” All the staff spoken with said they were well supported by the management.

During the inspection we found the atmosphere in the home friendly and saw positive interactions between people using the service, family and staff. We observed the manager, deputy manager and team leader around the home and saw that people living at the home and staff freely approached management to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. These had been undertaken each month by the previous registered manager and the manager covering the vacancy. We saw that the quality assurance officer had undertaken monthly visits to check procedures within the home.

We saw that checks and audits had been made by the manager and senior staff at the home included care plan, medication, health and safety and infection control audits. A ‘daily walk around’ was undertaken by the manager or senior staff each day to check systems were in place and the home was safe. In addition, the manager had introduced a ‘team leaders daily monitoring sheet’ for each corridor. We saw this audit tool covered tasks such as ensuring tables were set and beds were made, in addition to checking activities, personal care and securing records for confidentiality. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

People who used the service, relatives and healthcare professionals were asked for their views about their care and support and these were acted on. We saw that surveys had been sent to people living at the home the month prior to this inspection. The returned surveys were in the process of being collected so they could be audited by the homes head office.

The manager told us that the results of the surveys would be made available to people once they had been audited. An action plan would be developed to address any issues identified from the surveys if one was needed.

Staff spoken with said some staff meetings took place so that important information could be shared. Records showed that corridor meetings had taken place three or four times in the last year, and full staff meetings four times in the last year, including recent meetings held in January and February 2015. Staff told us that the management had an ‘open door’ policy and were very approachable.

Records showed that whilst service user meetings had been held four or five times in 2014, none had taken place in 2015. We discussed this with the manager who gave assurances that further meetings would be planned.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home’s policies. 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 supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.