The Royal National Institute for Deaf People

Dane End House

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

About the service
Dane End House is a residential care home providing personal care to five people at the time of the inspection. The service accommodates up to five people in one adapted house. People had a range of learning disabilities and some people required support with behaviour that challenged. Four people lived with hearing loss and all used British Sign Language (BSL) to communicate.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The building design fitted into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People were happy living at Dane End House. There was a positive atmosphere and person-centred culture. Staff focused on people's wellbeing and ensured all their needs were met in the most appropriate ways. People could be who they wanted to be and were fully involved in all aspects of their care. People were supported to become more independent in line with their wishes. People's privacy and dignity was promoted.

People's care was entirely person centred. People were supported to understand their choices and had control of their life's. There was positive risk management which ensured people were not unnecessarily restricted. People were supported to achieve their goals. People's communication needs were met to ensure they were fully engaged with their care. People were supported to develop relationships and spend their time doing things they enjoyed. Some people were supported with employment.

The registered manager had developed an open culture and demonstrated strong leadership which had consistently ensured person centred and high-quality care. There was a strong, consistent and happy staff team who aimed to continuously improve the care people received. Quality assurance systems were used effectively to monitor and improve the service. People, relatives and staff were all engaged with the service and asked for their views. People were part of their local communities.

People felt safe and all risks to people were managed safely. People were protected from abuse and avoidable harm. Enough safely recruited and suitable staff were deployed to meet people's needs. Medicines were managed safely and in line with good practice. Lessons were learnt from accidents and

incidents and used to make improvements.

People's needs were fully assessed, and they received the care they needed to achieve the best quality of life from experienced and competent staff. Staff were well supported by the registered manager. People were involved with menu planning, shopping and meal preparations. People were supported to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 15 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Dane End House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Dane End House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from a local authority who commission the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We did this

through the registered manager translating in British Sign Language (BSL). People's body language supported the statements they made. For example, people were happy and smiling when they told us they were happy with the service they received. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas and meeting minutes were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at survey results and improvement plans. We spoke with one relative.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● People told us they felt safe. One relative told us they had no concerns about the safety of their loved one. Individual risks to people were identified, assessed and managed safely. Detailed and up to date risk assessments were in place to provide guidance to staff about how to reduce the risks to people. For example, how to support people living with epilepsy.

● Environmental risk assessments were in place to ensure the environment was safe. All the required health and safety certificates were available, for example around gas and electrical safety. Health and safety checks were completed, recorded and monitored, for example around fridge and freezer temperatures.

● Fire safety was managed. The fire risk assessment had been reviewed, the fire alarm system was checked and serviced, and fire drills had been held. People had personalised emergency evacuation plans to provide guidance on the individual support people needed in these circumstances. Staff told us people knew what to do if there was a fire.

Systems and processes to safeguard people from the risk of abuse

● Systems and policies were in place to protect people from abuse and avoidable harm. The provider worked in line with local safeguarding policies and procedures. Accessible information was available for people on staying safe, abuse, how to complain, hate crime and bullying and harassment.

● Staff had received training in safeguarding people and understood their responsibilities to safeguard people. Staff were knowledgeable in the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Staffing and recruitment

● Safe recruitment systems were in place to protect people from the employment of unsuitable staff. All the necessary checks had been completed. Disclosure and Barring Service (DBS) background checks were in place for all staff. DBS checks help employers to make safer recruitment decisions.

● The registered manager had assessed the required staffing levels for people's dependency needs and kept these under review. This ensured there were always enough staff to keep people safe and meet their needs. For example, staffing levels had increased recently when a new person moved in. People told us there was enough staff. Staff were not rushing about and told us there were enough staff. Rotas also confirmed this.

● Agency staff were used to meet the required staffing levels. Only two regular agency staff were used to ensure consistency for people.

Using medicines safely

● People received their medicines as prescribed. There were appropriate systems in place to order, store, administer and dispose of medicines safely. When people administered their own medicines there were risk

assessments in place to ensure their safety. Guidelines were in place for all 'as required' medicines which ensured staff knew when people needed to take these medicines.

● Regular checks were done to ensure that medicines were stored at the right temperatures. Weekly audits were completed by senior staff and six-monthly audits by the registered manager to ensure people received their medicines safely and as prescribed.

● Staff administering medicines had their competency checked regularly to ensure medicines were managed safely. New staff had training and their competencies checked before they could give medicines. Good practice guidance was available to staff.

● People's medicines had been reviewed by their GP to ensure they remained appropriate and effective. The provider promoted best practice in this area, for example they had signed up to the 'STOMP' pledge. STOMP is a health campaign about stopping the over medication of people with a learning disability and autism. There was no use of 'as required' medicines to manage people's behaviour.

Preventing and controlling infection

● The home was clean, and systems were in place to ensure food safety. People told us they thought the home was kept clean and well maintained. Staff had received training in food hygiene and infection control and could tell us what they did to prevent and control infection, such as wearing gloves. Information about how to prevent the spread of infection was present in the service and personal protective equipment was available around the service for staff to use.

Learning lessons when things go wrong

● Staff could describe the process for reporting incidents and accidents. There had been limited incidents as the service was well managed. Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on. For example, reviews of incidents of behaviour that challenged had led to lessons learnt and a reduction in incidents.

● The registered manager had analysed incidents and accidents for any trends to identify any learning and make improvements. For example, they had identified one bedroom could get too hot in the summer for one person with epilepsy. Therefore, the staff office was swapped with their bedroom. This had reduced the risk of seizures for the person.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service supported people with complex needs. People's needs were fully assessed and included the expected outcomes from their planned care, so staff could support them effectively. People were encouraged to meet potential new people before a new placement was agreed and compatibility with the people already living at the home was considered.
- Best practice guidance and well-known assessment tools were used to plan people's care. For instance, around positive behaviour support. This ensured people received the care they needed to achieve the best quality of life.
- Staff changed their approach to suit people's needs, for instance around their communication. For example, people had their own interpretations of British Sign Language (BSL) from living with a learning disability which staff understood. It was clear that staff had meaningful relationships with people, understood their backgrounds, needs and importantly for the people living at Dane End House, the deaf culture. There were three staff working at the service with hearing loss. This had enabled real insight into people's needs and enabled the registered manager to respond to these. For example, improving lighting conditions to avoid hindering people's ability to see others BSL and body language.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their sexuality, culture and religious practices. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff, including agency staff, had received appropriate training and regular updates to support people. Service specific training was provided to support people's individual needs. For example, the administration of rescue medicine for epilepsy and British Sign language (BSL). There was a system in place so that when staff required a training update, this was arranged.
- Staff were competent, knowledgeable and skilled in their roles and could answer any questions we asked about meeting people's needs. Staff spoke highly of the support they had from the registered manager and received regular supervision, competency checks and annual appraisals. The registered manager had introduced systems to check staff knowledge on key policies. For example, there was a quiz staff completed around safeguarding people. This assured them of staff's understanding of these policies.
- New staff had an appropriate induction to the service and people's needs which included a combination of training and working alongside experienced staff. New staff were asked to evaluate these experiences which encouraged reflective practice.

Supporting people to eat and drink enough to maintain a balanced diet

● People's nutrition and hydration needs were fully assessed. No-one living at the service had any specialist dietary needs or associated risks. People's preferences were met. People met weekly to plan their menus and took it in turns to cook with staff support.

● People told us the food was good and they were asked their preferences. We saw people were involved with menu planning, shopping and meal preparations.

● People could choose where they ate and who with. Some people chose to eat as a group in the dining room. One person chose to eat alone. There was a relaxed atmosphere in the dining room during lunchtime and people were clearly enjoying the experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to maintain good health and were referred to appropriate health and social care professionals as required. The registered manager and staff worked closely with other health professionals and agencies to ensure people's needs were met. For example, one person who had a fear of blood tests had a goal to desensitise them to this. There was a clear plan in place to achieve this and staff were working with a specialist nurse to support this.

● People's healthcare needs were well managed. For example, people living with epilepsy and asthma had detailed care plans with clear guidance for staff on all their needs. People had detailed oral health care plans. Hospital passports were in place. These are documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have. Detailed records were maintained for all people's health appointments, for example with their GP, and dentist.

Adapting service, design, decoration to meet people's needs

● The provider ensured people's needs were met by the service's facilities which were accessible and comfortable and met people's needs. For example, there were communal areas in the service where people could watch television, play games or socialise with other people. All the necessary equipment to support people with hearing loss was in place. For example, people had door bells with flashing lights on their bedroom doors, so they knew if staff were knocking on their door.

● People's rooms were personalised, and people told us they were happy with their bedrooms. Staff told us people had been involved in choosing the decorations and furniture in their rooms. People had their own belongings and equipment such as televisions and gaming systems, so they could spend time alone if they wanted to with their chosen activity. We saw that people's rooms reflected their personal interests and preferences and met their needs.

● People had access to a vehicle they could use, although there was also high use of public transport. There was also regular access to a car to enable people to visit their families who lived further away.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

● Staff knew the principles of the MCA and clear guidance was provided to them within people's care records. Care plans promoted people's rights and considered the least restrictive approach. Staff established whether consent to care was given in all areas and promoted people's choices. For example, people were asked to consent to staff checking the temperature of their medicines storage if they were away from the service, such as staying with their family. There were easy read consent forms with lots of pictures to ensure people understood what they were consenting to. These were reviewed annually to check if the persons choices had changed.

● Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment. People had 'My decision-making agreements' which identified the decision, how to involve the person and who makes the final decision. People were encouraged to make decisions for themselves wherever possible and were provided with the right information to enable this in a format that met their needs.

● Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. No conditions were set.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us they loved living at the home and were happy with the service. Staff supported people in a caring way to promote their wellbeing. People displayed positive signs of well-being through smiling, laughing, making happy noises and gestures. There was a positive, professional and compassionate atmosphere between people and staff. People were relaxed in their home and with the staff supporting them. We saw positive and focused interactions throughout the inspection. For example, people were spoken to in a respectful and friendly way, people were always given choices. For instance, if they wanted to make their own drink or wanted support with the task.

● Staff consistently anticipated people's needs and recognised immediately when they were anxious or upset. People's wellbeing was their focus. This was demonstrated by the reduction of incidents where people showed behaviour that challenged. The staff team supported people to manage any behaviour that challenged in a positive way to achieve effective outcomes for people. One person told us how staff were calm, and they have helped them learn how to be calm. This had helped the person better manage their emotions and improved their wellbeing.

● Staff showed appropriate affection and touched people in a kind and gentle way. The service had developed its own 'thumb press' greeting which happened all the time. This was developed to avoid injury from using a 'fist pump' which young people like to do. One person liked to hug people, so the registered manager had developed 'My ethics of touch' for the person based on their individual's needs and preferences. This identified how the person liked to embrace others, how they liked to be embraced and the support they need with this. This meant people were not restricted from appropriate human touch, where it supported their wellbeing.

● People's needs around equality and diversity were identified and recorded in their care plans to provide guidance for staff. For example, one person chose to dress in a certain way. The registered manager and staff had supported the person to dress how they wanted to. They had advocated the persons rights to do so when questioned by others. This meant the persons rights were respected and protected. People could be who they wanted to be.

Supporting people to express their views and be involved in making decisions about their care

● People were consistently asked for their views on all aspects of their care, how they felt about their support, their home, their bedroom, their staff, their health, their involvement and consent. This was done in meaningful and engaging ways both formally through feedback surveys, care reviews and meetings; and informally through day to day conversation with people. People told us they felt involved in their support. People were involved with recording how they felt and what they had done every day within their daily

records. Weekly house meetings were held which focused on people's involvement with menu planning, activities and events.

● The registered manager and staff showed a thorough understanding of people's needs and preferences and engaged them in everything they did. For example, some people chose to be included in interviews for new staff. This was done in a meaningful way where people could ask questions which were important to them. This was used to match people and staff interests.

● People were asked to make choices on their environment. People had chosen the décor of their bedrooms. The home was what would be expected for young people. For example, there were gaming facilities. People were supported to live a life which was age appropriate for them and solely focused on their needs. Key worker meetings reviewed how the person felt about their goals, their health, their independence and their life choices and enabled care to be planned entirely around the person.

● People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. The registered manager had spoken to all people before our inspection visit to explain the purpose of our inspection and to manage any concerns they had. Therefore, people understood why we were visiting and were empowered to share their views with us.

Respecting and promoting people's privacy, dignity and independence

● People told us they were enabled to be independent. Staff told us supporting people's independence was about respecting their choices in how they wanted to live their life day to day; and supporting people to try and learn new things. One person wanted to manage their medicines independently, so staff supported them to achieve this. The task was broken down into small steps the person could achieve. A colour coded medicines administration record was devised which was accessible for the person. Once they were confident, the registered manager checked the person was able to manage their medicines safely and they now do so. This was a significant achievement for this person.

● People were supported to take positive risks to develop their independence. For example, one person had decided they wanted to walk to work independently. Therefore, a plan was developed to enable this as they were at risk when crossing roads. After a lot of assessment work and support they were enabled to do this. This was a considerable achievement for this person. The service had supported people to meet their goals and achieve increased independence. For example, people had been enabled to move onto other services at a pace which was right for them. This meant people had achieved their goal to live more independently.

● People's care plans provided clear guidance for staff what they could do for themselves and what support they needed. The registered manager told us, "It's about developing people's independence, rather than maintenance." They described the wide range of activities people did in the community and said, "They are never in." On the day of the inspection people went out food shopping. One person told us they were going shopping later in the day for Christmas presents for their family. One relative described how their loved one has learnt a range of daily living skills, such as food shopping, making their bed and preparing their own lunch.

● People told us that their privacy and dignity was respected. For example, one person told us their medicines were given in private. The service had an identified dignity champion whose role was to promote this. Staff respected people's privacy, listened to people and told us how they upheld their dignity when providing personal care. For example, making sure bathroom doors were closed. People's confidentiality was supported and information about people was held securely. Staff told us they achieved this by ensuring the office is locked if no staff are in it.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care was entirely person centred and people were involved as partners in their care. Records showed that every possible effort was made to ensure people understood their choices and had control of their lives. People told us they could do what they wanted. One relative told us their loved one "lives the life they want to live." They described all the activities their relative chose to do and how happy they and their loved one were with the service. Care planning included people's hopes, dreams and the goals they wanted to achieve. People met with their key workers regularly to discuss and review their plans.

● The culture at the service promoted a least restrictive approach which had led to less behaviour that challenged and positive outcomes for people. The registered manager ensured there was positive risk management to enable this. For example, staff worked with one person without restricting them. The registered manager described, "Letting the person lead them (staff), rather than their documentation." As a result, the person had not shown any risky behaviours and had been given back more control over their life. For example, they were now able to use china plates and mugs, make their own tea and were learning how to cook their own meals.

● The same person had significant behaviour that challenged when they returned from visiting their family. Positive behaviour support strategies were used effectively; and therefore, by their third trip home the person had not shown any behaviour that challenged when they returned. The persons behaviour had changed dramatically within a couple of months and their relative had described this 'as a miracle'. This was an exceptional achievement for this person.

● Staff were 'matched' to people during recruitment and new staff were asked to meet people once recruited. Matching tools identified people's personal qualities, interests and what was important to them. People's care was regularly reviewed and updated in their care plans to reflect their changing needs. Information was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs. People's relatives and other professionals were involved in person centred reviews. Reviews were focused on the achievements people had made and their future plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to maintain relationships that were important to them, for example friends or family could visit at any time. People were also supported to develop new relationships to avoid social isolation. For example, one person wanted a romantic relationship therefore staff had supported them to develop their social skills. They attended many clubs and activities to encourage this and to maximise their social circles and experiences. This meant they were given every opportunity to form new relationships.

● People were supported to take part in various activities and social events they liked within the community. People had personal pictorial planners for their activities and were able to tell us what they did, such as swimming, bowling and social clubs. Where chosen, people were supported to have employment, for example, one person had worked for a newsagent and some people had cleaning jobs. These were significant achievements for people.
● One person told us they could do anything they wanted and if they wanted to do something new, they would ask staff to help them organise it. Another person liked to paint, they had an exhibition of their art and there were paintings around the home which they had done.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Meeting people's communication needs was an important part of the service provided. All, except one person, had no or limited hearing. People communicated with staff through British Sign Language (BSL) and body language. As people were living with a learning disability their BSL could easily be misinterpreted. However, the registered manager and staff knew people so well they knew what they were communicating. This meant people were fully engaged in their care.
● Staff were trained in deaf culture, BSL and an awareness of total communication to meet the varied needs of people. People's care plans included details which helped new staff learn about any communication needs, for example some people used easy read documents with pictures to support their understanding of written communication.
● Information was shared with people in formats which met their communication needs. There were many pictorial signs all around the home to provide information to people. For example, which staff were on shift and what was for dinner. Information was used to support people's independence. For example, a sign to remember to shut the fridge door fully. People's care plans were full of pictures to ensure these were fully accessible. For example, pictures of places people went to within the local community and activities they liked to do.

Improving care quality in response to complaints or concerns
● A complaints procedure was in place for people, relatives and visitors. People had easy access to complaint forms which were in an accessible format to meet their needs. People were regularly asked if they had any concerns. The registered manager had ensured all complaints were logged and responded to appropriately to ensure people received the best care.
● People and relatives told us they did not have any complaints. One person described how they would knock on the door and speak to staff if they did have and told us they would be listened to and any problems would be resolved.

End of life care and support
● The service was not supporting people at the end of their life. People's wishes and arrangements for their end of life care were considered in their care plans. The registered manager had sent a questionnaire to people's families to look at their cultural and spiritual needs and was developing meaningful information for people on this. This meant staff had the necessary guidance they would need to support people in line with their wishes if a person became unwell or died unexpectedly.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All feedback about the registered manager was positive. One person told us the registered manager was 'fantastic'. The registered manager had developed an open culture which promoted and ensured high-quality person-centred care. For example, they held reflective practice discussions which enabled staff to be open about their approaches, reflect on their practice and learn from this to improve the care given to people.
- There had been notable success with improving the life of one person who had recently moved to the service. They were now involved in the community every day. The registered manager said, "The world is an open place for (name) now and (name) is embracing it in the most incredible way. I am totally chuffed from him and very proud of my team."
- The registered manager had developed a strong and consistent staff team. Staff were happy working at the service and therefore there was good staff retention. Staff surveys showed they felt supported in their work. The registered manager recognised good work and continually praised staff. Staff said they felt involved, listened to and valued. The registered manager was proud of the staff team and their achievements. They regularly promoted their good work to the provider. Therefore, the service was often featured within the providers good news stories.
- The registered manager had led by example and demonstrated strong leadership which had ensured person centred and high-quality care in an exceptional service. They clearly knew people well and we saw people would regularly pop into the office and engage with them. One relative told us the registered manager was responsive and they could contact them any time. They said they were kept up to date with their loved ones needs and achievements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were all consistently engaged with the service and asked for their views. For example, through meetings, surveys and informal conversations. The provider had a set of 'involvement standards' developed with people supported to seek feedback. These were used to feed into the providers 'making it real' action plans. A regular newsletter was sent to families to ensure good communication.
- The provider had made a video to inform people, their families and staff about some recent important news. A lot of care and thought had gone into this message to get this across to people in the right way. The registered manager had worked closely with the provider to ensure this. This meant the message had been well received by people.

● Staff had regular team meetings where they could raise any issues or make suggestions. Some staff had a hearing impairment which had supported the staff team's wider understanding of deaf culture. Team meetings and all interactions with these staff used BSL. This had helped all staff improve their BSL and their ability to communicate with people. The staff team worked in partnership with others to ensure people's needs were fully met. For example, people's families and health and social care professionals. The registered manager and staff had worked closely with one family to support how they managed their loved one's behaviour that challenged when they went to visit them at home.
● The registered manager had made links with the local community and relationships had been developed. For example, people had been involved with cleaning the local beach and the local community had engaged with people doing so. The service had also entered and won a competition as part of a community engagement project to celebrate the local history. This meant people were part of their local communities in line with the principles of registering the right support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● There was a robust governance framework in place which was fully established. This had ensured the delivery of high quality and safe care and had led to continuous improvements. All risks had been identified and managed positively to reduce the risks. Performance management was effective, staff received feedback and were motivated in their roles. The registered manager reported on the service performance regularly to the provider to ensure they had good oversight. The provider visited the service regularly and completed their own quality audits. The registered manager had ensured they shared all their knowledge with their deputies. This ensured the service was well ran in the absence of the registered manager.
● The registered manager told us they were listened to and supported by the provider. For example, they had their own supervision. The registered manager was involved with networking with other providers to share knowledge and best practice. They kept up to date with this through well-known forums and newsletters within health and social care. The registered manager was knowledgeable and experienced in their role. They had continued to progress their knowledge through on-going development and training. They were full of energy and had used all these resources available to continuously strive for on-going improvement.
● Quality assurance systems, such as audits, checks, and surveys were used effectively to monitor and continuously improve the service. Learning and improvement plans were completed annually, were regularly reviewed and used as a working document to make improvements. For example, lockable safes were introduced in all people's bedrooms to support their independence and diversity champions had been implemented.
● The registered manager had a regular presence in the service. They analysed all complaints, incidents and feedback to ensure any improvements needed were made. For example, the registered manager and staff had identified what caused incidents of behaviour that challenged for one person in a certain situation. They had put things in place to prevent a reoccurrence which resulted in positive outcomes as there had been no further incidents in this situation.
● Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.
● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager and provider understood their responsibilities in respect of this. There had not been any incidents which fall under this duty. However, the registered manager described how they took responsibility for any event and had informed the relevant people of any incidents or accidents.