

Achieve Together Limited

Dane End House

Inspection report

1 Dane End Road
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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 5 people at the time of the inspection. The service can support up to 5 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests. People had a choice about their living environment and were able to personalise their room. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

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

Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 22 January 2020.

Why we inspected

This inspection was prompted by the length of time since the service had registered with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Dane End House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dane End House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we had received about the service. We used all this information to plan our inspection.

During the inspection

We met all the people living at the service and we spoke with one person and had contact with a relative about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with 4 members of staff including the registered manager, head of service and carers.

We reviewed a range of records. This included 3 people's care plans and medication records. We reviewed a variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff described the signs and symptoms they would look for. They were confident the registered manager would act appropriately.
- The registered manager understood their responsibility to report incidents to the local safeguarding authority. The registered manager had reported incidents as required and worked with the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People's support plans contained detailed guidance for staff to support people when they were expressing emotional distress. People had positive behaviour support plans, which included people's triggers and the actions they used to express their different moods. People were observed being supported by staff when they were expressing emotional distress. Staff showed us how to reassure one person with a 'fist pump' when they came up to us, they responded as if they were reassured.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risks.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Agency staff were used to cover any gaps. The registered manager told us these were regular agency staff, any new agency staff would only be accepted if they agreed to completing shifts regularly, to reduce the number used. There were 3 regular agency staff, they had been assessed as competent to accompany people to their activities.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take account of people's individual needs, wishes and goals.
- Every person's record contained a clear profile with essential information and dos and don'ts to ensure that new staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. People could take their medicines in private when appropriate and safe.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to go home to their families whenever they wanted. When people's families visited, they welcomed into the service.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learnt.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Staff completed assessments and took time to understand people's behaviour.
- People had care and support plans were personalised, holistic, strengths based and reflected their needs and aspirations, included physical and mental health needs. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- Staff had received relevant training appropriate to their role. The registered manager continuously monitored training opportunities for staff and registered staff for training to update their skills. Staff whose skills needed updating had been registered for British Sign Language training that had just become available.
- The updated training and refresher courses helped staff continuously apply best practice. The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping and planning their meals. During the inspection, a supermarket delivery was received, people helped put the shopping away. People were seen involved in ordering the food online and were asked what they would like to add to the order. People were also supported to go to the local shops to buy their favourite treats, they had their own cupboard in the kitchen.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People were seen making their own lunch when they wanted and eating at the dining room table, with others and staff.

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

- People had health action plans/health passports which were used by health and social care professionals

to support them in the way they needed. People played an active role in maintaining their own health and wellbeing.

- People were supported to attend annual health checks, screening and primary care services. The service ensured that people were provided with joined-up support so they could access centres, employment and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People's care and support was provided in a safe, clean, well equipped, well furnished home which met people's needs. The bathrooms had been adapted to enable people to use them as independently as possible and had been maintained when required. The registered manager had identified and raised with the provider, that the bathrooms needed to be refurbished, though a plan was not yet in place.
- People personalised their rooms and were included in relation to the interior decoration and design of their home. The environment was homely and stimulating.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. People were well matched with their designated support worker as a result, people were at ease, happy, engaged and stimulated.
- Staff were patient and used appropriate styles of interaction with people. Staff were calm and focussed and attentive to people's emotions and support needs. Staff were observed supporting people when they expressed distress, the person responded to them and calmed down.
- Staff were aware of environmental factors people found stressful and had strategies in place to reduce their exposure to these factors to reduce their stress as much as possible.
- Staff members showed warmth and respect when interacting with people.

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

- People were given time to listen, process information and respond to staff and other professionals. Staff supported people to express their views using their preferred method of communication. Staff took time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff respected people's choices and wherever possible, accommodated their wishes.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Staff supported people to maintain links with those who are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person had been supported to become confident to go safely to the local shops independently.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles. People had paid part time jobs and voluntary jobs in local charity shops. A relative told us, "This work placement was initially supported by Dane End staff but his confidence has grown and he enjoys independently making his own way there and being a valued part of the charity shop team."
- Staff knew when people needed their space and privacy and respected this. Each person had a doorbell for staff to ring before entering their room, there was a blue light which flashed to let people know someone was at their door.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans and support plans.
- People learnt everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff who knew them well. One person was being supported to overcome their fear of needles to help manage health conditions and to offer them the opportunity of vaccinations.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff understood how to support people without them feeling overwhelmed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. There were visual prompts such as photographs which helped people know what was likely to happen during the day and staff that would be supporting them.
- Staff had good awareness, skills and understanding of individual communication needs, they know how to facilitate communication and when people are trying to tell them something.

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 encouraged and motivated by staff to reach their goals and aspirations. People were by staff to try new things and to develop their skills. A relative wrote, 'Staff have encouraged my son to grow vegetables in the garden, mow the lawn and water the plants. This is a new activity started during lockdown and he has continued with this. Through his activities he feels a sense of achievement and this encourages him to get more involved and increases his confidence.'
- People living away from their local area were able to stay in regular contact with family via skype. A relative wrote, 'I receive emails with regular updates and Skype my son at least twice a week.'
- Staff provided person-centred support with self-care and everyday living skills to people. People's support plans provided guidance for staff about how to support people to clean their room as independently as

possible.

- People were supported to help with maintenance within the service. The maintenance person was often helped by people to complete jobs such as grouting tiles and painting.

Improving care quality in response to complaints or concerns

- People and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The register manager worked to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A relative wrote, 'Very grateful to Dane End staff and (the registered manager) for all their support, and kindness in helping my son live his best possible life.'
- Staff supported people to build up their confidence, one person gave the inspector a guided tour of the service. They were happy to speak about what activities they did and their life at the service.
- The registered manager worked directly with people and led by example. They promoted equality and diversity in all aspects of the running of the service. Staff felt able to raise concerns with the registered manager without fear of what might happen as a result.
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed new perspectives. Staff put people's needs and wishes at the heart of everything they did.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the service they managed. Governance processes were effective and helped to hold staff to account to keep people safe, protect people's rights and provide good quality care and support.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements. Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff encouraged people to be involved in the development of the service. The registered manager sought

feedback from people and those important to them and used feedback to develop the service.

- People met with their keyworker regularly to talk about if they happy and what they wanted to do in the future, so plans could be made. This included new activities and suggestions for meals or decoration within the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with national policy to inform improvements to the service. The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.
- The registered manager was involved in engagement groups organised by national organisations which aimed to help improve care services. The registered manager attended regular local Skills for Care registered manager meetings, they described the topics discussed and how this had informed action they had taken.