Care Quality Commission

Rotherham Doncaster and South Humber NHS Foundation Trust

Danescourt

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 26 October 2017. The inspection team consisted of one adult social care inspector and one hospitals (mental health) inspector. At the time of the inspection there were two people using the service.

Our last inspection of this service took place in April 2014. No breaches of legal requirements were identified and the service was rated Good. The rating was not published, because the service was inspected as part of first testing phase for the new inspection process CQC was introducing at that time.

At the time of this inspection Danescourt was registered to provide accommodation and care for up to eight people with learning disabilities. The service had been dormant for a long period and had been redesigned to provide a specialist five bedded service for male service users, transferring from forensic hospital placements. The service re-opened in May 2017. At the time of the inspection there were two people using the service.

The service had a manager, who had been employed by the trust, managing similar services for several years and who had run the home since Danescourt had reopened. They had applied to be 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.

People said they felt safe and the staff we spoke with had a clear understanding of safeguarding people from abuse, and of what action they would take if they suspected abuse. There was a policy about whistle blowing and the manager told us staff were supported to question practice and whistle blowers were protected.

Care and support was planned and delivered in a way that ensured people were safe. The individual plans we looked at included risk assessments which identified any risk associated with people's lifestyles, care and support. Although there was room to improve some written records.

People's medicines were well managed.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

Staff were provided with appropriate training to help them meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with were aware of the Act. However, there was a need to further develop some risk assessments.

People were supported to maintain a balanced diet. The people we spoke with told us they liked the food and were involved in choosing and planning their menus, shopping and cooking their meals.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. They received support from other professionals and healthcare services when required.

People's needs were assessed and care and support was planned and delivered in line with their individual support plans. We saw staff were aware of people's needs and the best ways to support them, and there was an emphasis on maintaining and increasing people's independence.

The manager and all the staff we spoke with and saw supporting people had a caring approach and treated people with respect and dignity.

The service was for people with challenging needs and behaviour and staff successfully provided a very positive and calm atmosphere, and were very person centred and responsive in their approach.

People's individual plans included information about their family and others who were important to them and they were supported to maintain contact. We saw that people took part in lots of activities and events in the home and in the local community and that this depended on the choices and individual interests of each person.

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

The Trust management team had systems in place to assess and monitor the quality of the service at Danescourt and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered.

The Trust sent out satisfaction surveys to stakeholders for them to comment on their experience of the service provided.

Staff said communication in the home was very good and they felt able to talk to the managers' and make suggestions. There were meetings for people who used the service and staff where they could share ideas.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The staff we spoke with knew how to protect people.

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

There were appropriate arrangements in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

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

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with were aware of the Act. However, there was a need to further develop assessments in some areas.

People were supported to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Is the service caring?

Good

The service was caring.

People and visiting relatives described the staff as caring.

Staff we spoke with were aware of people's needs and the best way to support them.

People's diverse needs were taken into account and they were encouraged to be involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

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

We saw that people took part in some activities of their choice on a weekly basis and were supported to maintain family relationships and friendships.

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

Is the service well-led?

Good

The service was well led.

We saw various audits had taken place to make sure policies and procedures were being followed and the service was delivered safely.

The manager told us the registered provider sent out satisfaction surveys and the next batch of surveys was due to be sent to all stakeholders.

Staff we spoke with felt the service was well led and they were supported by a manager who was approachable and listened to them.

Danescourt

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 was planned to check 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 26 October 2017 and was unannounced.

Before the inspection, we reviewed the information we held about the service, which included incident notifications they had sent us, a recent registration application and statement of purpose for the service. We used information the registered provider sent us in their Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local clinical commissioning group, who were 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 spoke with the two people who used the service and observed the care and support they received in communal areas. We did not use the Short Observational Framework for Inspection (SOFI) as people told us what they thought of the service. SOFI is a way of observing care to help us understand the experience of people who cannot talk with us. We spoke with two relatives who were visiting on the day of the inspection.

We spoke with five staff, the manager and the service manager. We reviewed a range of records about the two people's care and support and how the service was managed. These included the assessments and care and support plans, as well as the day to day records for the people who used the service. We saw how people's medication was managed, including the storage and records kept. We also looked at staff records and at the quality assurance systems that were in place.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Danescourt and if they liked the staff. They said they did. One person told us they felt the home was well staffed. They said they usually had support from the same staff and they found this reassuring. The other person said, "I feel very safe here."

We saw that there were sufficient numbers of staff available to keep people safe. The relatives we spoke with told us there were always staff around and the staff were very good. We observed that staff were visible around the home at all times.

The manager told us staffing levels were determined by the number of people using the service and their needs. The senior members of staff had specialist nursing backgrounds. There was a senior member of staff and a minimum of two support workers on duty each shift, and a senior member of staff and one support worker on night duty. People who used the service told us there were enough staff to meet their needs. An on call manager system was in place to ensure adequate support was available. The staffing rota showed that staffing levels were consistently maintained. Staff told us there were enough staff on each shift to meet people's needs. They said staff in the team were helpful, and willing to step in and provide cover whenever they could, and this had helped to maintain a consistent service for people.

The registered provider, Rotherham Doncaster and South Humber NHS Foundation Trust had a robust staff recruitment system. This included applicants completing an application and attending an interview. Written references and an evidence of identification were obtained. Disclosure Barring Service (DBS) checks were carried out. These were completed before new staff started their roles caring for people in the service. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults.

Staff had received up to date safeguarding training and those we spoke with had a good understanding of the procedures to follow if they had any concerns. Care and support plans and risk assessments were in place, which provided guidance to staff so that care and support was provided to people in a consistent and positive way.

One staff member told us they would have no hesitation in speaking to the manager if they saw anything they were uncomfortable with. They said they had not witnessed anything which had given them cause for concern at Danescourt.

We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the members of the management team carried out audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents, and it was the role of the manager to make sure that any learning was identified and shared with the staff team.

There were assessments in place in relation to risks associated with people's needs and lifestyles. Each person's risk assessments 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 independent.

The registered provider had procedures in place to help reduce risks to people. People's care needs had been carefully assessed and risk assessments had been prepared. These included action for minimising potential risks. The assessments included a general risk assessment of the environment and a specific risk assessment to the individual, such as risks related to accessing the community. We saw that risk assessments regarding the safety and security of the premises were up to date and had been reviewed.

The manager and senior staff members told us training was provided for staff in managing behaviour that challenged the service, to help make sure staff were aware of the interventions they should use to minimise any incidents.

We saw that where people exhibited behaviour that challenged or which might result in harm to themselves or others, this information was included in their care plans and risk assessments and they had positive behavioural support (PBS) plans in place. PBS is a way of understanding behaviours that challenge, and planning and implementing ways of supporting the person which enhance quality of life. It is based on recognising each person's individuality and their human rights.

There were clear guidelines for staff on determining any change in people's mood and how staff should intervene. The staff we spoke with were familiar with the individual risks for people. They were able to confidently explain what they needed to do, using a positive approach to help people to manage their behaviour and to make sure people were protected from harm. Where necessary, people had support from other healthcare professionals, such as psychologists and community nurses for support with strategies to help manage their behaviour. People had signed some of their support plans to indicate that they had been involved in and agreed with them, although this was not the case with all of their plans.

There was room for improvement in relation to written records. For instance, some of the assessments and plans we saw were either not signed or not dated by the person completing them. Although most risk assessments had been reviewed and were up to date, one person's assessment regarding the risk of violence had been due to be reviewed on a six monthly basis, but there was no evidence in their file that the most recent review had been completed. We discussed this with the manager who said they would ensure that these issues were addressed as a matter of priority.

People had signed some of their support plans to indicate that they had been involved in and agreed with them, although they had not signed all of their plans. One person did not have a separate physical health care plan, although their positive behaviour support plan included details of their health needs. There was also clear evidence that they had received healthcare checks that were necessary and relevant to their particular needs.

We asked for details of how incidents were monitored and analysed. We were told that the staff team discussed the wellbeing and behaviour of the people in their care on a daily basis and at team meetings. They monitored how people were, and were acutely aware of any patterns emerging in people's behaviour. Staff recorded all incidents that happened at the home. Senior staff used this information to monitor and investigate incidents and take appropriate action to reduce the risk of them happening again. Each incident reported was subject to a review. The reviews were carried out to facilitate any learning, and to put additional control measures in place where applicable.

As part of this inspection we looked at medicines records and supplies, and people's care plans relating to

their medicines. Each person had a care plan regarding any medicines they were prescribed. We found that records were kept of medicines received into the home and returned to the pharmacist.

Records of people's medicines included a photograph of the person and of the medicines they were prescribed, how they liked to take their medicines, and information about any allergies they had. At the time of the inspection nobody administered their own medicines without staff support. We saw evidence that people's medicines were reviewed regularly and reduced when possible. When people were prescribed mood altering, PRN medicines, also known as 'as and when medication', for anxiety, there was clear guidance for staff about the circumstances under which these medicines should be administered to people.

Medication administration records (MAR) were signed correctly. Daily audit checks were completed. The manager told us that overall medication audits were undertaken, to supplement the daily medication checks, to ensure people's medicines were well managed.

During the refurbishment of the building, the registered provider had put a lot of thought and resources into making the house a safe environment for people with learning disabilities and mental health issues to live in. The home had been equipped in such a way as to minimise any relevant, environmental risks.

There were observation panels in bedroom doors, which the manager told us could be used by staff, when checking people at night and could be made opaque, to preserve people's privacy when not in use. The manager felt this facility was less intrusive than staff needing to enter people's rooms at night. We discussed this with the manager, as observation panels made the bedrooms look institutional. People's risk assessments did not include individualised guidance regarding whether or why there was a need to use the panels when checking each person. Further, individualised risk assessments were needed, to make sure the least restrictive approach was taken in relation to each person and that this was kept under review.

Routine monthly checks were completed by staff to ensure the home met safety standards, and included a record of any corrective action taken. Issues of health and safety and repair of the home were also discussed with the people who used the service at monthly house meetings. Staff members told us that they had received fire prevention training. There was a fire evacuation plan and people who used the service had personal emergency evacuation plans in place. We saw the minutes of house meetings for the people who used the service, which took place on a monthly basis. Discussions included health and safety in the house and helped raise people's awareness.

Good

Is the service effective?

Our findings

All the people we spoke with gave positive feedback about living in the home. For instance, people told us staff took notice of what they had to say.

The registered provider had policies and procedures to provide guidance for staff. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had ensured that DoLS had been applied for appropriately and both people who were using the service had DoLS ion place. The details of all applications and information regarding capacity assessments for specific decisions were in people's files.

Both people's capacity could vary from time to time. They were not always able to make important decisions about their care. Where people had been assessed as not having the capacity to make a decision, or consent to treatment, the best interest decision making process was utilised. People's family, friends, advocates and relevant professionals were involved. Where necessary, independent mental capacity advocates (IMCA) were also involved. IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions.

Staff from the service attended all multi-disciplinary meetings held for each person on a regular basis. Most of the restrictive practices that were needed to keep people safe were discussed at these meetings and staff ensured this was fully recorded as part of people's plans. However, there were other, restrictions placed on people. For instance, it was a house rule that the kitchen was kept locked, as was the drawer where sharp knives were kept. The two people who used the service told us they agreed to the rule about the kitchen being locked and one person told us it was a good idea, because there was a risk of people getting injured in the kitchen. The manager told us that people had supervised access to the kitchen because of the risks involved. We discussed this with the manager, as further, individualised risk assessments were needed, to make sure the least restrictive approach was taken in relation to each person and that this was kept under review.

Staff we spoke with during our inspection said they had received training in the Mental Capacity Act (MCA). They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. They told us if they had any concerns about a person's ability to consent, this would be discussed with the manager.

We looked at the arrangements for the provision of meals. The fridge and freezer were well stocked with

fresh and frozen food. People told us they had enough to eat and drink. They were involved in planning, shopping for and cooking their meals with staff support. Because the kitchen was kept locked, the facility to make drinks was provided in the dining room. People told us that they had a balanced and varied diet and liked the food. One person told us, "The food is good. There are always drinks and snacks to help yourself to."

We looked at people's support records in relation to their dietary needs and preferences. Each person's file included up to date details, including records to prevent or manage the risk of a poor diet or malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance followed. The staff we spoke with were able to demonstrate a good understanding of people's nutritional needs. Staff were aware of people's particular dietary needs and preferences, and the signs that a person may have problems with their nutrition. They said they would pass any information or concerns on to the senior staff.

People's physical and mental health needs were monitored. People were supported to see appropriate health and social care professionals to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going basis. There was evidence of recent appointments with healthcare professionals such as people's GP and hospital specialists. Sometimes people required periodic blood tests for the medicines they were taking and we saw they were supported with this.

Staff had been provided with essential training to ensure they were able to meet the needs of the people who used the service. The staff we spoke with told us they received good training and support, and told us they were happy working in the team. We saw training records with details of training provided for staff. Topics included manual handling, managing violence and aggression, fire safety, basic life support, first aid and food hygiene. Staff confirmed that they had received the appropriate training for their role. The manager informed us that she checked to ensure that staff received appropriate training and updates when needed.

When any new care workers were employed they underwent a period of induction to prepare them for their responsibilities. Staff told us that the induction programme was extensive. The topics covered included policies and procedures, staff conduct, safeguarding, and information on health and safety. New staff started the 'Care Certificate'. The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. During their induction new staff shadowed more experienced workers to ensure that they were well supported.

The manager and senior staff carried out supervision and annual appraisals of support workers. This enabled staff to review their progress and development. Support workers we spoke with confirmed that these took place. Supervision is a two way process, with the staff member and their manager, 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.

Good

Is the service caring?

Our findings

Both people described the staff as nice. One person told us, "This is a nice homely place. The staff are good." They felt they were given the freedom to choose what and when to do things. For instance, one person said that they had chosen what was in their room and another person said that they decided what to do each day.

The manager had a caring approach and this was communicated in her day to day contact with people who used the service and staff. The staff we observed treated people with kindness and dignity. They were respectful and caring. They were also knowledgeable about people's backgrounds and individual support needs. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity. We were told that people were able to have time alone if they wished and were supported with their personal hygiene in a way that maximised their independence and provided them with privacy.

Staff told us they supported people to keep in touch with their families and talked to people's close relatives, to keep them up to date with what was happening for people. They kept in touch by phone and visits. One person's relatives were visiting and told us they were very happy for their family member to live at Danescourt. They said they had "peace of mind" because the staff were very good and always had people's best interests at heart.

Both people who used the service said staff treated them with dignity and respect. Our observations during the inspection were that staff were very respectful when talking with people. It was clear that people knew the staff and were comfortable and happy in their company. People chatted and joked in a relaxed way. Everyone we spoke with felt care was taken over people's privacy. Staff demonstrated a good knowledge of people's needs and preferences, as well as the best way to support them, whilst maintaining their independence as much as possible.

We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions.
People's comments indicated that staff respected their decisions and they said they had been involved in planning their care. They felt staff took the time to listen to them and would try to act on their comments. One person told us, "They [staff] have patience and listen." This was also confirmed by the visiting relatives. Everyone we spoke with was happy with the quality of the care given by the staff and the manner of their interactions. One relative told us, "I feel that this is a much better place for [my family member]. The staff are friendly and thoughtful."

People's plans included descriptions of the ways they expressed their feelings and opinions, including how they expressed pain, anger or distress. We saw that staff were very tuned into the person's moods and needs. They told us they used a range of methods, including their observational skills and their knowledge of the each person to support them to communicate their needs and choices. To aid communication, most information was provided in a format that was easy to read, with pictures or photographs.

People's diversity, values and human rights were respected. For example, staff enabled people to follow their preferred religion and people were being appropriately supported around their sexuality. The manager and staff were able to explain clearly how care was delivered with due regard to people's age, gender, religious faith and belief, their sexual orientation, racial origin, cultural and linguistic background and their disability. Staff had received training in areas such as dignity and respect and person centred care. Staff members confirmed that people were involved in the review of their individual plans and the staff we spoke with placed an emphasis on encouraging people to be as independent as they could. One person who used the service we spoke with confirmed that they were involved in their support planning and reviews and staff supported them to lead a very independent life. We saw that people had access to and used advocacy services.

Good

Is the service responsive?

Our findings

Both people said they were happy, had opportunities to make lots of choices and that they had full lives.

People's needs had been assessed before moving into Danescourt. When people were introduced into the home this was done at their pace, taking into account their history and risk assessments. A detailed plan of care and support was put in place, which reflected any specialist interventions. People's close relatives were encouraged to visit the home and ask questions.

People's plans were person centred, in that they were tailored to the specific needs and preferences of the person. They were written in a way that helped the person with understanding and being involved with their plan. For instance, one person's plan we saw included pictures of them to illustrate what the plan was about, and was in an easy to read format, so it suited their particular communication needs. People's plans included their goals and wishes, the people and things that were important to them, and covered areas such as their communication, health care, personal care, mobility and activities. Each person had a 'summary section which included their likes and dislikes.

The support provided was documented for each person and we saw that this was appropriate to their age, gender, cultural background and disabilities. People's daily records were up to date and referred to the current month. People had other monitoring records in place, depending on their particular needs. For instance, staff monitored people's mood and behaviour and these records had been kept up to date.

The service provided care and support to people who had challenging behaviour and complex needs and did this in a responsive and person centred way. This was indicated in successfully maintaining a positive and calm atmosphere.

People told us they had been involved in their Care Programme Approach review meetings. The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. People were supported to invite family, friends and advocates to their meetings. People were supported to make their own decisions in relation to their lives, within the risk management plans that were in place. Photographs and pictures were often used to provide information to people in formats that aided their comprehension and involvement.

Each person had an activity plan. People had a combination of activities in the home and in the local community. Records were maintained of the activities that people had participated in. We met the two people who used the service and observed how they interacted with staff. We saw that staff interacted well with people.

People were supported to be as independent as possible and to go out into their local community, within any conditions of their placement. People told us they had access to a variety of activities. Both people had individual trips out for walks and to the shops on the day of the inspection. Both people told us they liked getting out and about and that they did this regularly, with staff support.

People were given support by the registered provider to make a comment or complaint when they needed assistance. A copy of how to complain was displayed in an 'easy read' version. This aided people's understanding and enabled their involvement. The people who used the service told us they did not have any complaints to tell us about. The manager told us they would take comments and complaints seriously and told us they would make every effort to make sure that any future concerns were resolved to the complainant's satisfaction. It was clear that the manager responded to people's suggestions in a positive and open way and the people who used the service and their relatives had become trusting of the service quite quickly, in the relatively short time that the service had been reopen, as their comments were very complimentary.

Good

Is the service well-led?

Our findings

There was a manager in post, who had worked for the registered provider for several years and was familiar with the people who used the service. They had applied for registration 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.

We found there were clear messages from the Trust about their values and principles. These were about providing safe, effective, compassionate care and actively listening to people who used services. Staff told us that when they joined the organisation their induction included the values of the organisation. The manager came across as knowledgeable, enthusiastic and committed to providing a high quality service to each person who used the service. She was committed to staff training and development as a key element in making sure the service was of a good standard.

One senior staff member said there was a very open approach in the staff team and the manager was keen for staff to discuss ideas, concerns and improvements. They told us any issues were discussed openly and professionally with the manager. Staff we spoke with were confident to discuss ideas and raise issues, with the manager and at staff meetings.

Staff we spoke with felt the service was well led and they were supported by the management team, who were approachable and listened to them. Several staff we spoke with said they loved their job. They told us the service was run to ensure that people's individual needs were met. The manager said they were pleased to be managing a good, consistent staff team, who were very competent and understood people's needs and preferences well.

The manager and members of the senior team undertook weekly and monthly audits of areas such as people's daily care records, incident reports, and medication. We saw that the staff on duty carried out regular checks of care records. Reviews of the documentation were held monthly and people's plans were updated when their needs changed. Where areas were identified for improvement an action plan was put in place, which the supported living service managers were responsible for implementing. Senior managers visited regularly to check progress with the action plans. Senior managers also undertook visits and completed checks on people's satisfaction with the service, staffing levels, and progress with action plans.

Health and safety audits were also undertaken. We saw evidence that issues found by auditing were subsequently addressed to help maintain people's health and wellbeing. There was evidence that learning from incidents or investigations took place and appropriate changes were implemented. For instance, the manager monitored any accidents or incidents to make sure that any trends were picked up and action taken to minimise any recurrences.

The manager told us in the PIR that a number of meetings took place regularly to make sure the quality of the service was maintained, that communication was effective throughout the staff teams and to enable the

sharing of good practice and of any lessons learnt. The staff were supported through discussion in staff meetings, managers' meetings, specialist service meetings, supervision as well as Trust wide events. Staff told us meetings took place regularly and they were able to contribute ideas and suggestions to develop the service. Staff confirmed they knew their role within the organisation and the role of others. Equality Impact Assessments had been completed for the home, which ensured there was fair access for all to the service.

Staff were kept up to date via the staff bulletin; practice development bulletins, health and safety notices, and all staff had access to the intranet. The service worked in partnership with several other agencies including Doncaster council, health professionals and advocacy organisations.
Staff members gave very positive feedback about working in the home. Staff confirmed they knew their role within the organisation and they knew what was expected of them. Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

The Rotherham Doncaster and South Humber NHS Foundation Trust actively sought opinions of the service from people, their families and other stakeholders through satisfaction questionnaires and surveys. People who used the service were also kept up to date via a service user newsletter. There was evidence that people were consulted about the service provided on an informal basis and they met collectively, to discuss the way the service was run. We asked people if they attended service users' meetings, and they confirmed that they did, and that they found them useful. The minutes of house meetings showed they provided people with a forum to say what they thought about the service and to raise any concerns. There was clear evidence of people voicing their opinions. The relatives we spoke with enjoyed a strong relationship with the manager.