

Independence-Development Ltd

Sinon House Therapeutic Unit

Inspection report

16 The Terrace
Rochester
Kent
ME1 1XN

Tel: 01634849354

Website: www.independence-development.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sinon House Therapeutic Unit is a residential care home providing personal care for up to three people with complex needs. This can include a combination of a learning disability, autistic spectrum disorder, mental health difficulties an eating disorder and behaviours which challenge the person and/or other people. At the time of the inspection, three young people aged between 16 and 18 were being supported during their transition into adulthood.

Accommodation was provided over three floors. There were two communal lounges and a small garden and utility room to the back of the care home.

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

Young people told us they liked the staff that supported them. We observed young people were relaxed and at ease in staff's company.

Quality monitoring systems were inconsistent to be able to identify shortfalls and drive continuous improvement in the service. We found concerns with fire safety, incidents, and clinical support for assistant psychologists.

We signposted the provider to infection control guidance to be assured they were making sure infection outbreaks could be effectively prevented or managed.

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 support best practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care maximised people's choice, control and independence. Young people views were actively sought and acted on and they were involved in planning their care.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Everyone told us that young people were treated with dignity and respect.

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Although there was a high turnover of staff at the service, the registered manager led by example and provided a positive environment for young people and staff.

Young people benefitted from the positive culture at the service. The registered manager was open, approachable and listened and responded to young people and staff. Family members described the registered manager as, "Fantastic", "Really positive" and "Amazing" in the support they gave to young people.

Assessment of risk include clear guidance for staff on how to keep young people safe. Staff understood how to follow safeguarding policies and procedures to help keep young people safe.

Young people's health and well-being was monitored, and liaison took place with a range of health and social care professionals to support this. Staff understood there were challenges in supporting young people to eat healthy. Young people received the support they needed with their medicines.

Young people were treated well and with dignity and respect which had a positive impact on their well-being. Family members told us staff had developed positive relationships with young people. One family member told us, "I said to X (young person) I really think you are in the best place you could be, and X responded that they agreed".

The service was responsive to young people's needs. Young people had opportunities to go out and take part in things they were interested in.

Staff were checked that they were suitable to work with young people before they started to support people. There were enough trained staff available, so people received support when they needed it. The staff team felt well supported and listened to by other team members and the registered manager.

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

Rating at last inspection and update

The last rating for this service was Good (published 2 May 2019). The rating at this inspection has changed to Requires Improvement.

Why we inspected

The inspection was prompted in part due to concerns received about keeping young people safe and the overall management of the service. A decision was made for us to inspect and examine those risks and undertake a comprehensive inspection.

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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sinon House Therapeutic Unit

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.

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 carried out by two inspectors.

Service and service type

Sinon House Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

This inspection was unannounced.

What we did before the inspection here

We sought and received feedback from the commissioners of the service and one young people social

workers. We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager and one young person.

We reviewed a range of records. This included two young people's risks assessments and medicines records. We looked at recruitment records of three staff, staff training, supervision and staff rotas. A variety of records relating to the management of the service were reviewed including accidents and incidents and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us the staff training matrix, infection control procedures, medicines and incidents audits, progress reports for all three young people for November 2021 and information about the matching process of young people as requested in a timely manner. A matching process is used to ensure that young people who move to the service are compatible with those young people who already live there.

We telephoned the family members of each young person to gain feedback about young people's experiences of using the service. We also received feedback from two young people's social workers and telephoned three support staff.

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 Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the time of the inspection, young people could not be assured they would be safe in the event of a fire. This was because one fire door was temporarily wedged open and did not close properly in the event of a fire. Risk assessments had not been updated identifying the actions staff had taken to minimise the risks of a fire spreading should it occur. A fire exit had two bolts in situ. We were told one bolt was used to secure the fire exit because the sensor alarm had been broken the previous day during an incident. The provider also told us the yale lock was broken. The registered manager ensured the fire door shut properly the day after our inspection. They sought advice about the fire exit from their external health and safety adviser, and also Kent Fire Service (KFS) on our advice. The bolts to the fire exit were removed on the advice of KFS. The provider only took these actions to keep young people and staff safe after they were brought to their attention. This meant the bolts could not be used accidentally or maliciously to hinder anyone escaping in the event of a fire.
- Potential risks to young people's safety and well-being had been identified together with strategies and guidance for staff about how to manage these risks. Risk assessments included all aspects of young people's health, social and personal care. Risk assessments were regularly updated to make sure they reflected young people's care needs.
- Some young people presented behaviours that may challenge themselves or others. Staff followed individual guidance about possible triggers and the best way to support the young person so there was minimum impact on everyone concerned. The majority of feedback from social care professionals and family members was that young peoples' behaviours had reduced since moving to the service. One family member told us, "Their behaviour and aggression and breaking things has been less. Staff give them space and they know staff are there if they need them. This has worked."

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Due to the size of the building Covid-19 testing for visitors took place in the lounge. This posed a risk that a person who is Covid-19 positive, may enter the building and be present in this communal area whilst awaiting their result. Testing protocols were being updated to minimise this potential risk.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Staff made a record of any accident or incident, detailing what had occurred and the action taken to respond to the situation. All significant events were monitored by the registered manager, so they had an overview of the service. This included updating people's risk assessments and care plans as appropriate.
- The provider told us they had recruited trainee assistant psychologists to provide a detailed analysis of incidents involving young people to identify any patterns or trends. A detailed graph of incidents involving one young person, together with the identified reasons, had been produced. The provider told us this system was to be implemented for other young people where appropriate. We will look at the progress towards these improvements when we next check the service.
- Social workers told us weekly reports of young people's well-being and outcome of incidents gave a clear overview of young people's care.
- The registered manager demonstrated through examples; the changes they had made as a direct result of lessons learned. This included changes they had made to record keeping so that important information was available to those who needed it in a timely manner.

Staffing and recruitment

- Feedback from social care professionals and family members was that there was a high turnover of staff. They said that this had made it more difficult for young people to settle once they had moved to the service and to trust staff. Out of the ten staff employed at the service, two had worked at the service for over a year; two for six months; and the remaining six support staff between one and three months. Staff at the service had got to know young people well, had developed positive relationships and achieved positive outcomes.
- Young peoples' staffing support needs were jointly assessed and reviewed with young people's social workers. Some people required one to one support and other people were able to go out independently. Staffing rotas evidenced young people were supported by the number of staff they needed.
- Appropriate checks were carried out on potential staff which included obtaining a person's work references, full employment history, right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with young people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse. They had undertaken training in safeguarding children and adults. Staff understood their responsibility to raise any concerns to the registered manager or provider, who was the designated safeguarding lead. They also knew how to contact external agencies if their concerns were not acted on.
- Feedback from family members and social care professionals was that improvements had been made to ensure young people were safe. Comments from family members included, "They took a long time to settle, but I know they are safe. I don't worry and I am really proud of them"; and "When I visited, they sat on the sofa and put their feet up and started bouncing a ball, just like it was home".

Using medicines safely

- Staff were given written guidance, so they knew what medicines young people took, what they were for

and any side effects. There were protocols for the circumstances in which young people should be given medicines prescribed as to be given 'as needed' (PRN). Staff understood that specific PRN medicines should only be given as a last resort, when other interventions had been utilised.

- Staff had received training in how to administer medicines and followed the medicines policy when ordering, obtaining and returning young people's medicines to the pharmacy. Medicines checks ensured there was a clear audit of all medicines entering and leaving the service. An external audit had identified one recommendation which had been actioned.

- A relative told us the registered manager was quick to seek medical advice about guidance when there were changes to young people's medicines. This was to make sure changes to young people's medicines had the desired beneficial outcome to the young person concerned.

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.

Staff support: induction, training, skills and experience

- Staff training plans were designed around young people's care and support needs.
- Staff induction included shadowing staff and an assessment against the standards of the Care Certificate. To achieve this award staff must prove that they have the ability and competence to carry out their job to the required standard. New staff said during their induction they got to know young people's individual needs and information about the running of the service.
- Training essential to all care staff was provided to staff, such as health and safety and first aid. They also received specialist training in positive behavioural support (PBS) which the provider had identified as relevant to their roles. Most staff had received PBS to help them support people who present behaviours that may challenge in the most appropriate way. A family member explained how staff used these skills to give young people, "Positive options" and to focus on what young people had or could do well.
- Staff had started an on-line course to learn British Sign Language (BSL) . BSL is a language using signs to communicate and is used mainly by people who are deaf or have hearing impairments. This learning was in response to one young person's request to be able to communicate with them at all times. Staff told us when they had used some BSL signs with this young person they had received a positive response.
- Staff were given opportunities to review their work and development needs through individual supervision sessions. Supervision offers support, assurances and learning, to help staff development. Staff told us they could approach the registered manager between formal supervision sessions, were given feedback on their roles and felt well supported.

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

- Before young people moved to the service, the provider obtained information about people's assessed needs from the local authority. This included information about people's education, family and social relationships, healthcare and personal care needs.
- The registered manager was involved in the assessment process and communicated with young people's social workers and family members. This was to gain as much information as possible about the potential young person and this often involved a visit to the location.
- A 'matching tool' was used to assess the risks and compatibility of each potential young person moving to the service, together with the risks of those young people already living at the service.

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

- The service acknowledged that supporting young people to maintain a balanced diet involved a balance between promoting independence and encouraging people to make healthy choices.
- Young people were supported to plan and shop for their meals and given information about healthy eating

to help them make an informed choice.

- Family members told us that young people were eating more unhealthy food since moving to the service, but that this was also a part of them gaining more independence. Comments included, "It is a difficult one. Staff weigh X (young person) and it is up and down"; and "X (young person) has put on weight as they do their own shopping and likes takeaways and burgers. It is a big ask for them to eat good food as they do their own shopping".

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Young people were supported to access health care services when they were needed. Advice from health professionals had been sought as appropriate and included occupational therapy, speech and language therapy and mental health professionals.
- Young people's physical and emotional needs were identified and monitored by staff through observation and discussion. A record was made of all medical appointments and outcomes, so young people's needs could be met. Psychology input could be accessed directly by the provider.
- Family members told us there had been some limited success in motivating young people to take part in regular exercise.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Young people aged 16 and 17 years are presumed by law to be competent. They are able to give consent or refusal to medical treatment after being informed of the options. If a 16 or 17-year-old does not have capacity to consent, they may be treated without their consent under the MCA as long as the treatment does not involve a deprivation of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the young people they supported had the capacity to make daily choices and decisions. They understood that sometimes young people's choices may appear unwise and that it was their responsibility to provide them with the necessary information, so they could make informed choices.
- The registered manager understood that best interest meetings would need to be held when it had been assessed that young people did not have the capacity to make a specific decision.

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

- The premises was a three floored-terrace house within easy walking distance of public transport and the town's facilities. This meant people were able to promote their independence by using public transport.
- Young people were able to personalise their rooms with things that were important to them.
- Shared facilities included a communal lounge, a kitchen, a bathroom/toilet and an additional toilet.

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 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; equality and diversity

- Young people were treated with kindness. A social care professional told us, "During my visits I observed staff are polite to X (young person) and respect their needs and views. They treat X with compassion, kindness, dignity and respect".
- Social care professionals and family members told us there had been a high turnover of staff which had been unsettling for young people. A family member said, "At the beginning staff changed and it was unsettled. Staff seem more constant now. X (young person) has a good relationship with all staff and a really good relationship with the manager and two support staff".
- The young person we saw at the inspection was at ease in the presence of staff. They communicated with us that the registered manager and three support staff who were with them were "Good".

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

- Young people were involved in decisions about their care and treatment.
- Young people had been asked about the best way to support them when they became agitated. When young people had responded, this information was recorded in their care plan to guide staff about the best ways to support them.
- Decisions about all aspects of daily lives were made by young people themselves. Keyworker meetings were also held, which was a formal way of involving young people and gaining their views about their care and choices in the ways they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Young people were treated with dignity and respect with the aim of promoting their independence.
- To help promote young people's independence they were given a budget for food and activities. They were involved in varying degrees in cleaning, meal planning, cooking and doing their laundry.
- There was mixed feedback from social care professionals and family members about how successful independence training had been. Some feedback was very positive describing staff as being skilled in encouraging young people to learn. Others told us there had been more limited progress towards young people gaining independence skills.
- Young people had been involved in agreements about the house rules, so they understood their responsibilities.

Is the service responsive?

Our findings

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

At the last comprehensive 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

- The service was responsive to young people's needs and provided them with informed choices.
- Staff had access to detailed information about people's likes, dislikes and personal histories. This included a clear summary of the most important things they needed to know about each young person. Staff knew about young people's interests and preferences which helped them to provide care in a personalised way.
- At regular meetings with young people, discussions took place about how things were going, progress towards goals and what they wanted to achieve. Reports were sent to each young person's social workers to give them an overview of their care including achievement towards their goals.
- Family members told us the service had been responsive in reducing young people's anxieties and associated behaviours. One family member told us, "X (young person) has high anxiety. Staff manage them well. In particular their keyworker is good at handling them".

Improving care quality in response to complaints or concerns

- The complaints procedure set out how to make a complaint about the service and how the provider would respond, including agreed timescales.
- Young people were asked about their well-being and if they had any concerns or complaints at regular keyworker meetings.
- Family members told us they when they had spoken to the registered manager about any concerns they had, these had been addressed and as a result the service had improved. Social care professionals told us when they contacted the service, they received a quick response with the information they required. There had not been any formal complaints raised by young people or their representatives.

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

- Young people were supported to follow their interests and maintain relationship with people who were important to them.
- Some young people remained in education and other young people attended the provider's day centre for part of their week. Support for one person in education had been very positive, with their attendance increasing since living at Sinon House.
- Young people were supported to go out, such as shopping, trampolining, horse riding and places of interest. Comments from family members included, "Sometimes X (young person) says they are bored. But there is a better balance now as they are going out a bit more"; and, "If I don't hear from X (young person), I know they are out having fun".

- Young people kept in contact with family and friends by telephone calls and visits. Family members told us the service was good at keeping them up to date with changes in young people's care.

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.

- The communication needs of young people had been identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. These needs were shared appropriately with others.
- A lot of information for young people was communicated using a visual format containing pictures and few words. This was because it had been assessed that young people found it easier to understand when information was presented in this way. This included meal plans, activity timetables and which staff were on duty to support them each day.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Learning and improvement was inconsistently implemented to identify shortfalls and drive continuous service improvement.
- We highlighted concerns about a designated fire door not closing fully, due to a coat hook on the back of the door, at our inspection to another of the providers services on 12 October 2021. At this inspection, we also found a fire door that did not fully close due to a coat hook on the back of the door. The provider had not used information they had about risks to make changes at Sinon House to help keep staff and young people safe.
- Internal audits were not always completed in sufficient detail to identify areas for improvement. Medication audits were robust and had highlighted where changes needed to be made to make sure people received the medicines they had been prescribed. However, only the name of the young person and a number was recorded in audits of incidents. Two days after the inspection, the registered manager sent us an incident audit for November 2021. This set out a summary of the incident, together with any triggers to help identify if there were any patterns or trends in young people's behaviours.
- Staff did not always have the opportunities to access continuous learning and support to pursue a fulfilling career. Assistant psychologists did not receive six weekly clinical supervisions, as set out in their job descriptions. Although the provider told us they provided assistant psychologists with regular clinical supervision, this was neither confirmed by staff or records. Clinical supervision focuses on exchanges between practicing professionals which may promote debate, challenge existing thinking and generate solutions to supporting the young people in their care. Therefore, assistant psychologists did not have the professional support they required to develop their role for the benefit of the young people who used the service.

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

- The aims of the service were to provide a therapeutic service and develop young people's independent living skills. Young people received sessions from an external psychologist or the provider who was a chartered psychologist. The service had a programme of training to provide staff the underpinning knowledge in therapeutic care. Some recently recruited staff were yet to undertake this training but they were supported by staff who had completed the training and/or trainee and assistant psychologists who had studied this as part of their first degree. However, assistant psychologists did not receive regular clinical support in order to help achieve this aim.

● A comprehensive independent skills assessment had been completed for two of the three young person. This had been used to establish a baseline to identify how much support the young person needed when they first moved to the service. The provider told us this assessment would be used again to identify how a young person's skills had changed in response to the care and support provided. We will look at these assessments the next time we check the service.

● The manager had been registered with the Care Quality Commission since 21 September 2021. They had notified us about important events that had occurred such as incidents where the police had been involved.

● The registered manager had obtained external support and advice to help them in their new role. They had joined the registered managers support group run by Skills for Care; were completing their Level 5 Diploma in Leadership and Management in Adult Care; and had attended a management development workshop and supervision sessions from one of the providers consultants.

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

● Everyone told us there was a positive culture at the service; that the registered manager put young people first. Comments from family members included, "The manager is fantastic and approachable. They have really helped X. They are really positive"; and "It has been well run since this manager has taken over. They have a better relationship with X and the same sense of humour".

● The registered manager led by example and worked flexibly when supporting young people. They divided their time between managing the service and providing young people with the care they needed. This had included supporting young people overnight. A family member told us, "The manager has stepped up and does an amazing job. They have come in from home on their days off work to sort out X (young person)".

● Staff told us working at the service was a positive experience as they felt supported and listened to. One staff member told us, "The office is organised and when you go there you know where things are. The manager enforces the house rules and backs you up when you do to". The house rules are an agreed list of expectations about how young people will behave when moving to the service.

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

● The views of young people were sought through individual keyworker meetings. These meetings followed a format where young people discussed any achievements, activities, how they were feeling and long and short-term goals.

● Staff were very positive about the support they received from the registered manager. This included feedback about their performance during supervisions and advice when they were supporting young people. When asked if they were involved in the service, one staff member told us, "The team and manager; I could rave about how good they are."

● Social care professionals told us they received regular reports about young people's which gave a clear overview of their life at Sinon House. This included young people's psychological well-being, achievements, significant events and progress towards goals and independent living skills.

● The service had received positive responses from a social care professional in a survey questionnaire in March 2021. This was that the service was welcoming, young people were treated with dignity and respect and the service was clean and tidy.

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; Working in partnership with others

● The registered manager understood the duty of candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Family members told us there was regular communication between them and the service.

- The registered manager worked in partnership with other agencies to enable young people to receive 'joined-up' care. This included working with social workers and community health service professionals.