

Appleford Limited

Daneswood Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Daneswood Care Home on 14 January 2017. This was an announced inspection. We told the provider four days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in July 2014. The service was meeting regulations at that time.

Daneswood Care Home provides care and accommodation for up to twenty people with complex needs who have a range of learning disabilities and include autism. At the time of the inspection 15 people were living at the service.

There was a registered manager in post. 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.

People consistently told us that they thought the service provided an excellent standard of care and support to their relative living at Daneswood care home. They told us, "Very caring. Couldn't ask for more. It gives us peace of mind," "A gem of a service. Staff are so supportive," "Excellent. The communication is very good" and "If there are any changes at all they (manager) lets us know."

The service had received numerous compliments and positive comments. These included, "Extremely competent," "They are very good at listening and acting on advice," "Daneswood had a gentle, caring and encouraging ethos in which people flourish" and "With great confidence we can say that placing (person's name) at Daneswood was the best decision we ever made."

Family members told us they believed their; relatives had a lot of opportunities to lead a good quality of life within the boundaries caused by their disability. They told us they felt their relative was supported safely and with respect. Comments included, "It's been a great move for (person's name). They are so happy at Daneswood it's an excellent place for people to live if they need the level of support (person's name) needs" and "The staff are wonderful. It's really important (person's name) had the same staff team and on the whole this happens. It gives us total peace of mind."

People living at Daneswood Care Home were supported to lead fulfilled lives which reflected their individual preferences and interests. Each person was supported by a member of staff called a key worker. A keyworker in the care sector is a member of staff assigned to support a specific person. In some instances people were supported by two keyworkers. There were enough staff available to make sure everyone was supported according to their own needs. Staff told us they loved their jobs and felt they had all the support they needed to carry out their role. They told us, "Could not imagine working anywhere else" and "I wish I had come into this work a long time ago. It's the most satisfying job I've ever had."

Staff were observed to be very attentive and available to people. They did not restrain people or prevent them from going where they wished. We observed staff encouraged people to engage in meaningful activities and spoke with them in a friendly and respectful manner. Where a person was upset the staff member was able to engage with them and focus on another activity, which calmed the person quickly. It demonstrated staff knew the person well and how to manage an event in a calm and controlled way.

People were fully supported to follow their interests and take part in social activities. The home had a wide range of meaningful activities suited to people's individual needs and which brought positive outcomes and enhanced their quality of life. Staff members were available to support people's needs and engage in a range of activities. For example people were engaged in crafts and artwork. Others chose to walk around areas of the service freely and as they chose with the support of the staff. There was community involvement. For example, the service had built community links with a local community hall, where people had attended a play's dress rehearsal, had sing along and enjoyed parties. People also visited the local pub for meals. The service had spent time supporting the pub staff to understand certain behaviours and work with the service's staff to ensure people were in as safe and enjoyable environment as possible.

People told us they thought Daneswood Care Home was extremely well led. Families and staff told us they were kept informed about any changes in the service. For example a monthly newsletter was made available to people. The service had an open and positive culture with a clear focus on enabling and supporting people to maximise their quality of life. The service had an exceptional range of quality assurance systems to continually reflect on its practices and make positive changes to enhance the experience of all stakeholders. Families and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs. Staff knew each person as an individual, their preferences and interests.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to carry out their role. Systems were in place to support staff in their role through supervision and appraisals. The staff team were well supported by the registered manager through daily communication. Staff told us, "I had a really good induction which gave me the confidence to do the job" and "It was only the support I got at the beginning that made me realise that this was the job for me. I think we get really good support but saying that, we need it because it can be stressful at times."

The service provided a wide range of training subjects which were relevant to the needs of the people they supported. A training matrix identified what each staff member had undertaken and identified when a refresher course was due.

There was an open and supportive culture at Daneswood. Staff and relatives said the registered manager and other senior staff were approachable and available if they needed to discuss any concerns. Relatives knew how to raise concerns and complaints. They told us concerns raised had been dealt with promptly and satisfactorily.

People using the service did not have the capacity to make informed decisions about how their care and support was delivered. We identified that the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly. A staff member told us, "It's important that we (staff) understand the importance of making sure people have the authorisations in place for their own protection, but is always monitored and reviewed."

Care records had recently been reviewed and reorganised due to the level of information included. This had helped staff report information in a more concise way. Records were detailed and contained specific

information to guide staff who were supporting people. There was information in easy read formats which helped people receive information so that they could have more informed choices. Risk assessments were in place for each person, which identified individual risks For example, using a vehicle and irregular activities. Where activities took place regularly, risk assessments were included in people's care documentation.

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. Staffing levels were set at a level to meet the needs of the people that used the service. Staff were suitably qualified and trained to keep people safe.

Staff completed a thorough recruitment process to ensure they had appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

We found the service managed risk well whilst ensuring people led a full life.

Systems in place for the storage and administration of medicines were robust.

Is the service effective?

Good ●

The service was effective. Staff were supported in their day to day roles through a system of regular supervision and training.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with kindness and had flexibility in their choice of routines.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

The service was responsive. The service actively promoted people's well-being. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

Staff were responsive to people's specific life events and worked closely with families and health and social care professionals to achieve positive outcomes for people.

People's individual methods of communicating were identified and respected.

People had access to a range of activities both in the service and the local community. These were planned in line with people's interests.

There was a complaints policy in place which was adhered to by the service.

Good 

Is the service well-led?

The service was well led. There was strong leadership in place and staff were highly motivated to offer the best quality of care they could.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The service focussed on ensuring people had fulfilling lives and experiences. Families and professionals had nothing but praise for the way the service was managed.

Good 

Daneswood Care Home

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.

This inspection took place on 14 January 2017. The inspection team consisted of one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern and identify any examples of good practice.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service. In order to find out their experience of the care and support they received, we observed staff interactions with people.

We looked around the premises and observed how staff interacted with people throughout the day. We looked at three care records relating to people's individual care. We also saw records associated with the management of the service including quality audits. We spoke with five members of staff, the registered manager and the nominated individual. We spoke with five relatives. We received feedback from five external health and social care professionals to gather their views on the service.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Daneswood Care Home. They told us, "We visit as often as we can. It's been an excellent move for (person's name). All the staff go over and above," "We truly are at peace knowing (person's name is safe and extremely well cared for" and "They do (staff) a fantastic job. It's been the best thing to happen. (Person's name) is so settled and well cared for. Couldn't wish for more. It's put our minds at rest."

People living at Daneswood had a range of very complex health needs. This meant we were not able to verbally seek people's views on the care and support they received. However, this did not detract from using other ways to determine if people received safe care and support. During our visit we observed people moving around the service and interacting with staff. Throughout the day we observed people were moving around the service without restriction. Everybody using the service were being supported by a staff member on a one to one basis. This was because people had been assessed as requiring this level of support. Staff were discreet and gave people the space and opportunity to choose what they wanted to do at any time. For example, one person was taking part in an art class then spontaneously moved to another area away from the class. The staff member discreetly moved with them without making it obvious. This meant the person's independence was being upheld and respected while ensuring they were safe. A staff member told us, "Every day is different and we always try and give people the space they need. Sometimes we need to intervene or guide people where there may be conflict, or if someone is doing something that's not safe for them." We saw this occur on three occasions during the day, staff were respectful and clearly understood the best way to respond to situations where people needed additional support to maintain theirs and others safety.

Staffing levels were high due to the level of need of the people living at Daneswood. Each person had individual support at all times and in some instances, especially when going out, a person would have two staff to support them. In addition to support staff, there were senior care staff on each shift as well as ancillary and catering staff. The registered manager and deputy manager were visible in the service and the registered provider also had regular contact and input into the operation of the service. Where necessary agency staff supported any gaps in staffing levels. The same agencies were always used and where possible the same staff, in order to ensure staff continuity. Rotas showed where changes were made and who was on duty at any one time. Due to the need for individual support any short notice staff absences or vacancies would have an impact on the quality of care. On the day of the inspection staffing levels were good. Some staff told us staffing levels did fluctuate and when there was loss of staffing at short notice, senior staff took part in delivering support. Comments from staff included, "Most times there were sufficient staff, but lateness and sickness sometimes leads to a float (additional staff member) having to move to (the) service user" and "There can be a lack of staff but recruitment is constantly being done." Relatives told us, "There is not always consistency of permanent staff" and "On the whole the staff team are the same but it would be nice if Daneswood would notify and introduce new carers to parents. Not always aware of new staff until visit made."

People were protected from the risk of abuse because staff had received training to help them identify

possible signs of abuse and knew what action they should take. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. Families we spoke with told us that if they were concerned about any issues associated with abusive practice they would immediately raise this with the manager or external body. Most families lived away from the service but said they would know who to contact in their own area.

The management team recognised when to report any suspected abuse. The manager had when needed, reported concerns to the local authority in line with local reporting arrangements as well as notifying the commission. This demonstrated that the manager worked openly with other professionals to help ensure safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at Daneswood.

Staff told us they supported people to take day to day risks while keeping them safe. For example one person had a 'safe space' in their room. Its purpose was to provide a sleep / relaxation space for the person who would be unsafe in an ordinary bedroom. This space was specifically designed for people with autism, epilepsy and behaviours which might challenge the service. In this instance the space supported the person to move around without restriction and sleep without the risk of injury by eliminating hard surfaces. Staff told us the person had a varied sleep pattern and had spent a number of hours during the previous night walking and moving around. A staff member said, "It's a great thing for (person's name) because we know they are safe and can't hurt themselves and there is no need to restrict them."

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. There were clear documented measures in place to control and minimise the level of risk to people. Risk assessments informed staff of the actions to take to support people to maintain their independence safely. For example, whilst accessing the community, mobilising and receiving personal care. Staff understood the purpose of the risk assessments in place and how they managed the level of risk posed to people, while working within individual boundaries. All risk assessments included the involvement of other professionals from outside the service who offered guidance to staff and regularly attended reviews to help the service support peoples' needs safely. A professional told us the staff listened to them and acted on their advice. They said, "I have regular sessions with the staff team to support them in how to use techniques which will stabilise a situation which may put people or others at risk. They find this very useful."

Medicines were managed safely at Daneswood. All medicines were stored appropriately and records kept of medicines administered. A senior staff member talked us through the process of administering medicines and how they would be recorded. It showed staff were competent in the process and that it was a safe system. Creams and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or had expired. Where a person was prescribed PRN medicine (medicine to be administered only when required) there was clear guidance for staff to follow, in order to determine when it should be used. Rescue medicines which needed to be with staff when taking people out of the service were checked in and out by two staff to ensure they were accounted for and that the medication was safely managed. None of the people that presently used the service were presently assessed as being able to safely manage their own medicines. One staff member told us, "

There had been two errors in medicines administration which had been reported to the commission. They had not resulted in serious harm and included staff missing a prescribed dose of medicines. Steps had been taken by the management team to review procedures and provide staff with more training to ensure it was safe. Staff told us they had recently had an update and more audits were taking place to ensure medicine

management was safe. Regular overview of medicines management had ensured there had been no further errors.

There was a separate refrigerator for any medicines needing cold storage. Records showed that room and refrigerator temperatures were monitored so that medicines were stored correctly and were safe and effective for people to receive.

The environment was clean and well maintained. Some areas looked sparse, but this was to make sure people had space to move around safely and without restriction. Colours were kept neutral so that people with autism were not overstimulated. The service recognised overstimulation could cause stress and anxiety. However individual rooms were decorated to the person's taste and had artwork on the walls.

People's rooms and bathrooms were kept clean. The service had its own maintenance staff that carried out regular repairs and maintenance work to the premises. Utilities including electrical, fire systems and hoisting equipment had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked effectively.

Accidents and incidents were reported by staff as soon as they occurred. There was a system to elevate concerns to senior staff if there was potential for an incident to occur again. Senior staff regularly audited the accident and incident forms to identify any patterns or trends. Where a person had a regular pattern of incidents a review was held to look at how changes could be made to improve the situation for the person.

Recruitment procedures were in place, had been updated and files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

Is the service effective?

Our findings

Relatives and other professionals involved with the service said they were very confident in the skills of the staff team supporting people living at Daneswood. Their comments included, "I feel they (staff) completely understand (person's name) needs and I have seen the way they support (person's name). They certainly know how to support them," "(Staff name) has worked with (the person) for some time now. It's important for (the person) to have that continuity. We think all the staff know how to care and support everyone living there (Daneswood)." Professionals told us, "They (managers) are proactive in accessing training and ensuring staff (new and existing) receive appropriate training on an annual basis" and "Staff are very responsive to learning new skills."

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. Training records showed all levels of staff received regular training in areas required by law including, moving and handling, fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques, epilepsy and rescue medicines, clinical nutrition, de-escalation and breakaway techniques. The service had also engaged the services of specialist therapists who were passing on guidance for staff. For example, Movement Therapy aimed at restoring a state of health and well-being which guides staff in how to positively engage with people they are supporting. Also, art therapy which guides staff in how best to support people in art classes. Staff told us, "It has been really useful in learning the skills. The results can be amazing" and "It's so good to see everyone being so creative. We get a lot of guidance from (the art therapist)."

Senior staff told us that due to the complexities in people's health and social care needs it was very important to ensure all staff had the knowledge and skills in delivering care and support. This was the reason for such a broad range of training. Staff were complimentary about the quality of training they received and told us they felt they had enough to enable them to carry out their roles effectively. Comments included, "All the training I have received has helped with my job role and expanded my knowledge" and "We (staff) have very good access to training. It's very broad but it has to be because of the needs."

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate as well as using the Qualifications and Credit Framework (QCF). Both were designed to help ensure care staff that were new to working in care, had initial training that gave them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate or QCF and had shadowed other workers before they started to work on their own. The service provided evidence that during 2016 two staff had completed a level of QCF qualification and seven members of staff had completed the care certificate. Staff had the option of gaining more qualifications in health and social care through the QCF system. For example, Nineteen members of staff had achieved level 2 QCF, twenty-one level 3 QCF with two members of staff had achieved level 5 QCF in leadership and social care. Three other

staff were studying towards it. This showed the service was committed to ensuring staff had access to validated qualifications.

The service was committed in ensuring staff received support in their roles. There was a structured supervision and annual appraisal system in place to manage this. Supervision was in place for all levels of staff within the service including senior managers. Records showed where supervision had taken place and where it had been arranged. Staff told us they attended regular meetings (called supervision) with their line managers where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff had an annual appraisal to review their work performance over the year. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One staff member said "Approachable with a lot of knowledge to help.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS).

DoLS is part of the MCA and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The manager was aware of the court ruling where the criteria for when someone maybe considered to be deprived of their liberty had changed. The manager told us that due to the complexities of people living at the service and the individual restrictions in place all the people had DoLS authorisations in place. Authorisations were clearly recorded to help ensure staff adhered to the requirements of them. This showed the service took authorisations seriously and was acting within the law.

People were supported to eat and drink enough and maintain a balanced diet. Staff were familiar with people's choice of foods and encouraged them to eat a balanced and healthy diet. Some people required specialist diets as well as receiving nutrition by clinical intervention methods. For example, some people required nutrition through a tube. Staff responsible for giving this type of nutritional support had received training to do this safely. A staff member was making regular checks on a person's equipment. They told us, "I like to make sure it's working as it should." The staff member was seen to be competent and knowledgeable on this equipment and procedure. Staff regularly liaised with health professionals to support people's diet and nutrition. Records supported this. A health professional told us they worked closely with the management and staff to ensure staff were competent and followed clinical guidelines.

We observed lunchtime. There were two meal sittings. This was to keep the groups small so that staff could engage more positively with people. Also, because people could become distracted and anxious when there were larger groups in the dining room. Prior to going into the dining room, people and their support workers used a period of time for a quiet reflective period in a separate lounge. This was to support people to be in a calm state of mind and to make sure meal times were relaxed and focused, which we observed was the case. The service used the dining area only for eating so people could focus on their meals and could not be distracted by any other activity in that area. The cook told us they had the resources they needed to provide people with a choice of meals on a daily basis.

The environment included sensory areas with cushions and couches in lounge areas which were used throughout the day as people moved through the service.

Is the service caring?

Our findings

Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. However we observed people were relaxed and at ease in each other's company. Staff were unrushed and caring in their attitude towards people. We observed relationships between people were relaxed and friendly and there were easy conversations and laughter. Comments from relatives included, "We think (person's name) care is excellent. We know (person's name) is getting all the care and support they need from staff who really care." A parent's testimonial said, "The staff provide a high level of care that is appropriate to their needs." A relative told us, "The staff are always pleasant and welcoming" and "Friendly, happy environment, always helpful"

Staff relationships with people who used the service and their relatives were strong, caring and supportive. For example one person was very sociable and liked to speak to people as they passed. Staff and people in the service took time to stop and engage with the person when they passed. The brief interactions meant the person felt listened to and valued. A relative told us, "They (staff) are all good and very caring. They have so much patience. Can't fault them at all".

A number of staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. For example one person had been diagnosed with a specific type of sight loss. It affected their ability to pick up colours. By painting a dark line above the stair rail, the person could identify the rail and use it independently. A staff member said, "Just something so simple has made such a difference." Another person became anxious and agitated in situations where there was a lot of noise and people. The support workers took time with the person to support them in small caring ways to help them gain more confidence which meant more community activities could be enjoyed. This showed that staff considered how to support people to overcome their anxieties and were patient in working with the person at their pace to achieve their desired outcome.

We spent time observing people in most areas of the service. Staff were familiar with people's communication techniques and able to support them in a way which they were familiar with and helped them to engage. A staff member said, "(Persons name) needs to have the time to say what they want. It's about being patient and listening to them carefully". Staff explained to people what they were doing for them and why. Staff were seen to be caring, supportive and unhurried. Staff were visible and able to respond to people's care needs throughout the inspection visit.

Pictures and photographs were used to help some people make choices. For example, when choosing meals or types of activities they liked to take part in. Staff were aware that the way people expressed their views might vary. For example a staff member told us they had 'fine-tuned' their understanding of the different sounds a person made to express their emotions; happiness, frustration and contentment. This showed that the service shared information with people in a meaningful way and were able to understand people's preferred communication methods.

People were supported in a way which made sure their privacy and dignity was upheld. For example, staff

knocked on the doors to private areas and requested consent before entering people's personal living space. We observed that when any personal care was required care staff offered support unobtrusively and in a manner which ensured the person's dignity was maintained. People were smartly dressed and looked physically well cared for. Staff introduced us and explained that we would be visiting the service and looking around during the day. This helped people feel more comfortable in our presence.

Staff members were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Throughout the inspection staff shared information between each other when there had been any changes in mood or activity.

Prior to and following this inspection visit we received information from other professionals who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns. Comments included, "I have a lot of confidence in the level of care and support the staff provide" and "There are some very complex needs and challenges, but the staff team cope remarkably well."

Is the service responsive?

Our findings

Daneswood put the people who used the service firmly at the heart of how it was run. People told us and we observed numerous examples of how the service delivered a person-centred approach when tailoring quality activities to meet people's specific needs.

Families told us they were extremely satisfied with the way the service involved and informed them of the care planning process and that they were kept informed of any changes to their relative's needs. They told us, "Excellent. The communication is very good," "If there are any changes at all the (manager) lets us know" and "They (staff) have always told us if (person's name) needs to see a doctor or specialist. They (staff) are very good at getting the right sort of help when it's needed" and "(Person's name) thoroughly enjoys living at Daneswood"

During the last seven years the service had introduced a remedial treatment known as Movement Therapy which is described in the Effective domain of this report. The therapist attended the service regularly delivering sessions in groups and individual classes. The staff told us it had been an excellent way to enable people to develop an awareness and ability to actively engage with their environment. This was done through exercises and specific movements. Staff were supported through individual sessions with the therapist so that the exercises would be delivered in a person centred way. Everybody had their own unique combination of movements and exercises designed for them. There were also weekly group sessions. Staff told us it was very successful and they felt they were delivering something that was very different, positive and beneficial to the person.

There was an active and vibrant atmosphere throughout the day. People living at Daneswood had access to a wide range of activities in the service and in the community based upon individual choices. There was an abundance of examples of this happening. For example, attending football matches, going to church, barbecues in the garden, nature time in the garden, going out for meals, drinks and snacks, also visiting car boot sales. There was a strong commitment to being involved in community activities. For example the service had built community links with a local community hall, where they attended the dress rehearsal of a play, had sing a longs and enjoyed parties. They visited the local pub for meals. There had been time taken by the public house staff to understand certain behaviours and work with the service staff to ensure people they were in as safe and enjoyable environment as possible. This approach had helped to break down barriers and perceptions of the public about people with learning disabilities. The service also had pet therapy sessions for some people who liked animals. Two staff separately brought their pet dogs into the service. People found touching and stroking the animals to be therapeutic. Some people were supported to go for short walks which again had proven very successful. The level of activity in the service and community showed it was diverse, responsive and individualised. A professional told us the service was highly supportive of a person who they were responsible for. They told us "(Person's name) is kept active on a daily basis and is proactively encouraged to continue with their hobbies such as painting, music and gardening." Also, (Person's name) is supported to go on holiday where possible and staff, appear to understand, anticipate and manage their needs well." On rare occasions some activities had to be cancelled due to staffing levels. However, there was only one recent example and this had been due to a last minute staffing

issue.

Focusing on the importance of supporting people to develop and maintain a level of independence was a clear aim of the service. It was important to all levels of the staff team that people who lived at Daneswood were supported to live their life to their individual potential. People had lots of opportunities to engage in therapeutic activities in the service. For example the service had a hot tub, it was undercover so could be used all year round. Staff told us this was used on a regular basis and was very successful in supporting people to relax. There was an arts and crafts area where people were supported to take part in a broad range of art and craft therapy. The Art Therapist told us, "I do try and structure sessions but this has to be very flexible to respond to the wide range of individual circumstances every week." We observed people coming in and out of this area during the morning. Some people had very short concentration spans. This was recognised by all the staff that supported them to move onto something else and then return later. This showed staff understood the need for flexibility when supporting people.

The registered manager explained that the home had good links with the local church. During various religious festivals throughout the year services were held at the service. This was in addition to some people attending church services which met their individual religious needs. This demonstrated a respect for people's cultural needs and beliefs. A church member told us, there was always music to accompany services as people responded well to this approach. In addition they said people had baked cakes or buns to have after the service and that it was a very inclusive service where staff and people living there got on well. People approaching the end of their life were offered spiritual and religious support according to needs and preferences. A church member told us they had also conducted a memorial services to commemorate the life of a person who had lived at Daneswood. This showed the service valued the person and wanted to enable people to celebrate their life.

People had limited capacity to make decisions about how they wanted to spend their day or make choices in their care and support. Staff acknowledged this but were observed responding to people needs and giving them choices about how they spent their time. Senior staff and support workers told us how the service endeavoured to help people maintain relationships with family and friends. A family visited the service during the inspection. We observed they were made to feel immediately welcome by the staff team. They also engaged with other people who were happy to see them. The family took the person out to see friends. They did not need any additional support from staff to do this and staff respected the importance of the family having their own time together. At the time of the inspection all people using the service had family involvement and did not require an advocate to support them. However, the service had engaged the services of an advocacy service should it be required. In one instance a family member lived abroad. This person had an independent mental capacity advocate (IMCA) to represent their views and act in their best interest should it be necessary. This showed the service recognised people's rights to be supported independently where it was required.

The service had recently reviewed and made changes to the way care planning records were maintained. This was because the level of care planning information required to monitor and report on people's complex needs, had made it difficult for staff to maintain and find information. Staff told us it had been made easier to find and record information as it was now divided into a working file with more historic information being held separately.

Care plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs. There were pictorial prompts for staff to use to explain care and support. For example, brushing teeth, bedtimes, medicines. Families told us they were invited to care planning reviews. If they could not attend they were provided with an overview of what was discussed and any actions agreed on. A relative said, "I am

invited to have a say in things and they (staff) explain things in a way which we understand." This showed Daneswood did not make decisions without sharing necessary information and making people feel they were involved.

Care plans guided staff in how to approach and work with people who may challenge others. For example the service had liaised with professionals from outside the service in order to put in place an agreed approach to support a person whose behaviour had been unpredictable. By gaining the specialist guidance of other professional's staff had been able to support the person in a way which enabled staff to respond to certain behaviours in a way which de-escalated situations. Family had been kept informed and updated. This showed the service was actively responding to situations to manage them more effectively.

Information about people was shared effectively between staff. A staff handover meeting was held prior to the three shift changes each day. Staff told us they shared information about how people had spent their day, changes to medical conditions or care needs and details of planned activities or appointments. We saw this information was then passed on to the shift coming on duty by the senior member of staff. This meant staff received up to date information about people's needs immediately before the beginning of their shift and could respond to any issues.

Decisions about any new admissions were carefully managed by balancing the needs of the person with the needs of the people already living at Daneswood. The service worked closely with other professionals to ensure they had all the information they needed to respond effectively to people's needs. A staff member said, "It is really important we are sure we can meet a person's needs before they come to live here". Comments from professionals included, "We have an excellent working relationship. The managers and staff look very closely at all options before making sure an admission is right for the service and the person." And, "They do 1:1 interaction and person centred planning very well".

People and their relatives knew how to contact the office and told us they would contact them if they had any concerns or complaints. There had been one external complaint in the last twelve months which had been investigated and responded to the satisfaction of the complainant within the services own timescales. Staff told us they felt they would benefit from feedback following the conclusion of an investigation into issues raised in order to benefit from a 'lessons learnt' sessions and to take steps to reduce the likelihood of it occurring again.

Is the service well-led?

Our findings

Everyone we spoke with while carrying out this inspection of Daneswood care home including relatives, staff and professionals generally positive and complimentary about the service. Families told us, "Got every confidence in the management of this home because they focus on those who live there" and "Excellent home. It's very well managed and staffed by people who really care about how to give the young people the best quality of life."

Overall staff morale was high with the atmosphere observed to be warm, happy and supportive. Staff told us, "I was very unsure when I first came to work here. With the help and support from the managers and other staff I think it's the best job I've had", "I get a lot of achievement from working here." The culture of the service was open, caring and much focused on people's individual needs.

All the healthcare professionals we spoke to complimented the service on the quality of care and support it provided. Professionals' comments included, "I applaud the care that management and staff deliver every day to the residents of Daneswood," "My contact with Daneswood is always positive and progressive," "As a professional I am well supported by the registered manager of Daneswood and senior staff" and "The managers and staff go out of their way to give people a rich and fulfilling life as possible."

Thorough quality assurance systems were in place to measure the effectiveness of the service. In addition to regular overview, audits and surveys the registered manager had completed a comprehensive annual report for 2016. This examined in detail the operational and management systems of the service and where they might be developed. The management team agreed the best way to identify any gaps was to commission an independent inspection, which would be carried out without bias. The report had identified a number of recommendations. Two of which were the use of terminology in report writing and improving the medicines procedures to reflect what is stated in the policy. The service had acted upon all recommendations. This showed the service was open and transparent in its approach to independent scrutiny.

Managers and staff were actively encouraged to continue their professional development and health professionals and relatives expressed to us their confidence in the management of the service. One professional said, "Very open to learning more all the time. It's a forward thinking service." Where a professional had undertaken a lot of their research work at Daneswood, the management team had agreed to use this as a basis for professional development for staff. This showed the service was committed to introducing new practices while ensuring staff had the knowledge and skills to implement them.

There were clear lines of accountability which were well-defined and understood by the staff team. The registered provider carried out regular visits in order to discuss management issues and general operational issues. The registered manager was supported by a deputy manager. Roles and responsibilities were clear. For example, the registered manager was responsible for oversight and review of policies and procedures. The registered manager attended a range of events and forums in order to keep up to date with any developments in the care sector. For example, they regularly attended a local care forum. They told us this was an effective way of sharing experiences and ideas with other providers in the local area. The deputy

manager had responsibility for staff supervisions, overseeing training needs and organising rotas. Over the last twelve months the service had encouraged staff to take ownership of their work by being more responsible for the management of care plans for the people they support. Staff told us this had helped them get a better understanding of the people they were supporting. A scheme introduced to rotate senior support staff on a four month cycle had been effective. This was because it had broadened knowledge and skills by diversifying strengths and developing competencies. Staff told us it had been introduced with some trepidation but that it, "Had been a good development."

Staff told us of the open and supportive culture promoted by the management team at Daneswood. Comments included, "It's very different to what I had done before but I love working here every day is different and I feel really well supported" and "There is a good support network and we work well as a team. We share information all the time". Staff told us they were a strong team and told us they were well supported by management and their colleagues. Staff said they believed the management team were aware of what went on at Daneswood on a day to day basis. Meetings took place regularly for all levels of staff. Staff meetings were held regularly and staff told us they were encouraged to raise issues or concerns they had at any time. For example, Staff had asked for improvements to the way handovers took place. Senior support workers were currently reviewing how this could be improved. This showed how the service listened to and responded to views of the staff team.

The views of people who used the service were sought through surveys and regular communication. They involved, all stakeholders of the service including staff, families and professionals. Comments from families included, "(Person's name) has grown into a wonderful young man since living at Daneswood," "We have witnessed a superb standard of care," "Daneswood's outstanding team is committed to meeting (person's name) individual needs with continuous improvements and adjustments so that (person's name) has a rich and purposeful life." Professionals told us, "They (staff) are very proactive in seeking advice and guidance when they need it" and "Have worked with the organisation for some time and find it to be very open and transparent. No concerns at all."

The service produced a monthly newsletter. This was circulated to families and staff. The aim of the newsletter was to inform stakeholders of what the service had been involved in. For example there were items reporting on Christmas activities which had taken place. It introduced new staff members and included a statement from a member of staff about how it made them feel working at Daneswood. For example, "It's so empowering to walk away and know that every day you have made a difference to someone's life, while friendly staff support you along the way." The newsletter also introduced a new member of the maintenance team as well as commenting on maintenance work which had taken place recently. The newsletter made sure people were informed about what was happening at the service. People were invited to make comments about the publication and were provided with contact details.

The service had a business continuity plan. This had been put in place in 2015 in order to have a management contingency plan, should there be an incident which would affect the operation of the service. This included areas such as electric, gas and water disruptions as well as heating failure or lift breakdown. One of the lifts had broken down on the day of inspection. All staff had been made aware of the contingency in respect of this. Senior staff had responded to the issue with immediate effect as laid out in the plan.

Checks and audits were regularly made to drive continuous improvement within the service. Systems audits were carried out regularly to ensure all legislation and good practice guidance was current. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service. This meant the service was regularly auditing its own systems while looking at any patterns or trends. This type of auditing had informed the registered manager's annual report for 2016. An in-house maintenance

employee was available to deal with most of the faults or defects in the building. Staff had a list of contact details for all service contractors.