Goodwin Development Trust

Danny's Dream

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?	Outstanding
Is the service well-led?	Good

Overall summary

Danny's Dream is a domiciliary care agency owned by Goodwin Development Trust. The agency is located in The Goodwin Club, 'Danny's Dream Club', which is on Walker Street close to Hull city centre. It is close to local amenities and has easy access to public transport. The service offers a combination of domiciliary care and social support primarily to people who have learning disabilities and/or complex health needs. Danny's Dream provided a club, the use of which was built into most people's care package funded by health or the local authority. The club had been adapted to meet people's needs; it was easily accessible to people who used wheelchairs to mobilise and had wide toilets and shower facilities. There was a room with sensory and gym equipment, two large activity areas, an enclosed courtyard and a kitchen.

The service is required to have a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. On the days of the inspection the registered manager was on annual leave and the assistant manager was managing the service.

The last full inspection took place on 4 and 8 July 2013; the registered provider was compliant in all areas assessed.

We undertook this current unannounced inspection on 24 and 26 August 2015.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns. Risk assessments were completed for areas that impacted on people's lives and posed a risk for them.

We found staff were recruited safely and in sufficient numbers to meet the needs of people who used the service.

Staff received training that enabled them to support people safely and to meet their assessed needs. We found staff received guidance, support, supervision and appraisal. This helped them to be confident when supporting people who used the service.

People who used the service received person-centred care based on their wishes and preferences. They and their relatives were involved in the formulation of plans of care. Staff were aware of people's health care needs and the support they provided helped to maintain them. Staff liaised with health professionals for advice and guidance when required.

We observed positive interactions between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were overheard speaking with people in a kind, attentive and caring way.

We observed staff supported people to take medicines as prescribed. Staff had received training in medicines management.

We found staff supported people to maintain their nutritional needs. The assisted people to make choices about their meals in line with their care plans.

We found people were supported to make their own decisions and to contribute to their planned activities. When people were assessed as lacking the capacity to make their own choices, decisions were made in their best interest but, how the assessments and decisions were recorded could be improved. We have made a recommendation about this.

We found the registered manager and staff team had developed creative ways in ensuring people felt part of their local community. People who used the service accessed a range of activities and occupations within Danny's Dream club but also in the wider community; these provided them with stimulation and a feeling of inclusion.

We found there was a good organisational structure and a culture aimed at person-centred care, inclusion, involvement and valuing people who used the service and the staff who worked for the service.

We found the service was well-managed. There was a quality monitoring system that ensured people's views were listened to, any complaints were addressed, audits were completed and checks carried out on staff practices and performance. There was an ethos of learning to improve practice, and the service provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People who used the service were protected from harm and abuse. There were policies and procedures to guide staff and all had received safeguarding training. Risk assessments provided staff with guidance in how to support people to take risks in a safe way.

There were sufficient staff to support people's assessed needs and they were recruited in a safe way.

Staff supported people to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions which included restrictions for them. We have made a recommendation about this.

Staff supported people to meet their nutritional needs whilst in their care.

People were supported by staff that had received training relevant to their roles and tasks. Staff received supervision, support and appraisal.

Good

Is the service caring?
The service was caring.

People were treated with kindness, respect and compassion. Two people who used the service had been involved in staff recruitment.

Staff provided explanations to people prior to carrying out tasks and gave them information at a pace that was appropriate to their needs.

People's privacy and dignity was maintained and confidential information about them was held securely.

Good

Is the service responsive?
The service was responsive.

People were provided with care that was person-centred and tailored to their individual needs. People who used the service and their relatives were included in the formulation of care plans.

The registered manager and staff team had found creative ways of supporting people to be involved in the local community. This helped to ensure social inclusion and to feel part of society.

There was a range of activities that people participated in that responded to their needs and interests.

Outstanding

Summary of findings

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

Is the service well-led?

Good

The service was well-led.

There was a good organisational structure to oversee the management of the service and a value-based culture which we observed had filtered to staff practice.

The service was well-managed and staff felt supported and able to raise concerns. Communication systems were good and made sure staff were kept informed of important issues.

There was a quality monitoring system in place that ensured people had the opportunity to express their views, that initiated improvements and ensured lessons were learnt from incidents and analysis of information.

Danny's Dream

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 24 and 26 August 2015 and was carried out by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this, appropriately completed and on time. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. They told us there were no concerns about the service. We also spoke with two social workers, a care management team leader and a health professional.

During the inspection we spoke with the deputy manager and a senior manager. We also spoke with an advanced practitioner, three members of staff who are called 'personal assistants', an information technology manager and five relatives.

We observed how staff interacted with people who used the service.

We looked at the care records of four people who used the service including any accidents and incidents, daily records, medication records, risk assessments and care plans.

We also looked at a selection of records used in the management of the service. These included staff rotas, shift handovers, memos and notices, quality assurance audit checks and minutes of meetings with staff and people who used the service.

Good

Is the service safe?

Our findings

Relatives told us they thought their family member was well-looked after by the staff who supported them, and the service they received was safe and met their needs. Comments included, “Absolutely he is safe”, “It’s a very good, flexible and positive service”, “The best thing with Danny’s Dream staff is they always ask me at the start of the shift if there is anything they should know; they all feel comfortable asking me” and “They could do with more staff though; I still don’t always get the hours and times I request.”

We found the service helped to keep people safe. There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. We saw there were posters on display reminding staff about how to safeguard people and each member of staff had a small ‘reminder card’ that detailed the types of abuse and what to do if they witnessed abuse. Staff confirmed they had completed safeguarding training and in discussions were able to describe types and signs and symptoms of abuse. They all knew what to do if they became aware of concerns. The assistant manager showed us a safeguarding file which included a risk matrix devised by the local safeguarding team. This allowed for the registered manager and assistant manager to gauge risk when incidents occurred and determine how to proceed and whether to discuss with the local safeguarding team. The assistant manager said, “I would phone the safeguarding team and run it by them. We would complete an alert form and notify CQC [care Quality Commission].”

We saw people who used the service had risk assessments in place to help guide staff in how to minimise risk. For example, these included moving and assisting, the use of medical equipment, epilepsy management, choking, nutrition and how to support people if their behaviour was challenging to themselves or other people.

We saw staff had completed safe working practice training when supporting people to manage specific health care needs and medical equipment. This had been arranged with staff from the local hospital and personal assistants told us they felt this had provided them with confidence to meet people’s needs safely. Moving and handling equipment used in Danny’s Dream club was maintained safely, hot water outlets had thermostatic monitoring values to prevent scalding, stored water had been tested for legionnaires disease and portable electrical appliances were checked periodically. Risk assessments were carried out at people’s own homes when personal assistants completed care and support there. These measures helped to ensure the safety and wellbeing of people who used the service and staff.

We saw personal assistants supported people to take their medicines as prescribed. Care plans included guidance regarding how and when medicines were to be administered. We observed personal assistants support people to take their medicines in an appropriate way and in line with their care plan. Some people had respite care following their support by personal assistants in the community; on these occasions we saw their medicines were stored securely at Danny’s Dream club until the person left for their respite stay.

There were policies and procedures to ensure personal assistants were safe when lone working out of usual office hours. There was a system for them to ring into the office when logging off work. The assistant manager told us personal assistants supported people to access community facilities in the evening and at weekends; during these times a security firm had the names and times when staff should log off. If they did not log off within a set timeframe, security personnel followed this up. There was an on-call manager facility for staff support out of usual working hours.

There were systems in place to manage emergency situations. For example, if people were admitted to hospital as an emergency, staff would accompany them and stay with them to advise medical and nursing staff of communication needs. The assistant manager told us of a situation when this had occurred and additional funding had been arranged to ensure staff stayed overnight at the hospital to provide support to the person. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to move people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

We found staff were recruited safely; each potential employee completed an application form so gaps in employment could be examined. References were

Good

Is the service safe?

obtained and a check made with the disclosure and barring service [DBS]. An interview was held and staff were not allowed to start work until all employment checks had been completed.

The assistant manager told us staffing numbers were dependent on specific packages of care designed for people who used the service. There was no tool to determine how many staff [personal assistants] were required in total, as each care package was personalised. The amount of hours commissioned by Health or Social Services and the circumstances of the care package, for example how many personal assistants were required to support a person at any one time, was different for each individual person. We saw some people received one personal assistant support [1-1] and others required two personal assistants [2-1]. Staff confirmed people who used the service always had the correct numbers of personal assistants. For example, when two personal assistants were required to support one person, these were always supplied.

Good

Is the service effective?

Our findings

All five relatives we spoke with told us their family members were cared for by well trained staff; they were notified if important health issues occurred whilst people were supported by the staff. Comments included, "All staff are fully trained in emergency procedures and all know what they are doing; I have confidence in the staff", "The staff understand her and pick up on her little ways; yes, they are skilled and trained", "I think they are very well-trained", "They always ask him what he wants; they understand him and they are trained to give him choices" and "When they first started supporting them, they [staff] were not as highly trained as expected but there was a willingness to learn from us."

We found staff were aware of the health needs of people they supported and were provided with guidance to ensure needs were safely met. There was information in people's care files when health professionals were involved in their care such as GPs, dieticians, specialist nurses, speech and language therapists, physiotherapist and occupational therapists. We saw staff recorded events that required monitoring and passing onto relatives such as epileptic seizures, pain relief and specific health observations.

We observed staff supported people to meet their nutritional needs. One person had brought a packed lunch and the member of staff supported them to eat it in an appropriate manner and in line with their care plan. We saw care plans included how staff were to meet people's nutritional needs. Generally, this was whilst the person was in the community and involved accessing cafes where they had lunch as part of a therapeutic activity. The care plans provided staff with important information such as the texture of food required, what to avoid and how small it needed to be cut up to aid swallowing difficulties.

Staff had completed training in the Mental Capacity Act 2005 [MCA]. In discussions they were clear about how they gained consent from people regarding care and support tasks. Comments included, "We ask them [people who used the service] questions and involve them", "The person I support can make their own decisions about some things; they are able to make their needs known", "We just ask them, they would soon let us know. If they refuse something, sometimes a different approach is helpful", "[person's name] makes choices about what he wants to do for the day" and "If they have the capacity to refuse medicines then it's marked as a refusal; if they don't have capacity we tell the manager and discuss with families. We may have a best interest meeting."

The care files we checked had assessments of capacity and records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. However, the assessments of capacity and decision-making covered the whole of the person's care plan rather than specific decisions that involved restrictions such as protective head gear, lap and arm straps in wheelchairs and covertly administering medicines. We discussed this with the assistant manager to address in MCA assessments and decision-making to ensure the least restrictive options were considered, discussed and recorded in line with the MCA code of practice.

We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff told us they received training that ensured they were confident when supporting people who used the service. Comments included, "Training needs are always asked for in supervision", "We have plenty of training" and "Some training is undertaken during induction such as mandatory but other special training is completed in line with people's needs." Staff told us the training considered as essential by the registered provider included, safeguarding, moving and assisting, first aid, infection prevention and control, health and safety, food hygiene, medicines management and fire safety.

Training records confirmed staff completed essential training and some which was specific to the needs of the people they supported. For example, Autism, managing behaviours that could be challenging, completion of PEG feeding [when people receive nourishment through a tube directly into their stomach], tracheostomy care and epilepsy support; this included the use of specific equipment and rescue medicines. Some training had been facilitated by health professionals involved in specific people's care so they could be sure staff had the right skills to support them.

The 'advanced practitioner' for the service told us the registered provider ensured there was scope for

Good

Is the service effective?

development such as completing leadership and management courses and recognised qualifications in care. We saw that 29 of 36 staff had completed or were underway with a qualification in care at various levels.

We saw staff completed an induction that consisted of shadowing more experienced staff, observations of practice, information, for example about codes of conduct, and a probationary period which included meetings to check progress. The advanced practitioner told us that the induction system was currently undergoing further development to include care certificate standards, which new staff would have to work through and evidence competence. All staff were issued with an 'Employee Handbook'; this provided them with information about policies and procedures and how they were expected to carry out their role.

Staff confirmed they received supervision meetings with their line manager and found these supportive. They said, "We have conversations about our development, policies and procedures, any issues about the service users we support and any concerns we have" and "We have supervision with line managers about every three months but if there are any immediate problems we can see the manager, shut the door and have a chat."

Good

Is the service caring?

Our findings

Relatives of people who used the service were complimentary about the staff team. They said staff promoted people's privacy and dignity and treated them with care and compassion. Comments included, "The staff are lovely", "It really is a fantastic service; they [staff] all know the routine and don't have to ask me anything", "Interaction with the PAs [staff are termed 'Personal Assistants'] is brilliant; they are really clued into him", "The staff are absolutely outstanding; every morning [person's name] has a smile on her face and she is happy to see the PAs; she is settled, content and they consider her needs at all times", "They are very good; I can quietly go to work and not worry" and "The service is really going well."

We observed staff speak to people in a kind and professional way during care and support at Danny's Dream club. They were overheard providing information and explanations prior to care tasks and supported people to eat their meals in a patient way. There were jokes and appropriate banter with people who used the service. We overheard staff playing a 'number game' with one person and there was lots of praise which encouraged them to continue. Staff supported people to maintain as much independence as possible, for example, by handing them their packed lunch to eat item by item. It was clear that staff had developed positive relationships with the people they supported and they knew their needs well. Staff had introduction visits with people before the start of any service. This helped people who used the service to start to build relationships with the staff who were designated to support them.

In discussions, staff described how they promoted people's privacy and dignity. Comments included, "During personal care we keep people covered up and not exposed", "We know where facilities are in the community, for example St Stephens [shopping centre] has a hoist room for personal care; we make sure the door is locked for privacy", "Communication is really important; we always talk through what we are going to do and keep people covered up. You just have to think how you would feel in that situation", "We keep people's personal details locked away and on a need to know basis" and "We respect confidentiality and never talk about people outside of work."

Staff also described how they supported people to make choices, how they included them and how they helped them to maintain a level of independence. Comments included, "Enable people to do as much as they can for themselves", "Include people with choices, even down to basic things like what colour and number they want on the bowling ball", "Ask what clothes they want to wear and if they are inappropriate [for the activity] we talk things through and explain things", "He keeps control of his money and makes his own choices" and "It's his time so he should be able to make choices about how he wants to spend it."

The care plans provided staff with information about how to support people in ways that promoted privacy, dignity, choice and independence. For example, they described what preferences people had for the way care was to be carried out and how people communicated their needs when they were unable to do this verbally. One care file described how the person enjoyed swimming and detailed the gender of staff required for this activity to promote their privacy and dignity.

We saw two people who used the service had been involved in the recruitment of staff for the wider team. They had sat on the interview panels and asked questions. The assistant manager told us there was an exercise to ensure staff with similar interests were 'matched' as personal assistants with the people they were to support. They said this helped with initial relationship-building that took place between them. They said, "We ask the person about their likes, dislikes and hobbies and how they spend their spare time. The service user is at the heart of it and there has to be time well-spent together."

People who used the service were provided with information about their care package in a 'service contract'. This described information such as financial charges, health and safety, general rights and responsibilities, confidentiality and the protection of data. It also included whose responsibility it was for the provision of equipment, the arrangements for securing property and accident reporting. The general rights and responsibilities section highlighted people's human rights and referenced how the service worked within specific legislation to ensure these rights were respected. We saw there was a policy and procedure on equality and diversity and staff were expected to adhere to it.

Good

Is the service caring?

We found information was protected. People's care files and staff personnel records were held securely. Information was held on computers, which were password protected and there was a system of password changes every three months. The information technology manager confirmed the registered provider was registered with the Information Commissioners Office and adhered to good practice guidelines and the Data Protection Act regarding security of personal data. Staff signed to confirm they had read and understood confidentiality and data protection policies.

Outstanding ☆

Is the service responsive?

Our findings

Relatives of people who used the service said their family members were treated as individuals and helped to access community facilities. Comments included, "It's a big step for me handing his care over to other people but I confidently go out to work", "They make him feel well and part of the community; they are in tune with his age group", "I am confident to go to the staff and ask them to do something differently; the staff constantly feedback and come up with new ways of working" and "They [staff] interact well with him and make it fun."

Relatives said they would be able to raise concerns or make complaints in the knowledge they would be addressed. Comments included, "I reported a time-keeping issue some time ago and it was addressed promptly."

A health and social care professional described how initially, one person only responded to staff of a specific gender. However, the staff had worked with the person in a consistent way and this issue had been resolved. They said, "It's a good service, brilliant in fact. The service user is now engaging with others, is active, good relationships have developed, and they [staff] are supportive to the family."

Prior to using the service, people had their needs assessed and recorded. We saw there was liaison with other health and social care professionals during the assessment stage to ensure full information was obtained and risks to the person's health and welfare addressed. Assessments and risk management plans from health professionals were included in care files; this provided staff with full guidance in how to deliver person-centred care to people. There were comprehensive risk management plans regarding issues such as epilepsy, tracheostomy care and behaviours that could be challenging to the person and other people. There were also descriptions of the health conditions from healthcare websites which provided staff with additional information.

One relative told us that because of staff's actions and their ability to respond in emergency situations, a reduction in visits to the accident and emergency department for the person had been achieved. We spoke with the registered manager about this following the inspection and they told us the person had very complex needs associated with epilepsy which could not be controlled with medication. They told us, and it had been confirmed in discussions with staff, that all the personal assistants involved with the person's support had to be aware of how to recognise the very early signs of possible seizure activity; this was so action could be taken to prevent a 'full blown' seizure occurring by using a specific piece of equipment. The person had a very individualised care plan and all personal assistants who supported the person had a clear understanding of it. We found this had been really important for the person and had improved the quality of their life.

Care plans were person-centred and included preferences for how the person wished to be supported. We saw that relatives were included in the formulation of care plans; this was confirmed in discussion with them. Staff described some of the ways they supported people with individualised care and it was clear they knew their needs well; they had signed to state they had read the care plans. For example, one person's care plan described the warning signs of an impending seizure and the action staff had to take. It was descriptive in what equipment was to be used and what medicines the person may require. Staff said, "[Person's name] had a seizure in a darkened area of the Deep so we avoid that area now" and "You learn as you go along with food; he eats quickly so we cut up food and give small portions on the plate each time and just refill it when he finishes." Staff said these measures have helped to slow down how the person eats their meals.

Another plan described communication needs and how people made their needs known when they were unable to verbalise them. Staff said, "Included in their plan are the means and methods of communication and environment plays a part in their responses. You have to ask questions and make sure you give them time to respond; you may also need to check out responses. For one person we use 'eye gaze' and facial expressions to answer questions."

We observed one person had a very clear task sheet for staff which described step by step how their specific health care needs were to be met. Staff completed a separate sheet each day and recorded specific observations on it several times a day. There were instructions for staff in what to do if the observations were outside of what was considered the 'normal' range for the person. The same person had information about what activities they were unable to participate in due to identified risks.

We found staff liaised with other health, social care and educational professionals when the care and support

Is the service responsive?

people required was transferred between services and agencies. For example, staff attended sessions at a school to support a person during transition from child care to adult services. Reviews of the care provided were held and meetings arranged when issues needed to be addressed. Health and social care professionals said, "We had a review recently and the manager attended; they work really well with advice from the community team", "There is good communication; they [staff] are friendly and professional" and "Very happy with the care; they [person who used the service] have come on leaps and bounds."

There was a range of activities completed within Danny's Dream club. These included games, jigsaws, art, modelling with dough, gardening, playing pool, exercises in the small gym, and use of sensory equipment and a ball pool. There were areas to watch films and sit and chat with friends. There was also music therapy, club nights with live music and trips to the coast. We saw staff supported people to access community facilities as part of their support plan. These included horse riding, swimming, using adapted bikes in a local park, visits to museums, cinemas, cafes and clubs, and local parks/wooded areas to watch birds. We saw one person who liked transport had participated in activities such as train journeys and watching traffic whilst out with staff. Staff had drawn a street map on a roll of wallpaper for use with large plastic trucks and we observed the person enjoying this activity with staff. Another person was interested in sports and staff supported them to access wheelchair football. One member of staff said, "I'm working with him [person who used the service] to budget; he has an activity plan to enable him to socialise with other people and he's going to college next week."

We found the service had been active in creating links with the wider community and ensured these were individualised for specific people who used the service. This showed a responsiveness to people's individual needs in order to help them be part of the community. The assistant manager described a project that one person was involved in with support from staff. They took part in a discussion group whose aim was to check out what young people thought would be useful when looking at getting them into employment. Another person was supported to access a club and take part in a project looking at the accessibility of leisure facilities for people who used wheelchairs. Some people who used the service were also supported to attend a 'Public Realm Meeting' in May 2015 with the local council and were able to give their ideas about the improvements to accessibility in the city of Hull. There were other community links such as 'Disability Rocks' music project, Thornton Urban Gardeners, and lending the use of Danny's Dream club, when it is not in use, to a local drama club for people who are visually impaired. In exchange they put on a production for the people who used the service and staff.

A local artist had been contacted by the registered manager and asked if they would be prepared to engage with the people who used the service. The artist had completed some artwork and bird boxes made of 'Lego' on an estate in the local community. The artist agreed and met with people who used the service and staff to draw up plans for similar bird boxes but made of 'Duplo' which was easier for people who used the service to manipulate. This involvement led to the artist also working with people to make 'loom band' creations. The latter contributed to the 'Tangle' [interactive art] to be used at the Freedom Festival in Hull in September 2015. Staff supported people to attend these art sessions held at Danny's Dream club.

There was a complaints policy and procedure and each person who used the service was provided with a contract which detailed how to complain and how to escalate a complaint if they were not satisfied. This was available in an easy to read format to improve accessibility for people who used the service. We saw any complaints or concerns received were acknowledged and addressed promptly.

Good

Is the service well-led?

Our findings

We found the service was well-led. Relatives of people who used the service told us they thought the service was managed well. Comments included, "They listen to me and they learn from incidents", "I've completed surveys", "Yes, I've been asked for my views. We don't have as many reviews as we used to have", "It is very well managed – very professional", "We have meetings to discuss everything and they listen to what I suggest", "Any problems and I will go and see them; there were teething problems with getting the sling just right but it was sorted" and "It was the best thing we ever did when we were asked if we wanted her to go there [Danny's Dream]".

Health and social care professionals said, "Yes, it's well-managed" and "I have no worries about staff overstepping boundaries."

There was a clear organisational structure which consisted of Trustees, an Executive Board of Directors and tiers of management. The registered manager and assistant manager took action to develop their own skills and knowledge by completing a City and Guilds L5 diploma in leadership, in health and social care. The registered manager was also completing a business management qualification.

We spoke with the assistant manager about the culture of the organisation and how it's values of person-centred approach to care were monitored in practice. They told us the service was originally established by the family of a local person, Danny [the inspiration behind Danny's Dream], who had a range of care and support needs. Their aim was to create a different type of service, one that empowered people – a 'live your life' approach. Information provided to us about the background of the service stated, "A service to maximise customer choice, control and independence. A service where the customer came first and gave attention to those everyday little things that can really make a difference". The acting manager told us this became Danny's Dream and the ethos continued to be promoted when the service merged with the Goodwin Development Trust. All staff spoken with during the inspection demonstrated promotion of these values. We saw staff were issued with an employee handbook which detailed the expectations of their practice.

One member of staff stated, "It's an absolute joy to work for the company, they are one of the best providers. I met Danny before he died when I first started, it was an exciting time and his legacy is close to my heart. There is good ethos and togetherness - we are all going in the same direction." The assistant manager said, "We have policies and procedures and we do reflect on policy. We have a 'can do' attitude and if it can be done safely, we'll do it."

Staff told us they felt supported by management and felt able to raise any concerns in the knowledge they would be addressed. They told us they felt proud working for the service and enjoyed coming to work. Comments from the staff team included, "I enjoy working here – in fact, I love it and look forward to seeing the service users each day. I am most definitely supported", "It's a brilliant place to work", "We have staff meetings; yes, they do listen to us", "It's a great company; there is chance to get the service users out and about", "The manager is good; you can always contact them", "I like the team ethos here, we help each other and I enjoy working here" and "The manager is supportive; there's a transparent and open-door policy."

Staff told us they were kept informed about important issues. There were minutes of staff and management meetings which reflected the discussions. Comments included, "Communication is really good; we have meetings and there is always staff in the office if we need to talk to them or on calls for out of hours", "We get our rotas each fortnight", "If you don't attend the team meeting you get the minutes" and "Communication is good at all levels." The assistant manager described the process of documenting important issues on their computer system and texting the office-based care staff team. They in turn would make sure personal assistants were updated with any information that affected the person they were rota'd to support. This enabled them to receive up to date information straight away. We saw there was a newsletter to aid communication and keep people informed of planned events. This was sent to people who used the service and staff.

We saw there was a quality monitoring system in place which consisted of audits and seeking the views of people who used the service, their relatives and staff. We saw staff consultation had taken place in February 2015 regarding what works well and any improvements that could be made. There were positive comments from staff; all the information was collated with response/action points and

Good

Is the service well-led?

distributed to each member of the staff team. A consultation exercise had recently been completed with people who used the service and their relatives regarding future development of the service.

We saw management completed observations of staff practice, 'spot checks' and recorded how tasks were completed and whether privacy and dignity were respected. The observations covered administration of medicines, how staff interacted with people, the language used and method of communication, how staff obtained consent and ensured choice, and whether the care and support passed their own, 'mums test'.

We saw care files were checked monthly and updated more frequently when people's needs changed. The registered manager completed a monthly quality and assurance check and submitted information to senior managers. Any shortfalls identified were addressed.

We saw there was learning from incidents. For example, a member of staff described how one person's equipment used to manage epilepsy had an effect on their nutritional intake and increased the risk of choking. This was managed by the staff liaising with family and health professionals for advice and treatment and resulted in minimising risk.

We saw the registered manager had developed partnership working with other agencies and subscribed to specific websites for information to improve practice, for example the Social Care Institute for Excellence [SCIE]. They attended the Learning Disability Partnership meetings every three months and had links with Dementia Academy - Hull, Active - Hull, Partners in Health - Hull and Friends of Danny's Dream. The latter is a separate charity set up to ensure strong links with person-centred thinking.