

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

This inspection was carried out on 19 January 2017 and was announced.

Dane End House is registered to provide accommodation and personal care for up to five people. There were five people living at the service when we visited. People had a range of learning disabilities. Some people were living with autism and some people required support with behaviours that challenged. Some of the people were living with hearing loss and all used British Sign Language (BSL) to communicate.

The service is in quiet road, close to local shops and the sea. The property is a detached house with a secure garden. There are three bedrooms, a bathroom, a quiet lounge area and kitchen/dining room on the ground floor. With a further two bedrooms, a bathroom and a large lounge on the first floor.

The service is run by a registered manager who was present on the day of the inspection. 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. The registered manager shared their time between Dane End House and another residential service for eight people nearby that they also managed. They were supported to do this by two deputy managers and senior support workers.

People's creativity and achievements were celebrated. The service was decorated with pieces of art created by people, alongside photographs of people taking part in activities. Everyone looked happy in the photographs. Each person's bedroom was personalised to them, with posters of things they liked and photographs of themselves with friends, family and staff.

People had a real say in how the service was run and were clearly in control of their own lives. Staff encouraged people to make their own decisions and choices with the right balance of support to help when needed, without taking over. One relative told us, "My relative sees Dane End House as home and the people they share with as their friends."

There were enough staff to support people and the number of staff available was based around people's activities and needs. Staff had been recruited safely and had the skills and training required to meet people's needs. All staff were completing the care certificate to refresh their knowledge.

Staff knew people well and were excited to talk about people's personalities, skills and achievements. Each person had a keyworker who co-ordinated their care and support. People had keyworker meetings weekly which were recorded, this gave people a chance to discuss any worries or concerns and what had gone well in the past week.

People's care plans were written with them and were in a format they understood. The care plans gave staff

guidance on what support people needed and how they liked staff to support them. People looked at their care plans with their keyworker on a regular basis and updated them as needed.

People were supported to live as independently as possible. People took part in a variety of activities, including voluntary work. People were supported and encouraged to take risks and try new things. Staff worked with people to manage the risks and keep them safe in the way they preferred.

People were supported to develop new skills and to look after their home. People were excited to show us around their home and tell us about what they enjoyed doing. People had weekly residents meetings to discuss any issues and plan the menu each week.

People were supported to have a varied and balanced diet. People could access the kitchen whenever they liked and could prepare their own snacks or meals. People were supported to maintain relationships with family and friends, through visits and the use of technology.

People had health action plans in place detailing their health needs and the support they needed. There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

People kept their medicines in a locked cupboard in their bedrooms and staff supported them to take their medicines safely. There was an opportunity for people to be more involved in managing their own medicines. This was an area for improvement.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

People had complaint forms in their rooms which included pictures to make them meaningful. There had been no complaints but there was a procedure in place to respond to them should they arise.

Staff told us how they supported people to make their own decisions and choices. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals, when relevant.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The requirements of DoLS were met.

Staff told us that the registered manager was approachable and supportive. Staff had one to one meetings on a regular basis and told us that their ideas and suggestions were listened to. The registered manager and staff knew people well. People often went into the registered manager's office to chat to them or just say hello. There was a feeling of genuine affection, warmth and equality between everyone.

Accidents and incidents were recorded and shared with the provider using an online tool. A risk management team employed by the provider worked with the registered manager to identify any themes or opportunities for learning.

The registered manager audited the service monthly. The provider had a compliance team who audited the service annually and gave the registered manager an action plan to complete. The area manager followed this up in her quarterly audits. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

People were asked for their views of the service in their weekly meetings. Each person had an annual review and all participants, people, relatives and health and social care professionals were asked for feedback. There was not a system in place to request feedback outside of these meetings. This was an area for improvement.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with guidance.

Staff understood the need for confidentiality and records were stored securely.

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 and staff knew how to recognise abuse and who to report it to.

People were encouraged to take risks and were involved in managing risks.

Staff were recruited safely and there were enough staff to support people.

Medicines were managed safely; there was an opportunity for people to be more involved in managing their own medicines.

Is the service effective?

Good ●

The service was effective.

Staff knew people well; they had the skills and training necessary to meet people's needs.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards

People were involved in planning and preparing their meals.

People were supported to access health services if they needed to. Staff had guidance on how to support people with their health needs.

Is the service caring?

Good ●

The service was caring.

Staff communicated with people in a kind caring way, using their preferred method of communication.

People were encouraged to make decisions about their care and how they liked to be supported.

There was genuine affection between people and staff. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to try new things and develop new skills.

People planned what to do with their time and were involved in writing their care plans.

People were actively encouraged to give their views and their feedback was valued.

People knew how to complain and there was a procedure to deal with complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open and person centred culture.

The registered manager was accessible and approachable. Staff said they felt supported, valued and listened to.

Audits had been carried out to monitor the quality of care and feedback was sought from people and acted on.

Dane End House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2017 and was announced. The provider was given 48 hours' notice because the service was a small care home for younger adults who are often out during the day. It also gave staff the chance to prepare people for our visit, so it lessened the disruption our visit may have caused. The inspection was carried out by two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR 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. We asked these questions during the inspection.

Before the inspection we looked at notifications we had received from the service. A notification is information about important events which the provider is required to send us by law, such as a serious injury.

During the inspection we spoke and spent time with all five people. We observed how people were supported and the activities they were engaged in. We spoke with the registered manager and the deputy manager and three members of staff. We looked at two people's care plans, risk assessments and other guidance. We looked at a range of other records including four staff recruitment files, training and supervision records, staff handover records, medicines records and quality assurance audits.

After the inspection we received feedback from five relatives and one professional about the service.

This is the first inspection of this service since a change in provider in May 2016.

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at the service. One relative told us, "Dane End House provides my relative with a safe environment." Another relative said, "I have peace of mind knowing my relative lives in a family type setting, where they are safe, happy and in a sign language environment."

Staff understood types of abuse and how to respond to any concerns. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. When people had any concerns they had spoken to the registered manager who had addressed the issues.

People were supported to manage their money safely. Staff stored some people's money securely for them until they wanted to use it. Staff checked and recorded the amount of money stored every day.

Some people went out on their own; staff had spent time with them talking about how to keep safe and what to do if they were worried. People were involved in assessing any risks related to them. They were also involved in planning how to minimise the risks. For example, one person liked to go out on their own so they agreed to text staff to let them know if they were going to be late back. Each care plan gave staff guidance on how to manage any risks and ensure that people received the care and support they needed to minimise the risks from occurring.

People were encouraged to take risks in a managed way when this helped them become more independent. For example, one person wanted to go out independently so staff worked with them to identify any risks which included crossing a road. The person and staff made a plan of steps towards this goal. Initially staff encouraged the person to make decisions when out rather than relying on staff, such as when it was safe to cross the road. Then they took short walks locally being shadowed by staff at a distance. Once they were confident to do this their trips expanded. Their relative told us, "[My relative's] road safety/stranger awareness has been properly assessed and they are able to access the local community for short periods of time independently."

When people had risks relating to health conditions such as epilepsy, risk assessments gave staff step by step guidance about how to keep the person safe. Some people had rescue medicines to be used in an emergency, staff supporting people carried the medicine with them so it could be used quickly if needed.

Some people could become anxious or angry. Risk assessments gave staff guidance about how to support people to calm and minimise the risk to them or anyone else in the service.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. Accidents and incidents were recorded and shared with the provider using an online tool. A risk management team employed by the provider worked with the registered manager to identify any themes or learning opportunities.

Staff had been recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People had met potential staff during the recruitment process and had given their views to the registered manager.

There were enough staff on duty to meet people's needs and keep them safe. Staffing levels were planned around people's needs and activities. There was a board in the downstairs lounge area showing pictures of which staff were working that day. People could request which staff member supported them. One person did not want female staff to support them with personal care and this had been respected and added to their care plan so that all staff were aware.

There had been several staff vacancies for a period of time. The registered manager had arranged with a local agency to provide regular staff who could all use British Sign Language (BSL) to communicate with people. This gave people consistency and reduced people's anxieties. The registered manager told us they had recently employed new staff to cover all the vacancies.

There was an on call system for support outside office hours. The numbers for the on call support were on posters in the office area and the downstairs lounge. Staff told us if they needed support or advice the on call person was always available.

People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager told us that they would be assessing staff competency to administer medicines in the near future. People's medicines were kept in locked cupboards in their rooms. Two people showed us their medicines and when one was asked if they were happy about how staff supported them, they said, "Yes."

People had a folder in their medicines cupboard, which held medicine administration records, and information about side effects. It also had information about how people liked to be supported to take their medicines and what they could do for themselves. Medicines audits were carried out weekly to check medicine stocks and records.

Temperatures of medicine cupboards were taken daily and were within acceptable levels. Some medicines do not work properly if stored at the wrong temperature. Staff ordered medicines as needed and disposed of any unwanted medicines appropriately.

Some people had previously managed some of their own medicines, at present no one was doing so. There was an opportunity for people to be more involved in managing their own medicines. This was an area for improvement.

Is the service effective?

Our findings

One person told us, "We meet every Sunday to plan the menu and then go shopping for the food on Monday. Healthy eating is important to me and the staff help me plan what to eat and how much." Relatives told us, "The staff are experienced and understand the needs of autistic young people." and "Staff are caring and committed and provide my relative with good role models."

Staff knew people well and people approached staff for support throughout our visit. Staff had completed training in core subjects such as safeguarding and first aid. Staff had additional training in areas related to the needs of the people they supported, such as British Sign Language (BSL) and how to support behaviour that may be challenging.

All of the staff in the service, including the registered manager, were completing the care certificate to refresh their knowledge and keep up to date with good practice. New staff were expected to complete the care certificate as part of their induction. The care certificate is an identified set of standards that social care workers work through based on their competency.

People used BSL to communicate. All staff were able to communicate using BSL and the registered manager was working with the provider to arrange intensive training for new staff. Communication was natural and relaxed. Staff were competent at using BSL and so people were at ease communicating with staff. Staff noticed people's behaviours and gestures and knew what they meant. Staff were skilled at picking up non-verbal clues and noticed for example, that one person was keen to show us their room and they encouraged this to happen.

Staff had regular one to one meetings with their line manager to discuss their performance and learning and development. Staff told us this, 'gave them an opportunity to talk about training needs or ideas for people.' Some of the staff were on leadership or management courses to develop their skills.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had taken appropriate action, had conversations with the local authority and made applications for DoLS in line with guidance.

The registered manager and staff had a good understanding of the MCA and encouraged people to make decisions for themselves as much as possible. Staff had given people information in various formats to help

their understanding and decisions were not rushed. One relative told us, "People are encouraged to make choices whether it is regarding activities, social meals, the week's shopping." If a person lacked capacity the registered manager knew that any decisions made on their behalf must be in their best interest.

There were occasions when staff might need to access people's bedrooms when they were not there to give their permission. One person had requested a written agreement. The registered manager wrote this with the person and talked with them to check they understood what they were agreeing to. A few days later another member of staff went through the agreement with them again to check they understood before it was put in place. The person told us about the agreement and knew they could change their mind at any time.

People planned their menu and shopping list on Sunday in a house meeting. The weekly shop was then completed on Monday and everyone had the opportunity to take part. People could access the kitchen when they wanted to. During the inspection one person made their breakfast whilst chatting to staff. The person put their crumpets in the toaster and got all the items they needed such as spreads from the fridge. They appeared very confident and relaxed. They told us they liked making their own breakfast.

One person told us that they wanted to eat a more healthy diet and that staff were helping them to do this. This was one of their goals in their care plan and had been discussed with their keyworker. A keyworker is a member of staff allocated to take the lead in co-ordinating someone's care and support. The person and staff had decided to give foods a score based on how healthy they were. The person then added up the numbers of what they ate, trying to stay under a target number. The person had involved several members of staff alongside their keyworker and was keen to have everyone involved and supporting them.

Staff were supporting another person to try new foods and tastes. Staff worked with the person and identified that they did not like the visual appearance of some foods. When the person was offered vegetables in a different way such as wrapped in bread crumbs or covered with cheese sauce, they discovered they enjoyed them. The person now ate a varied and balanced diet and had lost weight as a result.

People told us that they liked to eat together and in the summer would often eat outside or have barbecues. People could eat where and when they wanted to and these choices were respected by staff.

People were supported to access a variety of health care professionals when necessary. A relative told us, "Medical issues are taken extremely seriously and are handled with the utmost importance." People's relatives were involved in managing their loved ones health needs if people agreed. A relative told us, "I am promptly informed if there are any medical appointments to attend and contacted immediately if there are concerns."

People had health action plans which showed how people preferred to be supported and what support they required. Where people had specific health conditions such as epilepsy, staff had step by step guidance around how to support the person.

Each person had a health passport in case of a visit to hospital. This had been written with the person and gave important information such as how they person wished to communicate, any things which could cause anxiety and how to reassure the person. It also detailed any allergies and what medicines the person was taking.

When people found attending health appointments distressing, the registered manager had worked with

the team to identify which staff member would be most successful in supporting the visits. The registered manager told us, "It's funny; sometimes it is one member of staff who is good at the preparation and another for the visit. People will tell us who they are happiest to go with and we do our best to make that work."

During our inspection one person returned from a trip to the dentist. Staff told us that the person had been anxious about the visit before going. On their return the person approached the registered manager to let them know it had gone well. The registered manager told them 'well done' and the person smiled and responded by saying they were proud of themselves. Staff continued to offer praise and reassurance throughout the afternoon.

One person had wanted to see a doctor who could use BSL so they could attend their appointments on their own. Staff had supported them to make this request to their doctors' surgery and the surgery had agreed to look for a doctor. Records of appointments and the advice given were clear and detailed and advice was followed.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told "I like staff." There was a relaxed atmosphere and people were treated with respect and warmth by staff. A relative told us, "They (the staff) help to raise self-esteem and self-worth through listening, discussion and support people to reach their full potential. They have a relaxed, gentle nature and I feel this is very much due to the staff and environment at Dane End."

Staff told us, "What we do well is that we are compassionate and very passionate about giving the people we support the best lives they can have" and "Just seeing people smile makes your day, we smile a lot here and laugh too." There was a lot of laughter between people and staff.

When we arrived at the service people had been prepared for our visit and were excited to see us. One person showed us around the home and introduced us to the people they lived with and the staff. They told us about the different rooms in the house and what people used them for. In the upstairs lounge they told us they had all agreed to move the furniture to make two living areas so everyone had the space to do what they wanted.

Staff were keen to tell us about the people they supported. They talked with affection about each person, showing a good knowledge of their personalities, likes and dislikes. They spoke proudly with us about people's achievements and the skills people had developed.

People's achievements were celebrated no matter how small. One staff member told us, "For one person it's amazing how they have learnt little things like maintaining their dignity, closing their door to get changed for example. What makes it even better is that their family tell us they are doing these things on visits too. It's a little thing to some people but for them it is huge."

Pictures or items made by people were displayed around the service alongside photographs of people taking part in activities. Each person's bedroom had been personalised, with posters and photographs on the wall. People were happy to show us their rooms and to talk about the things in their room. One person had their favourite football team's club flag on their wall and smiled as they pointed it out to us.

The registered manager told us, "When some people were starting to go out independently we broke it down into steps and every time they achieved a step we did a certificate. They really enjoyed showing people the certificates and sharing the progress they had made."

People were encouraged to increase their vocabulary and communication skills. Staff told us, "When one person came to live here they had very limited signs they used and could become frustrated. We have worked with them to build that vocabulary and now we rarely see them get frustrated, instead they seek out staff and say what is wrong. It has made life so much easier for them."

People used their weekly keyworker meetings to update their care plans and discuss any progression

towards their goals. Key workers were members of staff who took a key role in co-ordinating a person's care and promoted continuity of support between the staff team. Information was given to people in a format they understood and preferred. Staff took time to check that people understood the information given to them.

People were supported and encouraged to maintain relationships with family and friends. People could have visitors whenever they liked and would often go to stay with family over night or for weekends. People were supported to expand their social circle and to develop skills which helped them to maintain friendships. When people had made friends at social events or activities staff supported them to maintain friendships and offered support if needed.

Some people used technology to keep in touch with friends and family. Staff supported people to develop the skills to be able to do this as independently as possible. People's families supported them when decisions needed to be made, no one at the service used an independent advocate but the registered manager told us she could contact an advocacy service if required.

Staff treated people with dignity and respect and people had privacy. Some people chose to have keys to their bedrooms and could keep them locked if they preferred.

A relative told us, "We have a home-book which is regularly updated by Dane End/myself which keeps everyone informed. The staff are calm and resourceful and importantly use sign language - this reinforces understanding and encourages communication, and in turn helps to avoid mental health issues or stressful situations which might arise."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear or closed the office door.

Is the service responsive?

Our findings

People received the care they needed and staff were responsive to their needs. One person told us, "I do lots of activities; I go swimming, to the daycentre and meet my friends. I use the bus and know which number to get on." A relative said, "Staff are continuing to look for employment or work experience for my (loved one). I know my relative's activities for the week and they listen to any suggestions for changes or introducing something new."

People's needs were assessed before they moved into the service. Once it was agreed that the service could meet the person's needs they were invited to visit and meet the other people who live there. People also had overnight stays, if they wanted to, before moving in.

People's initial care plan was written using the information from the assessment with the person and their loved ones. The service had recently changed to a new registered provider which had led to a change in the layout of the care plans. Staff and people had worked together to complete the new care plans.

Some people had care plans with pictures or symbols to help them understand what was written. Each person's plan was written in their preferred way. Plans detailed people's needs and gave staff guidance on how people preferred to be supported, what they could do independently and what staff needed to do.

People's care plans also showed their goals and aspirations, with clear step by step plans about how to reach their goals. People discussed their goals in their weekly keyworker meetings and recorded what progress they had made that week. People also had scrap books with photographs showing achievements or activities they had taken part in.

Some people at the service had wanted to work towards going out independently. Their scrap books showed the progress they had made and both were now taking regular trips out without staff. One person told us, "I go out on my own, I take my help card in case I need help and will text to tell the staff if I am going to be later than I thought."

There were links with the local community. Staff told us they had developed the 'help card' with people to take with them on trips out. The card explained the person may need support, used British Sign Language and gave phone numbers to call for help. The registered manager also told us that a local shop had agreed to be a help point, where people could go to be safe and the shop staff would call for help.

These systems gave people the confidence to go out independently and try new things. One staff member told us, "It is about promoting their independence, and seeing people increase what they are capable of. We do it together, when they see we believe in them they believe in themselves."

People were very active and had an activity planner based on their preferences. Each person's planner had been created using pictures of characters or films people liked. People had chosen to have their planner on their bedroom walls to refer to. One person showed us their plan and smiled when we spoke about the

things they enjoyed doing and the characters shown. People reviewed their planner regularly with staff and often tried new activities.

People took part in a wide range of activities. Some people were looking for paid work and had been supported by staff to apply for jobs locally. People had been supported to find voluntary work to develop skills and gain experience.

One person had been attending a local art club and their work was displayed around the service alongside a flyer for an art exhibition they were taking part in. This was an opportunity for them to sell their work. The person told us they were pleased about this and were proud of their art work. Two other people at the service had also decided to join the art group following the person's success.

People attended the local daycentre run by the registered provider and met with friends from the other service the registered manager managed. One person chose not to go to the centre but would join the group for some activities such as aerobics sessions or swimming.

People took part in the running of their home, sharing housework tasks and cooking. Staff worked with people to develop everyday living skills. One relative told us, "They have really helped [my relative] develop their independence, they don't need to be prompted any more to do things like make their bed. They just do it. They have become really good at doing their washing."

People were encouraged to raise any concerns. The registered manager told us, "We use the weekly keyworker meetings and resident meetings to deal with things before they become an issue. If people do feel the need to complain we encourage that."

There was a section in the key working document for people to note anything they were unhappy about. People ran their own residents or house meetings. One person used to type up the minutes but an issue with an IT programme was preventing from being able to do so. The registered manager told us they hoped this would continue once the IT issue was resolved.

People had a copy of the complaints procedure and a complaint form in their rooms. This was in an accessible format and explained what to expect if they complained. The registered manager told us they had not received any complaints but that they would follow the procedure if they did. One relative told us, "I know that any enquiries or issues will be addressed promptly."

Is the service well-led?

Our findings

People told us they 'liked' the registered manager. Some people even had a 'pet name' for the registered manager. Throughout our visit people approached both the registered manager and deputy manager to chat or just say hello, there were lots of natural warm exchanges. The registered manager knew people well and regularly spent time with people. People looked relaxed with the managers and staff.

Staff told us, "The registered manager and deputy manager are always available, they are approachable and supportive. Even if what is worrying you is not directly work related they support you."

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The registered manager and staff were clear about the aims and visions of the service. Everyone at the service was working towards the same values of increasing people's independence and choice. Staff talked enthusiastically about people's achievements and the progression people had made since living at Dane End House. People's success was celebrated and encouraged.

Staff told us they felt listened to and valued. One staff member told us, "They are always open to our ideas, I thought one person would benefit from trying the art group. I spoke to the person and the registered manager who both liked the idea. We spoke to the family as there was a financial cost and I explained my reasons. Now the person is going to try it to see if they like it. It felt good to be listened to."

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service. Staff had made suggestions in staff meetings, they had been encouraged to find more information about their ideas and present that back to the staff team. Staff meetings were held in the communal area of the service and people could attend if they wanted to. If the registered manager needed to discuss something confidential this was done in the office.

The registered manager was undertaking training in management and leadership. They had arranged for the deputy manager and senior support worker to have some leadership training. An area manager had recently been appointed by the provider. The registered manager told us this had enabled them to look at their own personal development and access their current training course. The provider had a policy and practice team who shared information with the service related to changes in practice. This information was shared in staff meetings to make sure staff were kept up to date.

The registered manager had previously attended local forums for registered managers. They had not attended any recent meetings, the registered manager agreed this was an area for improvement to network and share good practice.

Relatives told us that the registered manager was accessible and would deal with any issues. People's families had a parent's group which held monthly meetings and fed back any issues to the registered manager. During the change in provider in 2016 the registered manager had sent families a monthly email to keep them up to date. Once the change had taken place the registered manager stopped these emails. The

families' group had requested that the registered manager start these emails again about events in the service and the registered manager had done this.

Weekly audits of medicines records and the environment were carried out by staff and recorded in their handover book. The registered manager checked this as part of their monthly audits. An annual audit was carried out by the provider's compliance team, and an action plan was generated as a result. The registered manager had already completed many of the actions. The area manager then completed quarterly audits on the service and reported on the progression of the action plan.

The registered manager welcomed open and honest feedback from people, relatives and social care professionals. Feedback was requested as part of each person's annual review. However, there was no system for people to give feedback anonymously or for staff to give their views. This was an area for improvement.

The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.