National Schizophrenia Fellowship

Doncaster Crisis Accommodation and Helpline

Inspection Report

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Overall summary

Doncaster Crisis Accommodation is a care service that provides accommodation for four people at the time of a mental health crisis for a period of seven nights. There is an outreach service that is operated from the same premises but that service does is not required to be registered with the Care Quality Commission. The service can accommodate four people at any one time in single bedrooms and the bathroom is shared. The service is operated by the National Schizophrenia Fellowship, which is a registered charity.

People told us that they felt safe whilst staying at the home; they only used the service for a period of seven nights and they told us that no unnecessary restrictions were place on them during their stay. There were appropriate risk assessments in place that allowed people to take responsibility for their actions and be as independent as possible, but remain safe. Staff had undertaken training on safeguarding adults from abuse and they displayed a good knowledge of the action they would take to manage any incidents or allegations of abuse. None of the people who had used the service were subject to Deprivation of Liberty safeguards.

There were clear care planning documents in place that described people's individual lifestyles and support needs. People set goals for recovery at the beginning of their stay and these were reviewed at the end of their stay. They told us that staff encouraged them to carry out the goals they had agreed to on their admission rather than forcing them, and that this had helped with their recovery. All of the people we spoke with told us that their situation had improved whilst they were staying at the service. They also told us that the outreach service continued to support their recovery.

People were encouraged to make decisions about their day to day lives whilst staying at the service and when making plans for their discharge. People were asked for feedback about their stay at the service when they left and we saw that these comments were analysed and acted on when improvements to the service were needed. Staff also had the opportunity to share their views at staff meetings and supervision meetings. Any areas that required improvement were identified and action had been taken to ensure that issues and concerns had been dealt with appropriately.

On the day of the inspection we spoke with staff and people who used the service and it was evident that the service was well led and well managed. Staffing levels were continually reviewed to ensure that there were sufficient numbers of staff employed to operate the residential service and the outreach service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us that they felt safe whilst staying at the service. We spoke with 13 people who were staying or had stayed at the home and they said that staff offered them encouragement but never pressurised them into doing what they did not want to do.

People stayed at the service for a maximum of seven nights and they told us that minimal restrictions were place on their stay. We saw that any restrictions had been agreed with the person concerned and were clearly recorded. None of the people who used the service were subject to Deprivation of Liberty safeguarding but staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had been recruited following robust employment policies and procedures and staffing levels were flexible to reflect the number and support needs of people accommodated at any one time. We saw that staff working within the residential unit and outreach service had undertaken appropriate training that enabled them to carry out these different roles safely.

The manager told us that staff were required to undertake training on safeguarding adults and children from abuse every three years. The staff we spoke with staff demonstrated a good understanding of this topic and they were confident that they would identify concerns and protect people from the risk of harm. The service had an effective system in place to analyse accidents, incidents and complaints. We saw evidence that improvements were put in place to reduce the risk of such accidents or incidents happening again.

We checked the care and treatment records and saw that they contained assessment information and care planning documents that were based on goals to aid the person's recovery. Any risks to the person's health were identified in care plans and these were reviewed during their stay.

Are services effective?

Care plans recorded that people were offered a physical health check when they were first admitted to the residential service and physical health was monitored as well as their emotional well-being.

We saw evidence of good communication between the NHS access team and the service, and health care professionals confirmed this

Summary of findings

when we spoke with them. Health care professionals continued to visit people whilst they were staying at the service and were included in the plans for the person's discharge. This promoted continuity of care.

Care plans were devised by the person who used the service and staff and were based on the Recovery Star model. They clearly set out the person's goals for recovery during their stay at the service and on their discharge. People who used the service told us that they had benefitted from their stay at the service and that they had received support that helped their recovery.

Staff told us that they worked well as a team and that they had a handover from one shift to the next to ensure that information was shared effectively and that the were always aware of each person's current care and support needs.

There was evidence that staff had taken part in training on topics that would give them the skills needed to support the people who used the service.

Are services caring?

It was clear when we spoke with staff that the well-being of the people who needed their support was at the centre of the service they provided. Staff were experienced in understanding the individual care needs of people who were in the midst of a mental health crisis and supporting their recovery.

We spoke with health care professionals following the inspection. They told us that staff provided an excellent service for the 'right' people. They said that people also benefited from being supported by the outreach service when they left the residential unit. People who used the service told us that the service was "Fantastic" and that the outreach service had "Been brilliant too". The registered manager told us that some staff worked in both the residential unit and in the outreach team, and people might be supported by the same staff when they received outreach support that they had got to know whilst in the home. This helped them to provide consistent support for people.

Assessments undertaken by the access team and by the service included information about a person's chosen lifestyle and support networks, and helped staff to provide more individualised support. Practical help had also been arranged for people, such as access to services that would assist them with their financial worries.

Summary of findings

People told us that their privacy and dignity was respected by staff. We saw that all of the bedrooms were single although there was a shared bathroom. However, because there were a maximum of four people staying at the service at any one time, people told us that protecting their privacy had not been an issue.

Are services responsive to people's needs?

It was clear that staff did not make judgements about people's lifestyle choices or diverse needs, but helped people to work towards solutions to their current mental health crisis. Care plan records evidenced that staff met with people each day to discuss their progress and to check that they were happy with their care and treatment. People were asked to complete a satisfaction survey when they left the service and this gave them the opportunity to comment on the care they had received and how it had supported their recovery.

We asked people if any restrictions had been placed on them whilst they were staying at the service. People told us that they were free to 'come and go as they pleased' but that there had been some restrictions. They said that these had been needed to protect them from the risk of harm.

People were encouraged to go remain in contact with family and friends and they told us that they could go out whenever they chose, although staff told us that they would alert the appropriate persons if people did not return to the service when expected.

Staff said that people were told about the complaints procedure when they were new to the service. Staff told us that they felt people who used the service understood it. Eleven of 13 people we spoke with told us that they knew how to make a complaint. However, they also said that they were satisfied with the service and did not wish to complain.

Are services well-led?

The registered manager promoted a positive culture and she told us that the values of the service were hope, understanding, commitment, expertise and passion. Staff told us that the registered manager and other managers were approachable and listened to them.

We saw that there were sufficient staff employed to ensure that people received a service in a timely manner and from a consistent group of staff. The manager told us that staffing levels were continually assessed and amended to reflect the number of people accommodated at any one time and the level of support they required.

Summary of findings

We saw that staff had supervision with a manager and attended team meetings. Staff told us that this gave them the opportunity to discuss any concerns about people who used the service, health and safety issues and their own training and development needs.

We saw that there were a variety of quality assurance systems that monitored the safety of the premises and that staff were adhering to the organisation's policies and procedures. The reports included information about the success of the 'Recovery star' programme, complaints analysis and a summary of the satisfaction surveys that people were invited to complete at the end of their stay. We saw that any identified areas for improvement had been actioned.

Summary of findings

What people who use the service and those that matter to them say

People told us that they felt safe whilst they were staying at the service. One person told us, "They really understood that I needed space and time on my own, but at the same time watched to see if I was safe." People also told us that they had never felt intimidated or 'bullied'.

People who used the service told us that they had benefitted from their stay and that they had received support that helped their recovery. One person said, "Every day they checked on my progress and really it was remarkable how much better I was in a week." They also said that they worked towards goals that would lead to their recovery and that they had found this process to be very effective. One person said, "When I went in we set goals and we reviewed them all when I left."

Most of the people we spoke with said that the service they received from the outreach team was invaluable. One person said, "We set some goals together and the community psychiatric nurse continued them in the aftercare – they didn't just abandon me" and another person told us, "The support was fantastic, it saved my life and the care that came afterwards has been brilliant too."

All of the people who we spoke with said that the staff really cared about them. One person said, "They made you feel you were important to them, they didn't make you think they were just doing their job."

The service had four single bedrooms but only one bathroom. However, none of the people who we spoke with considered this to be an issue and they all said that staff respected their privacy and dignity. One person told us, "There was only two other service users there at the time so I had plenty of privacy."

All but two of the people we spoke with told us that they knew how to make a complaint, although everyone who we spoke with said they did not have any complaints. One person told us, "They showed me how to make a complaint and I've still got the form. I've never used it though."

Doncaster Crisis Accommodation and Helpline

Detailed findings

Background to this inspection

We visited this service on 16 April 2014 from 10.00 am until 4.00 pm. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The service is registered to support four people at the time of a mental health crisis for a period of seven nights. There is an outreach service operating from the same premises and people are often supported by the outreach team for a period of up to three months when the leave the residential service. Some staff work for both teams. There is also a 24 hour help line operated from the premises.

The inspection team consisted of a lead inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. We had previously carried out an inspection of the service on 24 April 2013 and we found that they met the standards we reviewed.

On the day of the inspection we spent time speaking with staff and people who were staying at the service. We looked at all areas of the home, including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included people's care and treatment records, staff records and records relating to the management of the home.

Following the day of the inspection we contacted health care professionals to discuss their views about the service provided by Doncaster Crisis Accommodation. We also spoke with people who had previously used the service to gather their views. Overall we spoke with a total of 13 people who were currently using or had previously used the service.

Are services safe?

Our findings

People told us that they felt safe whilst staying at the service. The comments we received from people who used the service included, "They really understood that I needed space and time on my own, but at the same time watched to see if I was safe", "It was such a relief to have a place where I could be safe and relax away from all the stresses", "They were smashing people; they made me feel really safe and looked after" and "I don't know what I would have done if I hadn't gone in there. It was my port in a storm. I doubt I'd be here now."

We spoke with 13 people who were staying or had stayed at the home and they told us that staff offered them encouragement but never pressurised or forced them into doing what they did not want to do. One person said, "The state of mind I was in could have made me resent their help, but they handled me so well I didn't feel bullied" and another person said, "I wasn't eating but no one tried to force me - they just advised me to have a little now and then." People also told us that minimal restrictions were placed on them during their stay. We saw that any restrictions had been agreed with the person concerned and were clearly recorded.

The service had a policy on the Mental Capacity Act 2005 and Deprivation of Liberty safeguards, and some staff had undertaken training on this topic. However, people who used the service needed to have the capacity to make their own decisions as the philosophy of the service was to work towards identified goals to help people with their recovery. People were required to sign a document called "Your rights and responsibilities and information for during your stay" and another document called "Authority to process and disclose information". This ensured that people were clear about the terms and conditions of their stay at the service. None of the people who had used the service were subject to Deprivation of Liberty safeguards.

We checked the staff rotas and saw that staffing levels were continually amended to reflect the number of people accommodated at any one time and the level of support they required. Because some staff were also employed in the outreach team and to manage the helpline, there were always members of staff available to move from one part of the service to another. We saw that staff working within the different areas of the service had undertaken appropriate training that enabled them to carry out these different roles safely. There was a notice in the office listing the mobile telephone numbers for staff. This was so they could be contacted at short notice if the needs of the service changed, requiring additional staff to be brought in. This enabled the service to respond to people's needs at any time of the day or night.

Staff had been recruited following the employment policies and procedures of the service. Application forms, employment references, identification and safety checks had been retained in staff records and these evidenced that only people suitable to work with vulnerable people had been employed. We noted that, when people applied for promotion within the service, they were required to go through the full recruitment process again. We saw in one person's recruitment file that they had been supplied with a personal alarm and first aid kit when they were first employed by the service to promote their personal safety.

The manager told us that staff were required to undertake regular training, including training on the topics of safeguarding adults and children from abuse. All of the staff records we checked included evidence that staff had completed this training. We spoke with staff about the topic of safeguarding and they were able to describe different types of abuse and what action they would take if they observed an incident of abuse or became aware of an abusive situation. They said that they were confident that the manager would deal professionally with any incident they became aware of and that staff could contact the local management team or the national 'out of hours' team if they needed additional advice.

Some staff worked within the home and also helped to operate the organisation's helpline. Staff had completed a two day training programme on helpline skills and they told us that this training included topics that also helped them to work constructively with people who used the outreach service and the residential unit. One of the topics they mentioned was 'self harm'.

We checked the care and treatment records for one person who was staying at the home and another two people who had previously stayed at the home. These contained information gathered at the time of the initial referral, a full needs assessment undertaken by the service and daily record forms. We spoke with health care professionals who told us that they produced a mental health and risk management plan that they sent to the service when they made the initial referral and we saw these documents in

Are services safe?

people's care files. Any risks to the person's health were identified in care planning documentation and these were reviewed during their stay and at the end of their stay. We saw that one person's records stated at the end of their stay, "I have no concerns for my safety now."

Staff showed us the Central Alerting System (CAS) on the database. This system was used by the organisation to alert staff to any areas of risk that could affect the service, for example, safety information about some of the medication that people could bring into the home with them.

We checked maintenance records and saw that there were checklists to record in-house safety checks on window opening restrictors, first aid boxes, carbon monoxide detectors, office temperatures and fire safety. There were regular tests to detect the presence of Legionella in the water system and a weekly ligature audit was taking place.

We saw documents that recorded staff had read the fire safety, risk management, storage and use of sharps, people missing and lone working policies. This evidenced that the service had systems in place to protect the safety of people who worked and stayed at the service.

The service had an effective system in place to analyse accidents, incidents, complaints and risk assessments. Staff told us that they recorded any accidents or incidents on the organisation's database and that these were analysed within the service and also by the organisation. We saw evidence that changes were made to the organisation's policies and procedures as a result of this analysis and that improvements were put in place to minimise the risk of such accidents or incidents reoccurring.

Are services effective?

(for example, treatment is effective)

Our findings

Care plans recorded that people were offered a physical health check when they were first admitted to the residential service. This was optional and it was clear from the records we saw that no pressure was placed on people to accept this offer. However, everyone's physical health as well as their emotional well-being was monitored whilst they were staying at the service.

We saw that the service had received assessment information from the local NHS access team and had completed their own mental and physical health assessment prior to people being offered a place in the residential unit. Staff told us that they had good relationships with staff in the access team and that they could contact them for clarification or more information if needed. We spoke with health care professionals at the access team following the inspection. They told us that staff at the service shared information appropriately with them. They told us that workers from the access team visited people whilst they were at the service and that communication between the two services was good. They said, "The service is really good at communicating and sharing information. This keeps us all focussed". This ensured that all staff involved in supporting the person had up to date information.

Care planning was based on the Recovery Star model, and included documents called "First look at my situation" and "Reviewing my situation." These documents had been completed by the person using the service with the assistance of staff, and signed by them. These assessments and reviews very clearly set out people's individual concerns, need for support, choices and goals for their stay at the service and on their discharge. This information was used as the basis for daily discussions between the person and the staff who were supporting them.

People who used the service told us that they had benefitted from their stay at the service and that they had received support that helped their recovery. They scored various aspects of their situation when they first arrived at the service and again when they left the service. All of the care plans we saw recorded that there had been improvements in every aspect of the person's perception of their situation. One person said, "Every day they checked on my progress and really it was remarkable how much better I was in a week", another person said, "I really appreciate all the support and help I got while I was there. It made an enormous difference" and a third person told us, "I don't know what I would have done if I hadn't gone in there. It was my port in a storm. I doubt I'd be here now."

The registered manager told us that people were able to choose which bedroom they would like to use whilst they stayed at the service. Some bedrooms were decorated and furnished in neutral, calming colours and other rooms were brighter. Some rooms were bigger than others. This gave people the opportunity to choose a room that suited their individual preferences and where they would feel the most comfortable throughout their stay. This evidenced staff understood that, especially at the time of their admission, people's requirements and choices would differ depending on their current state of mind.

Daily records evidenced that staff checked regularly that people were receiving the support they required, including during the night. One entry made in the early hours of the morning recorded, "X unable to sleep so got up for a cigarette. Will try again shortly to get some sleep."

In the provider information return the service told us about a pilot they were conducting in respect of people's sleep patterns; the service referred to this as 'sleep hygiene'. People who were having difficulty sleeping were encouraged to listen to a relaxation CD and make other amendments to their usual night time routine. At the end of their stay they were asked to give feedback on whether this had helped them to relax and sleep. The organisation told us that they would use this feedback to assess the success of this programme and make a decision about it's on-going use at the service as a form of therapy. On the day of the inspection we saw information in care plans recording people's sleep patterns and the feedback that they gave about this pilot at the end of their stay.

There was evidence that staff (including bank staff) had taken part in training on topics that would equip them with the skills needed to carry out their role effectively. The training matrix evidenced that staff had undertaken training on the topics of behaviour that could challenge the service, mental health awareness, safety/risk assessment, working with self harm, information governance, equality and diversity, emergency first aid, autism awareness, Asperger's, medication, dealing with complaints, infection control, fire safety and professional boundaries. The training plan for 2014 included the topics of infection

Are services effective?

(for example, treatment is effective)

control (April 2014), fire warden (May 2014), first aid at work (June 2014) and food safety (May and June 2014). This training provided the staff with the skills and knowledge they needed to carry out their roles effectively.

The registered manager told us that staff were also required to complete reflective learning logs following training sessions. We saw some of these in personnel files and saw that staff and their manager had discussed any queries the staff member might have following the training, how they would use the training to improve their practice and the need for further training.

Staff told us that they worked well as a team and that they had a handover from one shift to the next to ensure that information was shared effectively. They said that they had both a verbal and written handover and that any confidential information would be recorded as 'refer to file'. This helped to protect people's privacy and ensured that confidential information was recorded appropriately.

Care plans evidenced that information was shared with the person's GP and health and social care professionals at the access team when the person was due for discharge from the service. This informed other health and social care professionals about the person's progress whilst they had stayed at the service and about their current emotional and physical health care needs. The letter also informed staff whether or not the person would continue to receive support from the outreach team on their discharge. This ensured that everyone involved in the person's care had an up to date picture of their care and support needs.

Are services caring?

Our findings

Assessments undertaken by the access team and by the service included information about the people who were important to that person, their previous lifestyle, their hobbies and interests and their employment history. This provided staff with important information about the person's chosen lifestyle and support networks and helped staff to provide more individualised support. People told us that staff displayed empathy and understood their needs, and that this helped them to relax and talk through their worries. One person said, "They really understood that I needed space and time on my own, but at the same time watched to see if I was safe" and another person told us, "They knew what I was going through so they knew how to help."

The content of care plans had been written by the person concerned with support from staff and included their own assessment of their current situation and the setting of goals to make improvements in preparation for discharge home. Care planning documentation evidenced that these goals had been reviewed throughout the persons stay at the service. People who we spoke with told us that they had found the setting of goals to be very effective. One person said, "When I went in we set goals and we reviewed them all when I left" and another said, "The staff were amazing - they really understood and they didn't push you or anything like that."

We saw information that explained the recovery star model; this included social inclusion, good relationships and the use of a 'Wellness Recovery Action Plan' (WRAP). As well as information about the recovery star model, care plans included details of 'the ladder of change'. The five stages were recorded as stuck, accepting help, believing, learning and self reliance. These two models were used during counselling sessions to help people to identify the road to recovery.

The registered manager told us the staff team were well established and most staff had worked at the service for a long time. In addition to this, some staff worked in both the residential unit and in the outreach team, and this helped staff to provide consistent support for people who used the service.

Staff said that the manager had an 'open door policy' and that they would spend time with a person who was staying at the home at any time. For example, if someone expressed thoughts about self harm, they may encourage them to speak to the manager and would accompany them to help them to express their feelings and thoughts. Staff said that the needs of the people who were staying at the home always took priority to other tasks.

We spoke with health care professionals following the inspection. They told us that staff provided an excellent service for the 'right' people. They said that people also benefited from being supported by the outreach service when they left the residential unit. They said, "The service is goal orientated and staff help people to address issues." A person who had previously used the service told us, "The support was fantastic, it saved my life and the care that came afterwards has been brilliant too." Another person said, "We set some goals together and the community psychiatric nurse (CPN) continued them in the aftercare – they didn't just abandon me." This evidenced that other professionals were informed about the person's goals when they left the service and that the outreach team worked alongside other professionals to help the person towards recovery.

Practical help had also been arranged for people, such as the provision of food parcels and access to services that would assist the person with their financial worries.

It was clear when we spoke with staff that the well-being of the people who needed their support was at the centre of the service they provided. Staff did not make judgements about people's lifestyle choices or diverse needs, but helped people to work towards solutions to their current mental health crisis. Staff told us that they were aware that some people felt more comfortable confiding in one member of staff in preference to another and that they tried to accommodate this.

Staff were experienced in understanding the individual care needs of people who were in the midst of a mental health crisis and supporting their recovery. People told us that they felt the staff really cared about them. One person said, "I felt it was really good and really helpful because they really cared about me" and another said, "They made you feel you were important to them, they didn't make you think they were just doing their job." Just one person mentioned that they would have liked to have access to a therapist although they were not specific about this.

Are services caring?

There was clear guidance for staff about the principles of the service; these were hope, understanding, commitment, expertise and passion. Induction training covered these topics plus information about respecting people's privacy, dignity and human rights.

People told us that their privacy and dignity was respected by staff. We saw that all of the bedrooms were single although there was a shared bathroom. However, because there were a maximum of four people staying at the service at any one time, no-one identified this as a concern. One person told us, "There was only two other service users there at the time so I had plenty of privacy" and another said, "I had my privacy and didn't have to mix if I didn't want to."

The registered manager told us that people who were admitted to the residential unit received a copy of the service guide. We saw that this included information on their individual rights and responsibilities, how to contact the service (including the regional office), information about local advocacy services and the complaints policy and procedure.

We saw that a letter was sent to the access team, the person's GP and social care professionals when they were discharged from the service. This ensured that all professionals involved in the person's care were aware of their current situation and whether or not they would be receiving on-going support from the outreach team.

The registered manager told us that there were various working groups that managers attended to discuss good practice and areas for improvement; these included a registered manager's working group, a helpline working group and a housing working group. These were regional meetings that aimed to promote excellent and consistent practice at each of the services operated by the National Schizophrenia Fellowship.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The manager told us that people had to be experiencing a period of mental health crisis to be able to access the service, and that referrals were received from the NHS access team. The registered manager told us in the provider information return that the service could accept referrals over a 24 hour period and on 7 days a week.

People were asked to complete a satisfaction survey when they left the service and this gave them the opportunity to comment on the care they had received and how it had supported their recovery. The comments we saw in surveys included, "Brilliant, saved my life" and "I have felt safe and made to feel I can ask for help whatever time, day or night." We saw that the survey also asked the question, "How can we improve?" This gave people the opportunity to suggest areas that would have improved the experience for them. One person told us, "I had no problems and no complaints and I filled in a form to say that when I left" and another said, "I filled in a questionnaire, I was happy with everything and I told them that."

On the day of the inspection we saw that any action the service had taken in response to feedback they had received from people who used the service was displayed on the 'You Said, We Did' board. This evidenced that staff had listened to people's comments and taken action to make improvements when relevant.

We asked people if any restrictions had been placed on them whilst they were staying at the service. People told us that they were free to 'come and go as they pleased' but that there had been some restrictions. We saw that any restrictions imposed during a person's stay had been agreed by all parties concerned and clearly recorded in care documents. One person said, "They had to restrict some things otherwise I would have harmed myself but I understood that" and another person said, "The only restrictions were what you'd expect. Medication, but I could come and go as I wanted."

We saw care plans included information about people that provided staff with details of their lifestyle prior to their admission, their support networks, their diverse needs and their interests. Speaking with staff it was clear that they did not make judgements about people's lifestyle choices or diverse needs, but helped people to work towards solutions to their current mental health crisis.

People were encouraged to go out to meet with family and friends, and family and friends were welcome to visit the service. People's family and friends were also consulted appropriately by staff when this was what the person concerned wanted. People told us that they could go out whenever they chose, although staff told us that they would alert the NHS access team or the police if people did not return to the service when expected. Care plan records evidenced that staff met with people each day to discuss their progress and that they were happy with their care and treatment.

When we spoke with health care professionals they told us that they supplied the service with a full needs assessment when they made the initial referral but that it was the policy of the service to undertake their own assessment. Although they understood that this was the protocol staff had to follow, they said that a service could be provided more promptly if staff were able to use the information provided by the access team. They also suggested that the access team and the service could work towards using the same database so that they could share information more effectively about the people who they were both providing a service to.

Staff told us that people were told about the complaints procedure when they were new to the service and we saw that each person who used the service was given a copy of the service user guide. This contained information about the service provided by Doncaster Crisis Accommodation, including the complaints procedure. Most people told us that they understood the complaints procedure and would have made a complaint if they were dissatisfied. However, everyone told us that they did not have any complaints. One person told us, "They showed me how to make a complaint and I've still got the form. I've never used it though" and another said, "I do know how to make a complaint but I haven't got any…it was a brilliant place."

We saw that 'unannounced' senior manager's visits were undertaken on a regular basis and in one of these reports an action had been identified; this was that refresher training needed to be held as part of a group supervision meeting to ensure that all staff had a good understanding of the complaints procedure. We saw evidence that this had been actioned on 26 February 2014. The staff who we spoke with expressed a good understanding of the

Are services responsive to people's needs?

(for example, to feedback?)

complaints procedure and said they felt people who used the service also understood it. They said that they would encourage the people to use the complaints procedure if they expressed any dissatisfaction with the service.

Are services well-led?

Our findings

At the time of our inspection the service had a registered manager in post. Staff told us and we observed on the day of the inspection that the registered manager promoted a positive culture within the service. The registered manager told us in the provider information return that the values of the service were hope, understanding, commitment, expertise and passion.

Staff told us that the registered manager had an 'open door' policy and that they were available on the telephone when they were not at the service. They said that the registered manager and other managers were approachable and listened to staff. The registered manager was currently responsible for more than one service but she told us that there were plans in place for each of the three local services to have a registered manager.

The registered manager told us that all registered managers attended six monthly practice updates where they shared practice and organisational learning. The charity had also launched a CQC practice manual in April 2014 that gave clear guidance on a range of management issues related to registered services.

Staff told us that they worked well as a team and that was evident from the observations on the day of the inspection. We also saw that there were sufficient staff employed to ensure that people received a service in a timely manner and from a consistent group of staff. The registered manager told us that staffing levels were continually assessed and amended to reflect the number of people accommodated at any one time and the level of support they required. People told us, "There were loads of staff around all the time, it was very busy but they had time for all of us", "You could just go to the office any time you needed help, there were plenty of people to help you" and "Day or night, there was someone to talk to."

We saw that staff had group supervision and individual supervision with a manager on alternate months and that they also had appraisal meetings. Staff told us that this gave them the opportunity to discuss any concerns about people who used the service, health and safety issues and their own training and development needs. They said that they were encouraged to make suggestions for improvements within the service and that their comments and suggestions were listened to. We saw that appraisal records were detailed and included comments from the member of staff and their supervisor.

Team meetings were held on a regular basis; we saw the minutes of meetings held in December 2013, January 2014 and February 2014. Topics discussed included lone working, staffing levels, key performance indicators and a care file audit. Staff told us that these were 'two way' meetings where information was shared with them but where they could ask questions and make suggestions.

At unannounced manager's visits a variety of areas were checked; these included fire safety, Legionella checks, infection control and, catering. We saw that action points were recorded in these reports. For example, in January 2014 eleven action points were identified. The records we saw evidenced that these had either been completed or were still 'on-going'.

We saw a quarterly quality assurance report and the registered manager told us that the information was fed into the Integrated Governance Oversight Group (IGOG). This was the organisations central system for managing governance and promoting improvement. The report included information about the success of the 'Recovery star' programme, complaints analysis and a summary of satisfaction surveys. The registered manager said that some of the identified issues were dealt with locally and others were dealt with nationally.

People who used the service were invited to complete a satisfaction survey at the end of their stay and most people told us that they had completed the survey. We saw that the responses were analysed and the registered manager told us that adverse comments might be dealt with as complaints even though they were not identified as this in the survey. We were told in the provider information document that Doncaster Crisis Accommodation came first within the organisation for overall satisfaction in the national 'My Experience of the Service 2013' survey.

We saw that complaints were investigated appropriately. The registered manager told us that any complaints and serious untoward incidents were analysed centrally, taken seriously and that learning was disseminated to staff working at all locations within the service. We saw evidence of this on the day of our inspection.