

Goodwin Development Trust

Dannys Dream

Inspection report

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Ratings

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

Summary of findings

Overall summary

This announced inspection was carried out on the 9 and 10 May 2018.

Danny's Dream is a domiciliary care agency owned by Goodwin Development Trust. The agency provides personal care to a range of young and older adults who have learning disabilities and/or complex health needs living in their own homes. A mixture of domiciliary care and social support is offered. The service also provides a 'club' for people receiving a service to use, which was included in most people's care packages funded by the local authority or health service. At the time of our inspection 30 people were using the service, 17 of those were receiving the regulated activity of personal care.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There was a manager employed by the service, and they were in the process of submitting their application for registering with the Care Quality Commission. 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.

At our last inspection in August 2015 we rated the service as good in safe, effective, caring and well led with outstanding in responsive. This gave an overall rating of good. At this inspection we found the evidence continued to support the previous ratings of good in safe, effective and well led, with outstanding in responsive. Caring had also now improved to outstanding. This means the service's overall rating is now outstanding.

Danny's Dream was run with people at the heart of the service. It continued to be outstanding in the way it responded to people's changing needs and put people first at all times. Staff worked collaboratively with other professionals to ensure people received care that enabled them to live as full and independent a life as possible.

The culture of the service was designed around person centred care and valuing people. We found the manager and staff team had continued to develop creative ways in ensuring people had access to a range of activities within the club and in the wider community.

The service was exceptionally caring. People using the service, their relatives and healthcare professionals spoke extremely positively about the caring and compassionate nature of the staff. People and their staff had developed highly positive and caring relationships that took into account people's individual needs and interests. The manager and staff were very proud of the support they provided and the positive outcomes that people had achieved.

Systems were in place that helped keep people safe from harm and abuse. People told us they felt safe. Where risks were identified, action had been taken to manage them for people's safety. Staff were recruited safely and there were sufficient staff to meet people's needs. People received their medicines safely from trained and competent staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

Staff received training and supervision to support them in their role and attended some team meetings to share and receive information. Staff told us they felt supported by the management team.

Staff supported people to eat and drink sufficient for their needs. Staff worked both together within the service and across organisations to deliver people's care and treatment. People were well supported by staff with their healthcare needs.

Staff respected people and their homes and encouraged people to uphold their independence wherever possible. Staff understood people's individual care needs, their preferences and what was important to them.

The service had a complaints procedure in place and people knew how to make a complaint.

Staff were passionate about their work and feedback from people, their relatives and healthcare professionals about the quality of care provided was very positive.

Processes were in place to enable the provider to monitor the quality of the service and to identify any areas for improvement.

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.

People were protected from the risks of abuse as staff were suitably trained. Policies were in place to safeguard people. People felt comfortable with their staff team.

Risks were identified, minimised and kept under constant review in order to keep people safe.

People's medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and their care service was based on their preferences.

Staff had regular training, supervision and support to be competent in their roles.

People were encouraged to make decisions about their care. Staff understood people's rights and only carried out support after seeking consent.

People's health was monitored and when necessary external healthcare professionals were contacted to provide support to people in maintaining good health.

Is the service caring?

Outstanding ☆

The service had improved to outstanding.

People benefited from a strong person-centred culture. Staff were extremely caring and had developed special relationships with the people they cared for.

People, relatives and staff were exceptionally well cared for. The service was exceptional at working with people and ensuring they got the support they wanted and needed.

The manager and staff team regularly went above and beyond to ensure people received the best care possible.

Is the service responsive?

The service remained outstanding.

The service continued to be exceptionally flexible and responsive to people's individual needs and preferences.

The manager and staff involved people and their relatives in their care and support so they felt empowered, listened to and valued.

The service continued to actively build links within the local community and connect with other organisations.

There was a complaints system in place which ensured that any concerns were dealt with in a timely manner.

Outstanding 

Is the service well-led?

The service was well led.

There was an open and honest culture at the service which enabled good communication and a positive working environment.

People and relatives were encouraged to give their views of the service.

There was a quality assurance system in place to identify areas for improvement and development.

Good 

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

The inspection took place on 9 and 10 May 2018 and was announced. The provider was given notice because we needed to ensure somebody would be available to assist us with the inspection. This was a routine inspection as we had rated the service as 'Good' at the last inspection. We had not received any information of concern since the last inspection.

Before our inspection, we reviewed the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur.

As part of the inspection planning process we contacted the local council commissioners and safeguarding team for their feedback. In addition to this we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The first day of inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was completed by one inspector.

We visited the site location at the club and one person in their own home (with their permission). We spoke with three people using the service, five relatives, four staff (including personal assistants and advanced care practitioners), the manager and one healthcare professional. We reviewed information about people's care and how the service was managed. This included four people's care plans, three staff recruitment files, staff training files, staff supervision records and audits. We received feedback via email from two further healthcare professionals.

Is the service safe?

Our findings

When we last inspected Danny's Dream we concluded the service was safe and rated it good. Following this inspection we found the service was still safe and our rating remains good.

People felt safe being cared for by staff from Danny's Dream. They knew staff well. We spoke with three people who told us they felt safe with staff. When we asked why, one person said, "Because I like the staff and I feel safe with them." A relative told us, "My [relative] is definitely safe with the staff from Danny's Dream. They [staff] are confident and know all the risk assessments and information about [Name]." A healthcare professional said, "Documentation is very good. I am able to monitor, behaviours, seizures, bowels or whatever is requested which supports the health and safety of my clients."

The provider continued to have policies and procedures in place to identify and manage any risks associated with people's care. A full needs pre-assessment was carried out by the manager at the point of any referrals to the service. This identified any potential risks associated with providing people's care and support. The manager told us, "We look at all the information about the person and decide if a risk assessment is needed for areas such as fluid intake, nutrition and medicines."

We saw risk factors that were assessed and reviewed which related to people's medicines, eating and drinking, mobility and health conditions such as epilepsy. Moving and handling equipment used at the club had been maintained safely.

The provider had up to date procedures to deal with emergency situations. When required, detailed accident and incident records were kept. This included details of the action taken in response to the incident and measures to prevent a future recurrence. These records were evaluated monthly as part of the provider's governance systems.

People were protected from harm or potential abuse. The provider had clear policies relating to safeguarding and a whistle blowing procedure. Staff we spoke with had no concerns about people using the service. They said they would use the procedures without hesitation if needed. One told us, "If I had any concerns I would come and see my line manager. I would document my concerns as accurately as possible and speak with the safeguarding team." The manager was aware of the correct processes to follow as described in the provider's up to date safeguarding policy and procedure. The manager told us, "Safeguarding training is completed through the local authority. No member of staff goes live [to work] without receiving safeguarding knowledge on their induction." Records we reviewed confirmed this. We saw the manager had effectively dealt with a previous safeguarding concern including referring the matter to the relevant local authority.

Safe recruitment practices continued to be followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking checks of identity, seeking appropriate references and undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps

prevent unsuitable people from working with people who use care and support services.

People received personalised support from consistent, flexible and reliable staff. Each person received an individual package of care dependent on their needs. Some people received support in their homes from one personal assistant and others from two. At the time of our inspection the provider had 36 active staff which included two advanced care practitioners who completed checks at the end of each day in the club and supported newly recruited staff during their inductions. The office team at the club were responsible for managing phone calls between 8.30am and 4.30pm Monday to Friday. In addition there was an out of hours' service available 24 hours a day, seven days a week.

People who used the service and their relatives told us that they had regular staff and there were no concerns about timekeeping. People knew the staff supporting them and had built up meaningful relationships with them. One person said, "The staff are very friendly and I know their names." Relatives told us, "We receive a staff rota in advance so that we know who will be supporting [Name] and if it has to be changed we are informed" and "[Name] knows all the staff and they know [Name] well, they have finished up being friends. We have never met a bad person, they do a fantastic job. If we want to have a night out they [staff] will change the hours and come and stay with [Name]."

There were appropriate medicines policies in place to ensure people received their medicines safely and as prescribed. The provider's policy had been reviewed and was in line with best practice guidance. Records showed that where required staff had received training in medicine administration. When people attended the club we saw their medicines were stored securely.

Is the service effective?

Our findings

When we last inspected Danny's Dream we concluded the service was effective and rated it good. Following this inspection we found the service was still effective and our rating remains good.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in domiciliary care services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection in August 2015 we recommended the MCA code of practice was used to inform and guide staff when completing mental capacity assessments and best interest decision-making. We found improvements had been made when applying the MCA. The manager and staff had a good awareness of the MCA and consent to care and treatment.

The manager and staff had undertaken MCA training, and people's care and support was provided in line with the MCA. Documentation we reviewed showed assessments of capacity included specific decisions made in people's best interest involving any restrictions such as the use of lap belts in wheelchairs, and the administration of medicines within drinks. Where possible, people had signed their consent to their care. We saw one person had marked their plan with a coloured pen to give their consent.

During our observations at the club we saw choice was promoted in conversations. Staff took time to list all the possible options available to people of the things they could do during the day and watched carefully for the person's response to the questions. There were questions asked to people such as "Would you like to go out this afternoon?" and "Is it okay if I do this?" One person told us, "I get to stay here [at the club] when I want to, or to go out to the pictures or the café if I want to."

Our discussions with staff demonstrated that they understood the principles of the MCA and were committed to supporting people to make their own choices whenever possible. A member of staff said, "Some people's abilities can be limited. We help one person make choices by writing things down and breaking down the choice. They will go and choose breakfast cereal by box or we will hold up the boxes. We write down choices for activities in sentences and they will circle the one they want to do."

People benefited from committed and well-trained staff who delivered effective care and support. We saw evidence that confirmed staff were well supported during induction, supervisions and further training to

develop the skills, knowledge and confidence they needed. One staff member said, "My induction was thorough based on my skills. I have done the care certificate and I was looked after during my induction. Danny's Dream had a high level of expectation on the level of care which is person centred and holistic for each person." The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A relative told us, "All members of staff are trained in moving and handling. They get to know [Name's] routine each day, from picking them up from home in the morning to what they like to do at the centre."

The care plans we looked at confirmed that a thorough assessment of people's needs had been undertaken before they began to receive a service. People were supported (where required) to meet their nutritional and health care needs. Care plans we reviewed described the individual support people needed in these areas including any specific preferences they had. A speech and language therapist had given specialist advice in respect of one person and this 'mealtime prescription' had been incorporated into the person's care plan. Food wasn't supplied when people attended the club and we saw people either brought a packed lunch with them or went out to eat in the local community. During our observations we saw staff regularly asking people if they wanted more to drink and supporting people to eat and drink where required.

The service worked in collaboration with other agencies where relevant. This included GPs, occupational therapists and community nurses. One healthcare professional told us, "As a service Danny's Dream always ask for advice in a timely fashion and act on this advice questioning anything they are not sure about. Such examples have been the individual's medication, how to support someone that has become behaviourally distressed and how to express concerns to families."

The club environment allowed people to make use of any specialist equipment required to support their needs. Bathrooms were fully accessible for wheelchair users. There was also an accessible room where people could go and take their medicines and take some bed rest if they wished to.

Is the service caring?

Our findings

When we last inspected Danny's Dream we concluded the service was caring and rated it good. Following this inspection we found the service was especially caring and our rating has improved to outstanding.

Throughout our conversations with people, relatives, staff and healthcare professionals we heard about a service that put people first and provided highly compassionate and personalised care. People gave us consistently excellent feedback about the care they received and the kindness staff showed them.

People and their relatives talked about staff being like part of their family or friends and described the positive relationships they had developed. One person told us, "The staff are kind to me all the time." A relative said, "It feels like they want to be with [Name]. It's like a family." They went on to tell us, "We always feel welcome when we come here [the club]. Staff know how to look after [Name] which has given us piece of mind." We saw a comment from a relative whose loved one had required support whilst in the hospital due to ill health which said, '[Name of staff] was amazing. They are so caring with [Name].'

Relatives talked to us at length about the positive impact the service had on their family member's health and emotional wellbeing. One told us, "In terms of going the extra mile, when [Name] appeared distressed [when first started using the service] and they had tried all of the strategies detailed in the iPad book they contacted me for advice. It was decided that they would film [Name] to show how he was. We were able to use the footage to consult with the community nurse and doctor. The outcome was that [Name's] medication was reviewed. I feel like I have got my [family member] back. [Name] is cheerful, has settled right down and they [staff] have learnt so much about him."

Throughout our inspection we found examples where staff went that extra mile to ensure people's needs were met in a way which was personal and meaningful to them. One person lived with their relatives and had not had any contact with their parent for several years. Staff had worked collaboratively with the person and healthcare professionals, established contact and began to facilitate weekly visits with the person to their parent. This had restored and maintained the person's valued relationship with their parent.

The manager was equally committed to putting people at the heart of the care delivery. We heard of occasions when they had led by example when responding to people's needs. One person's family were having difficulty securing a medicine record for the administration of nutritional supplements for their loved one. The manager liaised with the family and advocated on the person's behalf with a dietician, continuing health care nurse and a pharmacist. This resulted in an agreement that the supplement could be classed as food and would therefore not require the use of a medicine administration record. This showed us the service was proactive in exploring issues and finding solutions which resulted in positive outcomes for people.

There were numerous examples of staff going above and beyond what was expected of them. For example, one person had regular respite support provided by another company. One particular period of respite had to be extended due to their main carer [relative] having an accident. The person was declining to eat and

drink and appeared generally unhappy at the weekends. The person's community nurse had asked if the service could provide extra support for the person whilst in respite care. The service staff volunteered to provide extra social support for the person over the weekends which provided them with reassurance at this difficult time.

Another person was admitted to hospital with a health condition. Staff stayed on at the hospital to offer support for the person's elderly relative and the hospital staff. The staff at the club laundered the person's clothing and arranged taxi transport for their relative. We saw staff had altered their shifts at short notice in order to ensure support for the person. One member of staff had stayed with the person whilst they went down to theatre as this was upsetting for their relative. This demonstrated staff made themselves available to people and their relatives at times when they needed caring and compassionate support.

A healthcare professional commented, "It is very apparent that the needs of clients and their families is the core of everything they do as a service. This service is not about looking after someone for the day, instead each day is seen as an opportunity to celebrate life and get the most out of it. I am sure you will agree that this makes Danny's Dream an exceptional service."

The manager was clearly committed to promoting a strong, person-centred and caring culture throughout the service. They were motivated and passionate about making a difference to people's lives. This enthusiasm was also shared with staff who spoke about people with affection. Staff told us about positive relationships and bonds they had formed with people. One staff member said, "Everything is person centred around the individual." Another told us, "The best thing about the job is the relationships we build and the part of people's lives we become. These personal relationships underpin all our work."

Staff described how the provider was equally caring towards their own needs. They told us working at the service had been an exceptionally happy experience. All staff we spoke with told us about a shared feeling of family, teamwork and togetherness. One said, "They [the provider] are ridiculously supportive. They act fast, hear me and listen to me." Others told us, "You feel valued. I was told [by management] to never stop believing in myself and building my confidence. It's a really good team" and, "I love the job and when I got my degree I was going to get a job somewhere else, but I really enjoy the environment here and I love working with the people and we have a great staff team, so I stayed."

A healthcare professional said, "This is the number one service in Hull. They always go the extra mile, for example with people's families. Staff stayed at hospital with one person and swapped over to support the person's relative. The staff give a great deal of respect to people and carers become an extension of family."

The service respected people's privacy and dignity. The manager told us, "All staff during induction have in-house sessions and receive information on equality and diversity. This is completed with a cup of tea and cake with people [using the service] involved. We go through the policy and discuss dignity and respect."

People were very much involved in planning their care and support. Care plans reflected their diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's religion, gender, communication and important relationships.

The manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

We saw that any personal information relating to people or staff was stored securely in a locked room. Some documents were stored on computers which were password protected. The manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gave people more control over how their personal data is used. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Is the service responsive?

Our findings

When we last inspected Danny's Dream we concluded the service was very responsive and rated it outstanding. Following this inspection we found the service continued to be exceptionally responsive to people's need and our rating remains outstanding.

We saw and heard how staff went above and beyond their role which resulted in positive health outcomes for people. For example, the staff team of one person had worked closely with the specialist nursing teams and speech and language therapy to have a full understanding of their health needs, what worked well and what needed improvement. The person's health issues meant they had been prescribed a range of medicines which caused side effects such as tiredness and dehydration which had resulted in kidney stones. The staff team collectively supported and encouraged the person to increase their fluid intake and held conversations with the person about the benefits of regular pain relief. The person began to take regular pain relief and increase their fluid intake and their kidney stones had significantly reduced in size because of this. The specialist nursing teams had been able to discharge the person as they no longer needed this element of care.

The care plans were highly person centred and contained information on a range of aspects of people's support needs including personal care, mobility, communication, health, food and drink and behaviour. Relatives told us without exception that people's individual needs were met and that the care they received was personalised to meet their needs. One said, "The care here isn't 'one size fits all' so to speak. It's very personalised. [Name's] staff know when to interact and when not to interact and they take each minute as it comes. [Name] does have very complex needs and can be challenging to work with, but all staff find it rewarding."

In discussions staff were able to demonstrate an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "The key ethos for Danny's Dream is not about doing what's easiest. It's about growing and learning about people's skills. I am proud to work for them [the service]."

The manager and staff team worked in close partnership with other organisations to make sure they were following current good practice and providing a high quality responsive service which led to positive outcomes for people. One healthcare professional told us, "The manager appreciates our position. [Name of manager] arranged for a person's care team to be at the club one evening and we came to deliver an individualised session to help carers appreciate that although the client appears quite well on most days and does not want to be treated as a poorly person, they live with very complex health needs and their health can deteriorate quickly. Feedback from this session has shown that the carers have taken on board all our guidance and the client is enjoying their life."

The feedback we received from all healthcare professionals we spoke with was extremely positive. They told us how the service was focussed on providing person centred care and support. One said, "I feel that what puts Danny's Dream above all other day opportunities in Hull, is that they provide an exemplary service to

some of the most vulnerable individuals we have, with the most complex health needs and behaviours. Emphasis is on quality of life, which is very important to my families. The team of carers at Danny's work closely with the multi-professional team, taking on board any recommendations or directions in order to keep clients safe and well. I think the most important thing I can say about Danny's Dream is that, if I had a child/adult with a learning disability, this is where I would want them to spend their days."

We saw numerous examples where the manager had utilised their resources in a flexible way to ensure people's needs continued to be met despite changing circumstances. For example, one person had become ill during their day support at the club. The person's relatives were unable to support the person at that time. The manager accompanied the person to the local hospital and remained with them until their relative could get there. We saw changes had been made to the staff's rotas and the person's core staff team were re-located to the hospital setting for the duration of the stay. This ensured the person was supported by staff who knew them well.

The service continued to build positive links in the local community and people were actively involved in their local areas. People had been involved in iPad artwork sessions with a local artist. Some of the works had been exhibited as part of Hull's City of Culture in 2017. We saw staff and people using the service had been involved in a 'Differently Abled' event. This event was for people who have learning disabilities and/or autism, their carers, relatives and staff. The event provided information to people on day services, social activities, benefits and housing amongst other things. People could also get their blood pressure checked and speak with nurses and healthcare professionals. People and the service had worked in conjunction with Hull City Council in a project on what people wanted to see in the community. This had resulted in an accessible garden space being created across the road from the club. The community garden had seen events be held there such as barbecues.

Arrangements for social activities were creative, inclusive, and met people's individual needs. People were encouraged and enabled to engage in activities meaningful to them and that they were passionate about. One person told us, "I like to draw cars and fire engines today; there are a lot to do here when I want to." Another said, "I'm doing a jigsaw, I like it, it relaxes me." Staff at the club organised various events providing information and activities of interest for people to take part in such as open days to show people what was on offer at the club, garden parties, artwork sessions, and an abundance of games and puzzles. The club provided a safe accessible space with two large day rooms containing ample seating, music equipment, TVs and a pool table. These rooms had dedicated quiet areas where people could spend time relaxing on beanbags and floor mats.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying and meeting the information and communication needs of people with disabilities and sensory loss. For example, people's individual communication needs were thoroughly recorded as part of the service's care planning process which indicated people's ability to communicate and any support they needed. One person had their own picture cards they used to let staff know what they wanted by using their eyes. A member of staff told us, "I had training to support one person who had limited communication abilities. I am now able to use basic sign language. This has helped me when communicating with the person."

The club had a substantial sensory room that people could use. This was also available for external bookings for the public to access if they wished. The room contained various pieces of equipment that included a talking floor mat, bubble tubes, fibre optic lighting which was voice and noise activated and tactile activity boards. A picture board was displayed in the club which held photographs and names of all

the staff at the service, and we saw picture prompt cards were available for bowling, thumbs up/down, train, listening to the radio, dentist, juice and computer.

The provider took account of complaints and compliments to improve the service. A complaint's policy and procedure was in place and visible at the service location. People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns.

Is the service well-led?

Our findings

When we last inspected Danny's Dream we concluded the service was well led and rated it good. Following this inspection we found the service was still well led and our rating remains good.

Since the last inspection the previous assistant manager had been successful in gaining the post as manager at the service. They were in the process of submitting their application to become registered with the Care Quality Commission.

The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. It was clear from our discussion with the manager that they were highly driven and passionate about their role. They had a visible and active approach. They had worked for the service in various roles for over 10 years and clearly demonstrated knowledge of their role. The manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they were required to be open and honest with people when anything went wrong such as in response to complaints.

All staff we spoke with told us they were well supported through supervision, training, team meetings, and a manager that was approachable. One said, "Team meetings are sometimes difficult to attend due to evening and weekend work. All the information we need is emailed and we are supervised regularly. If I am worried about anything in-between supervisions I have a mentor I can talk to. I would definitely speak to [Name of manager] if I needed to."

Staff told us, and we observed, the manager was visible and available should they need support, advice or guidance. One member of staff said, "In my experience the management is so supportive and responsive." Another told us, "All is positive for the management. You feel valued as a staff member."

Relatives told us they thought the manager was very well organised and dedicated to their role and responsibilities. One told us, "The new manager is lovely. She understands and she listens. She is trying out new ideas to improve the service and she seems like she is the right person for the job, definitely." Another said, "[Name of manager] does a marvellous job."

The manager continued to promote the values of Danny's Dream 'live your life' approach [originally established by the family of a local person, Dan]. We saw people continued to receive a personalised service that was individual and unique to them. We spoke with staff about the culture of the organisation and how its person-centred values approach to care worked in practice. One member of staff told us, "It's about keeping as much independence for people like with personal care which will maintain someone's wellbeing and self-esteem. This is integral to Danny's Dream and was what Dan dreamed of. Each person is doing something different and Dan wanted people to live at home as adults and always be included in the communication."

The manager and the provider continued to carry out a schedule of audits to assess the quality of the service and identify any issues. These included audits on staff training, safeguarding, risk assessments, complaints, care planning, supervisions, incidents and referrals to the service. A quality monitoring report was produced from these audits which were shared with the organisations senior management team for review. We saw that these audits and checks supported the manager in identifying shortfalls and take action to address them. Staff were observed during their usual work practice using 'spot checks'. These were to check that staff were working to the required standards. This meant that the service continued to improve.

Surveys had been undertaken by the provider to consult with people about their views of the service. These were created in an accessible format and comprised of questions about if people were listened to, what was good about their service and were they happy with the staff. The results showed there were positive levels of satisfaction in the way the service was run. The majority of the comments were positive and people had written their reasons for this, such as, 'I have a lovely time with my personal assistant', 'Me being listened to works well' and, 'There are lots of different activities, dancing, playing games and there is good teamwork.' We saw people using the service had recently made the decision on the new logo for the service which was displayed in the entrance.

The manager continued to work collaboratively with other organisations to ensure people received a consistent service. This included those who commissioned packages of care for people, safeguarding and other professionals involved in people's care. The provider had all the required policies and procedures and these were written in line with good practice guidelines and were regularly updated.

Steps were taken by the provider through consultation with other stakeholders to improve systems. Records showed the previous registered manager facilitated 'Registered Manager Network' meetings for Hull and the East Riding, including registered managers from other services and guest speakers from partner agencies such as the National Institute for Health and Care Excellence (NICE). The service had worked in partnership with Hull City Council and NICE to update their medicines policy in line with NICE guidance.