Rotherham Doncaster and South Humber NHS Foundation Trust

88 Travis Gardens

Inspection report

88 Travis Gardens
Hexthorpe
Doncaster
South Yorkshire
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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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 29 September 2015 and was unannounced. Our last inspection of this service took place in November 2013 when no breaches of legal requirements were identified.

88 Travis Gardens is a care home for people with a learning disability situated in Hexthorpe, Doncaster which is registered for eight people. The service is provided by Rotherham Doncaster and South Humber NHS Foundation Trust (the Trust). At the time of our inspection there were seven people living in the home.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with were aware of their role in safeguarding people from abuse and neglect. They told us they had received training in safeguarding both adults and children.

We saw risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

There were enough staff to keep people safe and to meet their needs. Most staff had worked in the team for a good length of time, so they knew people and their needs and preferences well.

People's medicines were well managed for the most part. However, there were some staff signatures missing from people's medication administration records (MARs). This had not been picked up by the monitoring and audit systems in place.

There were nice pictures of people, and interactive items on the walls, which were colourful, stylish and age appropriate in their appearance. We found all areas to be clean and free from offensive smells.

People's needs had been identified, and from our observations, people's needs were met by staff. There was a lot of emphasis on observations, especially for signs of any discomfort, as people could not always communicate their needs verbally. There was very positive interaction between people and the staff supporting them. Staff used touch, as well as words and tone to communicate with people, to good effect. Staff spoke to people with understanding, warmth and respect and gave people lots of opportunities to make choices. The staff we spoke with knew each person's needs and preferences in great detail, and used this knowledge to provide tailored support to people.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health and have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

The staff were very caring and very creative in finding ways to support people to have choice, to indicate what they liked and did not like, and to try different experiences. We saw the results of various food tasting evenings that staff had organised and these results were presented in colourful, accessible ways to enhance people's engagement and understanding.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community.

The service had a complaints procedure, which was available in an 'easy read' version to help people to understand how to raise any concerns they might have.

There was evidence that people were consulted about the service provided. We saw that house meetings took place and the Trust had arranged for an advocate to help people to comment on their experience of the service.

The Trust regularly asked other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There had recently been a coffee morning at 88 Travis Gardens and people's relatives had been invited, to give them an opportunity to share their views about the service more informally.

There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The staff members we spoke with said they really liked working in the home and that it was an exceptionally good team to work in. The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues with managers at any time.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Overall, there were appropriate arrangements in place to manage people's medicines.

Good

Is the service effective?
The service was effective.

The staff training showed that staff received core training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Good

Is the service caring?
The service was very caring.

There was very positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

The staff were very caring and very creative in finding ways to support people to have choice, and to try different experiences.

Staff knew each person's needs and preferences in great detail, and used this knowledge to provide tailored support to people.

Outstanding

Is the service responsive?
The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

We saw various audits had taken place to make sure policies and procedures were being followed.

The Trust asked people to fill in satisfaction surveys for them to comment on their experience of the service provided.

Staff told us it was a particularly nice team to work in. They told us they had good support from their managers, and were encouraged to challenge bad practice and to raise any issues or concerns.

88 Travis Gardens

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.

The inspection took place on 29 September 2015 and was unannounced. The inspection team was made up of an adult social care inspector 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 service.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We had requested a provider information return (PIR) and the provider had completed one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documents and records that related to people's care, including three people's support plans. We met all seven people who used the service and attended a service user meeting. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spent time, less formally, observing people receiving care and support.

We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for three people. We saw the systems used to manage people's medication, including the storage and the records kept. We looked at the quality assurance systems that were in place. We had a tour around the house and saw some people's rooms.

We spoke with eight members of staff, including the three senior members of staff on duty, who were all qualified nurses. We also contacted a number of stakeholders and health care professionals who visited the service to seek their views and received feedback from a physiotherapist and an occupational therapist.

After the visit we spoke with three people's relatives by telephone, to gain their views about the service.

Good

Is the service safe?

Our findings

Most people living at 88 Travis Gardens were not able to express themselves verbally. During the inspection we saw staff providing care and support to people and we saw that people were kept safe. People's relatives said they felt people were safe in the service.

The provider told us in their PIR that they provided an individual service that balanced safety with people's rights and positive risk taking and we found this to be the case. The staff we spoke with were very aware of the particular risks associated with each person's individual needs and lifestyle. For example one person attended a day service on a daily basis, where they enjoyed taking part in baking sessions. The staff at 88 Travis Gardens encourage the person to be involved in baking, using the oven at home as well. The staff member told us there were risks for this particular person if there were things like hot pans about. Therefore, when the person was baking, staff made sure these items were put away. This allowed the person to be involved, while minimising the risk of harm to them. Another person was at risk of injury due to a medical condition. Staff made sure they wore protective clothing to protect them from injury, both at home and out and about, and while talking with the staff it was evident that they had a real depth of understanding of the person and their care needs.

We looked at people's written records and found there were assessments in place in relation to any risks associated with their needs and lifestyles. Each person had up to date risk assessments, which were detailed and set out the steps staff should take to make sure people were safe. We saw the risk assessments had been devised to help minimise the risks, while encouraging people to be as independent as possible. One healthcare professional told us that staff were responsive to any requests for additional information to inform things like risk assessments about falls. They said that staff helped in the formulation of longer term strategies to balance the rights of people to mobilise freely within their homes, with the duty of care to safeguard them from being injured in accidental falls.

From our observations and discussion with staff it was clear that they had positive relationships with the people they cared for. For example, one staff member spoke about how people communicated and explained that each person had their own way of expressing their needs. They told us that reading people's body language was important, in order to understand people. One staff member gave an example of when one person was upset, the person would walk away from others or be very quiet.

Staff had training in 'breakaway techniques' to help them to release themselves and others from unwanted physical contact. We were told that it was very rare for people who used the service to present with behaviour that was challenging to the service. However, if there were identified risks guidance was in place for staff about how to best minimise and manage these situations. Staff were clear that diversion and distraction were very effective ways of managing any behaviour people presented.

Staff we spoke with were aware of their role in safeguarding people from abuse and neglect. They told us they had training in safeguarding both adults and children, along with regular training updates. They had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with felt confident that members of the management team would take appropriate action without delay.

The registered manager had made the necessary safeguarding referrals to the local authority and notifications to the Care Quality Commission. We were made aware that staff members had raised safeguarding concerns appropriately and this showed that staff put the safety and welfare of the people who used the service first. We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that regular audits were carried out, which included monitoring and reviewing all safeguarding issues, accidents and incidents. It was clear that action was taken to manage risk and there was learning from incidents, accidents and near-misses.

The relatives we spoke with told us that in their experience there were enough staff on duty. We saw that there were enough staff to keep people safe and to meet their needs. There was also good staff consistency, as several staff had worked in the team for a long while, and knew people and their needs and preferences well. We also saw that the deployment of staff was effective. Staff we spoke with confirmed that there was usually enough staff on duty.

The only exception was when different people wanted to go out at the same time, to different activities which required one to one staff support. This could not always be

Good

Is the service safe?

facilitated at short notice. Staff explained that they managed this by organising activities so people had opportunities to receive this support and by taking all opportunities to go out with people when there were enough staff on duty to provide the one to one support required.

A senior staff member, who was a qualified nurse, told us there was the flexibility to bring in extra staff to cover if people's needs increased, or in an emergency. They told us that staff were willing to cover at short notice and there were also a small number of relief staff who worked regularly and could also be called upon to provide cover.

The Trust had a staff recruitment policy and pre-employment checks were obtained prior to people starting work in the service. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at staff files for three staff who worked in in home and found them to reflect the Trust's recruitment process.

People's medicines were mainly dispensed from a monitored dosage system. A senior staff member, who was a qualified nurse, showed us how the medication was kept. We found the medicines were safely stored. Monitoring records were kept of checks that made sure medication was kept at the correct temperature. Medicines were disposed of appropriately and there were clear records of medicines returned to the supplying pharmacy. The staff member told us that staff only administered medication after they had received proper training and been assessed as competent.

There were clear protocols for staff to follow when people were prescribed 'as and when medication' (PRN). Staff used a medication administration record (MAR) to confirm they had given medication as prescribed. There were some staff signatures missing from people's medication administration records (MARs). From the balance of medicines available it was clear that this had been due to a staff member failing to sign the charts, rather than due to people missing their medicines. This had not been picked up by the monitoring and audit systems that were in place and we discussed this with the senior staff member on duty, who said it would be addressed as an area for improvement.

Members of the management team undertook medication audit checks to make sure people's medicines were managed safely and according to the policies in place. People had a care plan in their file regarding any medicines they were prescribed. This included how the person liked to take their medicines. The staff member told us that no one had their medicines administered covertly, and that best interests discussions would take place if there was a need for this approach to be considered for anyone.

We spoke with three relatives of people who used the service. They told us that when they visited they always found the home to be clean. We spoke with a member of care staff who told us that all staff received training in infection control. We saw that cleanliness was checked as part of a monthly health and safety audit. A member of the Trust's management team also undertook checks on the cleanliness of the home. We found that cleaning schedules were in place and all areas were clean and free from offensive smells. There were hand washing soaps and gels in the bathrooms and toilets. Some minor repairs were necessary in one of the bathrooms. However, there was evidence that action was being taken to address this issue, as the work had been identified, and was part of an action plan of repairs.

Good

Is the service effective?

Our findings

The people's relatives we spoke with told us they thought the staff knew their family member's needs, and had the right skills to support them. For instance, one person said, "Staff are well trained." Another said, "They [the staff] are always very nice. They know what they are doing and are good at their jobs. I've known some of them for several years, as they've been there for a long time. They've built up good relationships. People always appear nice and clean, well cared for, and well fed."

We saw staff providing care and support to people and we saw that staff interacted well with people. From our observations of staff and people who used the service we felt that staff understood people's needs well and encouraged people to make choices. For example, some very good work had been done around involving people and promoting their choice in relation to their food. Staff used large pictures of meals people had had, to show to people to help them pick their meals, and to plan the menu for the week. The pictures of the chosen meals were then displayed on the week's menu in the kitchen. These included well balanced and nutritious meals. Staff told us there were also monthly themed nights, for people to try different foods.

We looked at people's care records about their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed. For instance, some people needed to eat a texture modified diet because of swallowing difficulties. People had a detailed risk assessment and care plan about their specific needs. These included pictures showing the way their food should be prepared. In one person's file that we looked at there was a 'meal time support plan,' as the person was at risk of choking. This had been prepared by a speech and language therapist. We also saw that people were weighed on a regular basis and when there were areas of concern staff contacted a dietician.

We observed staff assisting people whilst they were having their lunch. They encouraged people to eat and assisted them when necessary, whilst providing reassurance. The meal was unrushed and the members of staff checked people were enjoying their food, explained things and talked to people. We saw that each person needed support with eating and drinking in a specific manner and we saw that staff supported people according to their needs, while maintaining their dignity.

The staff we spoke with were all aware of people's particular dietary needs and preferences and offered people choices throughout. The staff told us that where people were not able to express their preferences verbally, staff observed what people preferred and built up a picture of their preferences. People's families and independent advocates had also provided information about people's preferences and this information was clearly noted in people's care plans to help staff to support people appropriately. The relatives we spoke with told us they were happy with the quality of the food provided in the home.

We asked staff members about the healthcare support people received from other external healthcare services. They all told us there was good input from healthcare professionals. Staff supported people to gain access to the healthcare they required and to attend appointments. We looked at people's records and found that people had received timely support when required. For example, we saw involvement from community nurses, a physiotherapist, speech therapists and a dietician. There were records of people attending hospital appointments and appointments with their GP.

People had clear healthcare plans and staff told us that people had regular health checks. The senior staff member on duty described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act. Staff told us they had received training in this area and the records we saw confirmed this.

Good

Is the service effective?

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. The people who lived at 88 Travis Gardens had learning disabilities and complex needs. Most used non-verbal communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. We saw staff were meeting people's needs and protected their rights to be involved.

There was evidence of good practice in relation to the Mental Capacity Act. Best interests discussions and meetings had taken place where people did not have the capacity to make their own, informed decisions. Other stakeholders, such as members of people's families, health and social care professionals external to the home, and Independent Mental Capacity Advocates (IMCAs) had been involved. IMCAs are specialist advocates who provide safeguards for adults when they lack capacity to make some important decisions.

One person's relative told us they had been involved in a best interests discussion and decision, about a particular medical treatment for their family member. A specialist health care professional had explained the process and its pros and cons. The person's relative had been concerned about the treatment, but was pleased with the outcome. They said, "It's been a new lease of life for [my family member]," and explained this was because they did not seem to be experiencing pain since having the treatment.

Staff were familiar with best interest decisions made about people's care and support. For example, one staff member told us about a person who was at risk of injury due to a medical condition, walked about at night and was very quiet. A best interest meeting was held with the person's relatives, physiotherapists, nurses and staff in the home, and the decision was made to use assistive technology, on the person's door, which would alert night staff if the person was up and about at night.

The information in people's assessments and plans was detailed, and provided information for staff on how they should support people to make and communicate their own decisions. To help people to communicate most information was provided in a format that was easy to read, with symbols and pictures. One senior staff member told us that several people living in the home had received support from an independent advocate where decisions were more complex. However, it was not always made clear in people's files when others involved in their lives had the authority make decisions on people's behalf, such as appointees or Power of Attorney (PoA). Powers of Attorney confirm who has legal authority to make specific decisions on a person's behalf when they cannot do so for themselves. These may be in place for financial affairs and, or care and welfare needs. It is important that staff have this knowledge to make sure only those with the right authority make decisions on people's behalf.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and the staff we spoke with had a clear understanding of the MCA 2005 and DoLS. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The registered manager had made DoLS applications to the local authority where required, and in accordance with recently issued guidance.

Staff had good induction training, core training and access to a range of other training to help them to do their jobs well, and to help them to meet people's specific individual needs.

There was a good system of staff support including supervision and personal development reviews (PDRs).The staff we spoke with said they felt supported by the registered manager and enjoyed their jobs. They said they were part of a good team. They told us the Trust's policies and procedures were accessible to them and were covered as part of their induction and subsequent training. They added that the Trust was very good at making sure that staff's training needs were met.

We saw the staff training records, which showed they had received training in a range of subjects including food hygiene, moving and handling, health and safety, fire prevention, and infection control. The staff members we spoke with said the training they received was very useful. They said they also had training in equality and diversity and in supporting people living with dementia.

The building and the décor suited people's needs well. It was a one storey building, with wheelchair access throughout and there was lots of space and light. There

Good

Is the service effective?

were nice pictures of people, and interactive items on the walls, which were colourful, stylish and adult in their appearance. The garden was safe, private and well equipped, with an adult swing and good, robust garden furniture.

The home was generally, well decorated and maintained. There were choices of different lounges and the staff told us some people had their favourite places to spend time. People were involved in choosing the way the house was decorated and their names and pictures showed which their bedrooms were. Their bedrooms very much reflected their personalities and interests. One person took us to their bedroom and indicated to us that they liked their room.

The bathrooms were fitted with hoists so people who are in a wheelchair could use these facilities However, the bathrooms and toilets looked stark, and were in need of some minor repair and redecoration. Staff had added pictures and ornaments to make them feel more homely, but told us some of these had not been compatible with the Trust's infection control protocols, so they had been removed.

Outstanding ☆

Is the service caring?

Our findings

The relatives we spoke with told us the staff were caring. For instance, one person's relative said, "Oh yes, the staff are caring. I'm quite pleased with the care at the moment, from what I can see and sense, they look after [my family member] very well indeed." One healthcare professional said, "The staff are always welcoming when I visit, and the home environment is clean and friendly. The service users receive respectful personalised care, and staff are always very knowledgeable about the individuals they care for."

The staff we spoke with told us that people's independence was promoted at all times. Staff described how they met people's needs and promoted their rights. There was a lot of emphasis on observations, especially for signs of any discomfort, as people could not always communicate their needs verbally.

We observed staff interactions with people who used the service, and found that staff spoke warmly and kindly with people. Staff ensured that they promoted choice and decision making when speaking with people. Staff we spoke with knew each person's needs and preferences in great detail, and used this knowledge to provide tailored support to people. One person's relative said, "[My family member] knows [the staff] and responds well to them." They added that staff had gone to a lot of trouble to make the house feel like a home.

Staff were very creative in finding ways to support people to have choice, to indicate what they liked and did not like, and to try different experiences. For instance, we saw the results of a cheese tasting evening staff had organised. This gave people the opportunity to try different cheeses and for staff to gauge their reactions. The results of the cheese tasting evening was presented in an easy read format to enhance people's understanding, with yellow, 'smiley face' and 'unhappy face' pictures to show people's reactions to the cheeses they had tried. The results included that one person enjoyed all the cheeses and the cheeses they liked the best were the hot cheese and the blue cheese. Another person didn't like the blue cheese at all.

We also saw the results of a vegetable tasting evening. These were presented in an easy read format with colourful pictures of the vegetables and photographs of the people trying them. This told us that one person loved the stuffed mushroom, one person enjoyed the aubergine and another person liked the fennel. One person did not like the sweet chilli pepper, but it was another person's favourite. Three people gave the avocado a try.

The staff told us they had also organised a curry tasting evening recently, with the choice of several different curries and the accompaniments, such as hot pickles. The staff told us that some of the results had been surprising, as people had liked things which the staff had thought they would not like at all. Not only did people enjoy the food tasting sessions in themselves, their feedback influenced the design of the weekly menu.

When we first arrived at the home we were warmly greeted by staff members. We were shown around the home by the senior member of staff on duty. One person we saw was relaxing in a quiet room. Staff said the person liked to be quiet and to play with soft balls. The room was spacious, with leather chairs and there was a TV, which was protected, so the person could play ball indoors without causing any damage.

From our observations staff were warm and compassionate in the way they interacted with the people who used the service. One person was asleep at the time we were visiting one of the staff members sat with them to make sure they were alright. Staff showed lots of respect for people in the way that they spoke. Staff got to know people well and celebrated their strengths, proudly telling us of the things people were good at. Staff explained to us that people did not often use verbal communication, and often expressed their opinion through body language. One staff member told us, "[The person] can show you what they want. They will take your hand and take you to where they want to go."

There were other, little ways that showed that staff were caring, by being thoughtful about people's possessions. For instance, people's towels were colour coordinated to match their rooms, so they could be easily identified as theirs. Staff also said that instead of name tags, coloured cotton was sewn into people's clothes, so they did not get mixed up.

Staff were respectful and friendly. We saw people being offered choices about how they wanted to spend their time. We saw that staff often asked people if they wanted or needed anything. We saw that people were relaxed and happy in the company of the staff and saw people and staff express affection for each other. Staff used touch as well as

Outstanding ☆

Is the service caring?

words and tone to communicate with some people. For instance, we saw one staff member sitting with one person. They spoke gently, held the person's hand and stroked their face and neck. The person snuggled up closer to the staff member and clearly enjoyed the contact.

There was clear guidance for staff about the principles of the service, which included being reliable, caring and safe, empowering, open, transparent, and progressive. This helped to make sure staff understood how to respect people's privacy, dignity and human rights. The staff we spoke with were aware of these principles and were able to give us examples of how they maintained people's dignity and privacy.

We looked at care plans and reviews for people who used the service. They had their own detailed plans of care and support. People's plans included information about the person's choices, likes and dislikes and how they expressed themselves. They included what was important to each person, as an individual and how staff should maintain their privacy and dignity. We saw that staff were very careful to attend to people's personal care needs in a discreet way, which maintained their dignity.

Staff also engaged with people in an encouraging way, and promoted people's independence. The staff we spoke with showed concern for people's wellbeing and knew people well, including their preferences and personal histories. They had formed good relationships and understood the way people communicated. This helped them to meet people's individual needs. We saw staff giving people choices. For instance, about where they would like to sit.

People's plans included information about who was important to them such as their family and friends and notes of them keeping in contact. One staff member explained to that people's families and friends could come and visit them anytime they wanted to. We spoke with staff who told us that on special occasions, such as Christmas people's families and friends were invited for a Christmas party. Another staff member said that one person's relatives had limited mobility. Therefore, when they phoned, staff would take the person to the relative's home so they could see each other.

There were notices about local independent advocacy services on the notice board. An advocate is someone who speaks up for people. We saw that an independent advocate had helped everyone who used the service to fill in a questionnaire to say what they thought about the service. There was also evidence in people's files that they used the advocacy service if they needed to.

Good

Is the service responsive?

Our findings

People's relatives told us the staff were good and provided support that met people's needs. We also observed that staff responded positively to people. Staff we spoke with understood people's needs and explained to us how each person responded differently and that this required different approaches, this showed staff were responsive to people's individual needs.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, equality impact assessments had been completed for the home, to ensure there is a fair access to the service for everyone. We saw that symbols and pictures were used to provide information to people in formats, which aided people's comprehension. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities. We noted that staff were very aware of people's needs in relation to their backgrounds and ethnicity.

An assessment of people's needs was carried out prior to them moving into the home make sure the person's needs could be met. Individual care and support plans, risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person.

People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had workers assigned to them. There was evidence that people had had been involved in their reviews as much as possible and the plans and reviews included pictures to assist with people's engagement and understand.

People who were important to people who used the service, such as members of their families, friends and advocates were invited to people's review meetings and we saw that people's wishes were at the centre of the review process. The provider told us in their PIR that staff's understanding of the person's non-verbal cues gave valuable information, which was also used to inform the care planning process and we saw that this was the case.

People had very detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes. For instance, one person liked quiet space, away from other people, where they could throw their ball. Therefore, they spent some time in a quieter room and staff popped in and out throughout the day to make sure the person was alright and gave them options to join people in other areas of the home.

There was evidence that people engaged in activities, in the home and out in the community. On the day of the inspection some people were out in the community doing activities and attending day services. Staff said several people really enjoyed karaoke and they did this, at least twice a week. They told us that people liked trips out, so they went out into their local community and further afield very regularly. We saw evidence of people enjoying lots of trips and activities in the photographs that were part of people's plans.

Staff were very enthusiastic about an American evening they were organising for people, so people could try a range of traditionally American foods. One staff member told us they had organised a model of the Statue of Liberty and other decorations, and another staff member was going to perform on their guitar and sing.

People were encouraged to keep in contact with people who are important to them. We spoke with staff about the contact people had with their families. They told us that some people had regular contact with their families. Others had family members who kept in touch by telephone. One senior member of staff said where people did not have family contact they sometimes used an advocate.

Staff told us that most people would raise concerns through non-verbal communication. From talking with staff it was evident that it was important that they got to know the individual's preferred communication method and body language. This determined if a person was happy with the care provided. Where individuals had expressed that they were not happy, this had been recorded in the daily records. For example, where a person had not enjoyed a certain activity or food, this was then communicated to the staff team to make sure everyone was aware. This demonstrated that staff responded to the views of the people using the service and they were respected.

A complaints record was in place, although there were no complaints on file. The procedure was displayed in an 'easy

Good

Is the service responsive?

read' version. The complaints process was also described for the benefit of people's relatives and friends in the home's statement of purpose. We asked people's relatives if they were aware of the procedure and they confirmed that they were.

We asked a number of healthcare professionals who had visited regularly what they thought about the service. One healthcare professional said, "Many of the service users have, in addition to learning disabilities, long term physical health support needs. I find the staff group very keen to optimise the opportunities for the service users to remain fit and well and, supporting them to be able to do the things they enjoy." Another healthcare professional told us, "I have found the staff there to be, in the main, approachable and professional."

Good

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission. The registered manager was not present on the day of our inspection. When speaking with the staff it was clear they all enjoyed working in the home. All staff we spoke with told us it was a particularly nice team to work in. They told us they were encouraged to challenge bad practice and to raise any issues or concerns. They said they felt supported by their fellow workers and the management team. More than one staff member said, "I love my job."

People were asked what they thought about the service and had the opportunity to influence the running of the service. For instance, during the inspection we observed this at a service user meeting. People were given time to respond at their own pace. Staff also contributed, with their observations of things they had seen that people had enjoyed or had indicated they did not like. Plans for future activities and events were talked about, including the American evening. One person was asked about their day service, as there had been some changes with this. They indicated that they were not very happy about the changes and were appropriately reassured by staff.

The Trust regularly asked people, their relatives and other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. Additionally staff members told us that there had recently been a coffee morning at 88 Travis Gardens and people's relatives had been invited, to seek their views and to encourage their involvement.

The results of a survey that had been undertaken about life experiences of people who lived in the community homes, run by the Trust in Doncaster were displayed on the notice board. The results were in a large print, easy read format with pictures to enhance people's understanding. This said that last year someone had come to this, and other homes to talk to people about their support staff and to see what quality of life people had. People were asked about their home, the activities they liked to do, how much freedom they had and their relationships with their friends, families and staff. The same questions had been asked two years before, and the results had improved from then, showing that people had lots of chances to do fun things and had good relationships with people.

The survey had shown that there were still some things that could be done better. This included that people could have more opportunity to spend time with friends and family and could meet more people, and that they could get out more, to clubs and activities, and do more activities they enjoyed a home. It was clear that people had said had been taken seriously and was taken into account in practical ways, for instance, when staff supported them with planning their activities schedule.

People also attended a 'focus group' meeting monthly. The group included representatives from all of the community services within the Trust. We saw the minutes of the last meeting. People had looked at an easy read version of the 'Dignity in Care' document. The focus group minutes included an action planner, and they were fed back at the staff meetings held within the service, to make sure staff were aware of what people said and that it was acted upon.

The Trust had good quality audits. The registered manager undertook a number of quality and safety audits, which included reviews of areas such as accidents, and the environment. Staff members also had particular areas of responsibility and undertook some of the regular quality assurance audits, with oversight from the registered manager. There was evidence that issues found by the various audits were subsequently addressed to help maintain people's health and welfare.

We saw that any accidents or incidents were monitored to make sure any triggers or trends were identified and there was evidence that learning from incidents or investigations that took place and appropriate changes were implemented, including action taken to minimise the risk of further incidents.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meetings. The minutes documented actions required; these were logged as actions to make sure actions were followed up. The staff members we spoke with said that the service was run to ensure that people's individual needs were met. They said the service was well led and they were supported by the registered manager, who was approachable.

The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues, both

Good

Is the service well-led?

with the registered manager individually and at staff meetings. Staff surveys were also undertaken regularly. This helped to make sure that staff could raise their views about the quality of the service.