South Yorkshire Housing Association Limited

Larch Avenue

Inspection report

1a Larch Avenue
Auckley
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Date of inspection visit:
29 January 2016

Date of publication:
14 April 2016

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

The inspection took place on 29 January 2016 and was unannounced. Our last inspection of this service took place in December 2013 when no breaches of legal requirements were identified.

Larch Avenue is a care home for people with learning disabilities, it can accommodate up to six people. The service is situated in Auckley, close to Doncaster. The accommodation and housing support is provided by South Yorkshire Housing Association, and the care staff are employed by Rotherham Doncaster and South Humber NHS Foundation Trust.

The service did not have 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 '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 previous manager had recently retired, and we were told that recruitment interviews for the post of manager were taking place in the week of the inspection. In the meantime, the service was managed by the deputy manager, with support from other, senior managers.

There were five people living at Larch Avenue at the time of the inspection, one of whom was out, attending a day service when we arrived. We met all of the people who used the service during the course of the day and they all indicated that they were very happy living in the home and that everyone got on well with each other.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Overall, the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards (DoLS) are part of MCA legislation and ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

The staff were good at communicating with and engaging people. They were respectful of people's wishes and feelings.

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 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. There was very positive interaction between people who used the service and the staff supporting them.

The staff we spoke with knew each person's needs and preferences in detail, and used this knowledge to provide tailored support to people.
People's needs had been identified in their assessments and care plans, 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 not everyone could communicate their needs verbally.

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

People were supported to keep in touch with those who were important to them, such as their family and friends, and we saw that people took part in 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 service user house meetings took place and the support of an independent advocate was available.

People and other stakeholders were asked to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements.

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 a nice team to work in. Staff meetings took place each month and staff were confident to discuss ideas and raise issues with managers at any time.

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.

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.

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

Is the service effective?

Good

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.

Staff had received training in the Mental Capacity Act 2015 (MCA), and for the most part, good practice guidance was followed in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

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

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

Is the service caring?

Good

The service was 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 creative in finding ways to support people to have choice, and to try different experiences.

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

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 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.

Is the service well-led?

Good

The service was well led.

We saw various audits had taken place, and were effective in making sure policies and procedures were being followed.

People were asked 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.

Larch Avenue

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 29 January 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We contacted the local authority commissioners of the service to seek their views about the service. We gained feedback about the service from three health and social care professionals, including doctor who visited the home at the time of the inspection. All the feedback we received was positive.

We looked at documents and records that related to people's care, including three people's support plans. We met six of the people who used the service. 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 bedrooms.

We spoke with six members of staff, including two senior support workers. After the visit we spoke with two people's relatives by telephone, to gain their views about the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt very safe living at Larch Avenue. During the inspection we observed staff providing care and support to people and we saw that people were kept safe. People's relatives were very clear that they felt people were safe in the service.

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, and without placing undue restrictions on their freedom.

One risk assessment, for the use of bedrails on one person's bed, lacked detail about the risks associated with their use. The risk assessment was kept in a separate file, so the information was not immediately available to staff. However, there was evidence that the use of the bedrails and their safety were periodically reviewed.

We were told that it was very rare for people who used the service to present behaviour that may challenge others. However, staff had relevant training, and where 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 that challenged. From our observations and discussion with staff it was clear that they had positive relationships with the people they cared for.

Staff we spoke with were aware of their role in safeguarding people from abuse and neglect. They told us they had training in safeguarding people, 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.

Additionally, people had 'keeping safe' plans, to highlight people's particular areas of vulnerability and help staff in responding to each person's individual needs. The managers had made safeguarding referrals to the local authority and notifications to the Care Quality Commission appropriately.

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 staff we spoke with and the relatives told us there were enough staff on duty. At the inspection we saw that there were enough staff to keep people safe and to meet their needs. There were four people in the house, with two support staff, one of whom was a senior staff member. Another staff member was out with

the fifth person who used the service. We were told that there were two staff in the house at night; one waking staff member and another, sleeping in, and available to provide support if needed. We saw the staff rota for the week of the inspection and this confirmed that the numbers and deployment of staff were effective.

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. Staff explained that in order to provide as many opportunities as possible, some activities were planned and organised. They also, took all opportunities to go out with people when there were enough staff on duty to provide the one to one support required, so that people had opportunities to go out and about on a daily basis.

A senior staff member 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 service had a staff recruitment policy and pre-employment checks were obtained prior to people starting work. 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.

People's medicines were mainly dispensed from a monitored dosage system. A senior worker showed us how the medication was kept. We found medicines were safely stored and checks were made to ensure medicines were stored at the correct temperature.

Medicines were safely administered. Staff only administered medication after they had received proper training and had been assessed as competent. Staff's competence was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed medicines on an 'as and when' basis, sometimes referred to as PRN medicine. Staff signed a medication administration record (MAR) to confirm they had given people their medicines as prescribed. We checked a sample of these and found they had been completed appropriately. We also saw that medicines were disposed of appropriately. There were clear records of the medicines that were returned to the supplying pharmacy.

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

People's relatives 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. Members of the management team also undertook checks on the cleanliness of the home. We found that cleaning schedules were in place and all areas were very clean. There were hand washing soaps and gels in the bathrooms and toilets.

People had individual fire evacuation plans and, fire drills were held. The minutes of recent service user house meetings showed that people had recently discussed what they would do if the fire alarm went off and people were shown the fire exits to remind them where they could exit the building if there was fire.

Good

Is the service effective?

Our findings

People's relatives 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, "I am very happy with the service."

One person's relative told us there was a good standard of care. They said, "I can't fault the staff at all. The care is very good." 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.

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, dieticians, neurologist, and a specialist epilepsy nurse. There were records of people attending hospital appointments and appointments with their GP.

People had clear and comprehensive 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.

We saw menus offered variety and choice, which provided a well-balanced diet for people. There was evidence that the menus were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. There were pictorial menus to help people make choices.

People and their relatives told us they were happy with the quality of the food provided in the home. One person's relative said they were often present at meal times and the meals were always good.

We saw that staff supported people to have a healthy diet. The minutes of recent service user house meetings showed that people had discussed healthy eating when the menu was discussed and reminded people of the benefits of eating plenty of fruit and vegetables. There was guidance for staff on how to meet people's particular needs in their risk assessments and care plans. This helped to show that people were supported to be able to eat and drink sufficient amounts to meet their needs.

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 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 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.

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. People were weighed at regular intervals and we saw records detailing people's nutritional and fluid intake. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made. We saw evidence that contact was made with their GP and other health care professionals for advice and treatment where necessary, and guidance was being followed.

One person had a special diet due to swallowing difficulties and there was guidance in place about supporting them to eat their meals safely, which included pictures. One staff member told us that when they had first come to work in the home, the clarity of the guidance and the pictures had made it much easier for them to understand and meet the person's needs.

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. The service had a policy in place for monitoring and assessing if the service was working within the Act. The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure for larger items such as holidays.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS. People's care plans included information about how they should be supported with making and communicating day-to-day decisions about their care. One health care professional told us that the staff were very good at getting meaningful consent from people in relation to their care and treatment. They said the service was also good at making sure that best interests decisions included those who were important to people, such as their close relatives.

We saw that in most instances, if there was doubt about a people's capacity to consent, good practice had been followed to make sure decisions that were made on their behalf were in their best interests and in accordance with the principles of the MCA. For instance, the relatives we spoke with confirmed that they had been involved in decisions regarding their family member's best interests. However, we did find that people had received flu jabs without this being considered through the best interests process.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Managers had made DoLS applications to the local authority where required. No one had a DoLS authorisation in place at the time of the inspection.

Staff told us they had a good induction, core training and access to a range of other training to help them to meet people's specific individual needs. There was a good system of staff support including supervision and

personal development reviews. The staff we spoke with said they felt supported by the deputy manager and enjoyed their jobs. One staff member said, "I love it." They explained that they had received a lot of support from the staff team and the management team, saying, "They are amazing."

All the staff we spoke with said they were part of a good team. They told us they had access to policies and procedures for South Yorkshire Housing Association and the NHS Trust, and these and were covered as part of their induction and subsequent training. They added that the NHS 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 undertaken training in areas that were specific to people's needs, along with training in areas such as back care, choking and reducing restrictive interventions.

The home was very well decorated and maintained. People were involved in choosing the way the house was decorated and their bedrooms very much reflected their personalities and interests. The building and the décor suited people's needs well. It was a one storey building, with wheelchair access throughout and there was a lot of space and light. The bathrooms and bedrooms were fitted with ceiling hoists for people who used a wheelchair. There were nice pictures of people displayed around the house, and the garden was attractive, safe and private.

Good

Is the service caring?

Our findings

People told us they liked the staff. The relatives we spoke with told us the staff were very caring. For instance, when asked if the staff were caring one person's relative said, "They are absolutely brilliant with [my relative]." They went on to describe very good relationships between the staff and their family member.

Both relatives we spoke with spoke of their respective family members were relaxed and happy in the home and how they teased the staff. One relative said, "Every time I visit [my family member] is smiling and laughing. [My family member] teases the staff. [My family member] also has a good friend who lives there, and they have a laugh and joke."

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. Some people spoke with us and told us what they felt. Others used a mixture of verbal and non-verbal communication to articulate their likes and dislikes. Staff told us they used their observational skills and their knowledge of each person to determine whether they were happy.

We observed staff interactions with people and found that staff spoke warmly and kindly with people. 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. One person was asleep at the time we were visiting one of the staff members checked them regularly, to make sure they were alright. Staff showed respect for people in the way that they spoke to and about people. Staff were respectful and friendly and we saw that people were relaxed and happy in their company, and saw that people and staff expressed affection for each other.

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.

We saw evidence that people were supported to participate in making decisions about their own care and treatment. We looked at the records for three of the six people who used the service. The assessments and care plans included information about people's preferences and choices and included descriptions of the ways they expressed their feelings and opinions. Each person's care plan included information that demonstrated how they were supported with making day-to-day decisions about their care. Three people we spoke with told us they made decisions about their care and staff listened to them.

The staff were good at communicating with and engaging people and were respectful of their wishes and feelings. We saw staff were meeting people's needs and protected their rights to be involved. People were

given practical opportunities to make choices, with time to think and to change their minds. Where people used non-verbal communication to articulate their decisions, staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. One staff member regularly checked with people that the channel that was on the TV was what they wanted to watch .We also saw that people were involved in choices about the décor in the home, and each person's bedroom was very individual to them, reflecting their personality and preferences.

To help people to communicate, most information was provided in a format that was easy to read, with symbols, pictures or photographs. One person had a communication book with pictures and helped them to communicate their choices.

Staff received training in equality, diversity and human rights and there was clear guidance for staff about the principles of the service. This included involving people in decisions about their care, promoting their human rights, independence, choice, privacy and dignity and helping them to be included in their community. 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 also saw that staff attended to people's needs in respectful and discreet way.

Staff also engaged with people in an encouraging way, and promoted their independence. The staff we spoke with showed concern for people's wellbeing and knew people very well, including their preferences and personal histories. They also demonstrated that they were aware that people's preferences could change and were creative in finding ways to support people to have choice, and to try different experiences.

People's plans included information about who was important to them, such as their family and friends along with 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. One person's relative told us that the person had another close relative, who had limited mobility, and that staff supported their family member to travel to visit this relative each week.

There were notices about local independent advocacy services on the notice board. An advocate is someone who speaks up for people. There was also evidence in people's files that they used the advocacy service when they needed to.

Good

Is the service responsive?

Our findings

People's relatives told us the staff were very good and provided support that met people's needs. We observed that staff responded positively to people. One health care professional said the staff were very sensible and, "They do a marvellous job and I wish there were more services like this. " They added that staff really looked after people, individually and very well.

People's needs were assessed they had care plans that outlined the areas they needed support with. Each person had a file, which contained information to guide staff on people's support needs. This covered all aspects of daily living and how to keep people safe. People had person centred plans on their files. These included their individual preferences and goals. We also saw that people had pictorial versions of their person centred reviews.

People's care plans included areas such as support with personal care, eating and drinking, keeping healthy and safe, and supporting the person with activities. These had been kept under review. People's plans covered areas such as their communication, health care, personal care, mobility and activities.

Each person had workers assigned to them as 'special interest' workers. There was evidence that people had had been involved in their reviews as much as possible. One person said they had regular meetings with their special interest worker and confirmed that they had recently had a review with their social worker.

The plans and reviews we saw included pictures to assist with people's understanding and involvement. We saw that people's wishes were at the centre of the review process. Family members and others who were important to people, such as friends and advocates had been invited to people's review meetings. One person's relative said they were feeling more involved and informed recently.

The assessments and care plans were very detailed, so there was good quality information to help staff to meet people's needs and to understand their preferences. 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. Staff we spoke with understood people's needs and explained how each person responded differently and that this required different approaches. This showed staff were responsive to people's individual needs.

The staff we spoke with confirmed that people's independence was promoted. Staff described how they met the needs of each individual and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as people did not always communicate their needs verbally.

We saw that each person had an activity plan. There was evidence that people engaged in plenty of activities, in the home and out in the community. Some people were supported to attend day services; staff were actively seeking day services for one person, while some people were of retirement age and chose not to attend. Records were maintained of the activities that people had participated in.

We saw the minutes of recent service user house meetings and they indicated that some people had visited Coronation Street, while another person had been to an Elvis tribute concert. Staff told us some people liked to go out bowling and to local pubs and restaurants. They said people recently went out to a local garden centre and plant nursery for tea, and they had a very good meal. One person's relative said their family member liked to tell them when they had been out, and they regularly went out on trips in the minibus and shopping. One person's relative said that recently, they had noticed that people had more opportunities and encouragement from staff to join in with activities and crafts.

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 most people had regular contact with their families. The relatives we spoke with confirmed that they could visit any time. One relative said they rang first, to make sure people were in. Another person's relative said they were invited to parties and events. They added, "At Christmas, they had an absolutely brilliant party."

Staff told us that people were given support to make a comment or complaint when they needed assistance. The communal notice board displayed a copy of the organisation's complaints procedure. The policy also included contact details of other organisations to contact.

The information displayed was provided in a format that met the needs of people living in the home. Pictures and symbols were used to support people to make their concerns known. Three people told us they didn't have any complaints.

Staff told us that some people who used the service would sometimes raise concerns through non-verbal means. From talking with staff it was evident that they got to know people's preferred methods of communication, and their body language, to help determine if the person was happy. Where people 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 team to ensure everyone was aware. This demonstrated that staff responded to the views of the people using the service and these views were respected.

A complaints record was in place, although there were no complaints recorded since the last inspection. The procedure was displayed in an 'easy 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. One person's relative told us that they had contacted senior managers in the past, about a particular issue. They said they were listened to, and the issue had been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection. The previous manager had recently retired, and we were told that recruitment interviews for the post of manager were taking place in the week of the inspection. In the meantime, the service was managed by the deputy manager, with support from the service manager and area manager.

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 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 it was a nice place to work.

People were asked what they thought about the service and had the opportunity to influence the running of the service. For instance, service user meetings took place and people were supported to complete surveys about their experience of the service. These were easy to read, with happy and sad faces, to assist people's understanding and engagement. People's relatives and other stakeholders were also asked to fill in surveys about the quality of the service. Their feedback was included in plans for future improvements.

People also attended a 'focus group' meeting monthly. The group included representatives from several similar services for people with learning disabilities, in the local community. This gave people an opportunity to talk about a range of issues, including the rights of people with learning disabilities and the services provided to them.

South Yorkshire Housing Association and the NHS Trust had good, effective 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 audits, with oversight from the managers. 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 managers, who were all approachable.

The staff told us staff meetings took place each month and they were confident to discuss ideas and raise issues. Staff surveys were also undertaken regularly. This helped to make sure that staff could raise their views about the quality of the service. They told us that it was a good, 'learning' organisation, and that

lessons were shared throughout the organisation, not just within each staff team.