

# Aspris Children's Services Limited

## Belhaven

### Inspection report

City Gate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Tel: 01473603005

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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Belhaven is a children's home providing treatment of disease, disorder or injury to up to six people. The service provides support to children and young people aged between 16 and 18 years who have difficulties with emotional wellbeing and mental health. At the time of our inspection there were three young people using the service.

This service is also registered with Ofsted and the Care Quality Commission. Ofsted are the lead regulator as this is a children's home.

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

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

There were effective systems in place to identify and manage potential risks. These were updated on a regular basis and risk assessments were seen to be up-to-date and in line with current best practice and published legislation. Records examined demonstrated that risk assessments were routinely followed and checked as being both relevant and up-to-date.

Safeguarding vulnerable children was taken seriously by staff and managers alike. Staff were trained in both safeguarding children and adults according to national guidance and staff supervision was seen to include discussions pertaining to safeguarding issues raised both locally and nationally.

Young people using the service we spoke with told us that they felt safe, part of a family and that their views were listened to by staff and acted upon.

Incidents of self-harm had been investigated in a way which minimised the risk of similar incidents recurring, meaning that young people using services at the home had been protected from the possible risk of further harm.

There were effective systems in place for monitoring the services provided. For example, making sure that important daily, weekly and monthly checks had been completed.

An effective system had been used to make sure that all policies were up-to-date. This included the most up-to-date best practice and legislation, and that they contained information that reflected current best

practice processes, including taking into account rapidly changing legislation during the COVID-19 Pandemic.

Staff had received relevant training to keep young people safe and to undertake their roles effectively. Safeguarding was taken seriously and timely actions to protect young people had been taken when needed.

Young people spoke highly of staff, telling us that they were respectful, kind and that they felt comfortable raising concerns when needed. They also told us that they felt like they had been included when making decisions about the care that they had received.

Young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in the best interests of those young people; policies and systems seen to be in place supported this 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.

The service was able to demonstrate how they would meet the underpinning principles of right support, right care, right culture:

Right support: The model of care and setting maximised people's choice, control and Independence; Right care: Care was person-centred and promoted people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 02 October 2015.

## Why we inspected

The last inspection of Belhaven children's home was on 08 March 2017. Monitoring of the service during the Pandemic resulted in no concerns being raised.

There was no evidence that the provider needs to make any improvements following on from this inspection.

## Enforcement and Recommendations

There were no recommendations or enforcement action taken in relation to this inspection.

## Follow up

There were no follow up actions for the provider to take following on from this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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

This meant that people were safe and people's feedback confirmed this.

**Inspected but not rated**

### Is the service effective?

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 meant people's outcomes were consistently good, and people's feedback confirmed this.

**Inspected but not rated**

### Is the service caring?

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

**Inspected but not rated**

### Is the service responsive?

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

This meant people's needs were met through good organisation and delivery.

**Inspected but not rated**

### Is the service well-led?

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 meant the service management and leadership was consistent. Leaders and the culture they created always support the delivery of high-quality, person-centred care.

**Inspected but not rated**

# Belhaven

## 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 under the Health and Social Care Act 2008.

#### Inspection team

This inspection visit was carried out by two inspectors from the Care Quality Commission's Children's Services Inspection team.

#### Service and service type

Belhaven is a children's home that was, at the time of our inspection, providing support to three young people aged between 15 and 18 years who have difficulties with emotional wellbeing and mental health.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was announced which means that the provider was aware of the inspection before we arrived on site. We announced this inspection in advance because during week days, we were aware that most of the young people there attended school or college.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

During the inspection visit we spoke to people who lived at Belhaven. We spoke to staff members, including managers, as well as members of the senior leadership team.

We examined and reviewed information during the visit which included policies, procedures and personal staff records and children's care records. The provider also sent us information following the inspection visit.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse:

- The provider had policies and procedures for safeguarding children and adults. We saw that these were up-to-date and reviewed regularly.
- Safeguarding policies contained information about most types of abuse. There was information for staff to refer to which detailed when a safeguarding referral should be made as well as where and to who it should be made.
- All staff who we spoke with were aware of the safeguarding process and told us that any concerns would be reported to their line manager or the local authority safeguarding team.
- We found evidence that safeguarding children and adults was taken seriously and that referrals to external bodies, such as the local authority or police, had been made promptly when needed. Referrals seen were detailed and contained important information to inform decision making processes.
- On occasions when safeguarding concerns had been identified, service user care plans and daily record plans had been updated to help keep them safe and staff were made aware.
- All staff had received training in safeguarding for adults and children that was suitable for their roles. This included a mixture of on-line as well as face to face level three safeguarding children training which was in line with best practice guidance.

Assessing risk, safety monitoring and management:

- Comprehensive risk assessments had been completed when young people had been placed at the home. This included making sure that they could be cared for safely. All young people had been given the opportunity to transition to the home over a period of time, providing an opportunity for them to familiarise themselves with their surroundings and for others already in residence at the home to get to know them.
- During the transition period, risks to and from other young people in residence were assessed and monitored. This helped to ensure that those already living at the home were also kept safe.
- All young people had risk management plans which contained key information to support staff in keeping them safe. We saw evidence that regular risk reviews had been undertaken to determine if any further action was needed and positive behaviour support plans had also been completed.
- The risk of ligaturing had been fully assessed and the provider had a policy in place for managing ligatures for staff to follow. Potential ligature points throughout the home had been checked and these were regularly re-assessed. We saw that there was sufficient information in individual risk management plans to keep young people safe.
- There were other mitigating actions to keep people safe from ligaturing. For example, all young people were monitored regularly and staff had been trained in the management of ligatures as well as having access to ligature cutters in the event of an emergency. At the time of inspection, no incidents of harm by way of ligaturing had been reported during the previous six months.

- Kitchen knives and other potentially dangerous kitchen equipment were stored in a locked cupboard and we saw that an inventory of items stored there was accurate and kept up-to-date. We did note that the cupboard was not particularly clean, but, when we mentioned this to the home manager, action was immediately taken to rectify this and the cupboard was added to the cleaning schedule for regular monitoring.
- Fire and evacuation risk assessments had been completed by an external provider prior to the pandemic, and equipment such as fire extinguishers were available and had been serviced regularly. Since the pandemic, managers at the home had undertaken their own evaluations of risk assessments and updated them accordingly, in liaison with external agencies for advice and guidance.
- We examined individual fire evacuation audits for each young person living at the home and saw that they were up-to-date and regularly checked as still being relevant. Young people living at the home were aware about what to do in the event of a fire.
- Arrangements were in place to make sure that the premises were maintained appropriately. There was a system used for reporting damage and defects. Managers told us issues reported had been resolved in a timely manner.

#### Staffing and recruitment:

- Staff at Belhaven included a small team of residential support workers who were supported by a clinical team, including; a registered mental health nurse and a psychologist.
- Managers had determined the minimum number of staff required to care for young people using services at the home safely. Rotas that we reviewed indicated that this had been achieved on all occasions.
- Experienced bank staff had been used only occasionally since the pandemic as staffing levels at the time of our inspection had returned to pre-pandemic levels.
- We found evidence that the provider had effective recruitment processes in place, which included making sure that important information such as; identity, qualification checks and references had been sought. Records that we sampled indicated that these important checks had been completed.
- The provider undertook Disclosure and Barring Service checks. This provided information that included details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely:

- The provider had policies and procedures in place to support staff in the safe management of medicines. The medicines' management policy used at Belhaven was seen to be in date and regularly reviewed.
- Staff had received training in the safe management and administration of medicines.
- Records indicated that medicines had been administered when needed and signed for correctly. Regular checks had been completed and medicines errors had been reported and investigated appropriately.
- Some prescribed medicines were used 'Pro Re Nata, as required' (PRN). Processes were seen to be in place to support staff with the administration of PRN medicines, and any PRN medicines used had been reviewed by a psychiatrist or a registered mental health nurse to ensure that they did not interact with other prescribed medication. This helped to ensure that young people's health and well-being was protected from the inappropriate use of medicines.
- Any changes to prescribed medicines had been communicated to staff, and individual young people's records had been updated to reflect this.

#### Preventing and controlling infection:

- The provider had an up-to-date infection control policy which contained information for staff to follow.
- All communal areas of the home were visibly clean. This included the lounge, dining room, communal areas and kitchen areas. Appropriate cleaning equipment was available for staff to use and this was stored securely to keep young people safe.
- We did note that the locked medicines room had surfaces which appeared dusty. We brought this to the attention of the homes manager who immediately rectified the problem and added the area to the daily cleaning schedule.
- A daily cleaning checklist was in place to support staff in making sure that all areas of the home were cleaned regularly. Where we found that certain areas of the home were not kept completely clean, such as the secure kitchen equipment storage area, action was immediately taken to ensure that those areas were added to the cleaning checklist.
- Managers told us about precautions that had been taken during the COVID-19 pandemic and how national guidance had been consistently monitored for changes and advice. This meant that changes to infection control practice were made swiftly when needed.
- Young people living at the home had been supported by staff to clean and tidy their own bedrooms. Although we saw that one of the bedrooms was untidy at the time of inspection, it was visibly clean.
- During the COVID-19 Pandemic, managers at the home acted swiftly to ensure that both staff and young people in residence had access to appropriate personal protective equipment such as face masks and hand sanitiser despite there being a national shortage of such items.

#### Learning lessons when things go wrong:

- All staff were aware of their responsibilities to report incidents and we found that when incidents occurred then they had been reported when needed. All incidents were investigated by the management team at the home.
- All reported incidents of self-harm that we examined had been fully investigated. Examples of these included when a service user had ingested medication that they had purchased when away from the home. The provider had taken all reasonable steps to reduce the risk of similar incidents re-occurring, including sharing relevant information with the shop where the medication had been purchased so that they would be more aware of the risk in future.
- We saw evidence of incidents that had happened across the organisation being discussed during staff and management meetings. We also examined evidence of when learning from incidents outside of the home had been shared.

# 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.

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:

- We saw evidence that care and support was planned in line with current evidence-based guidance. This included the delivery of interventions which were provided by a range of professionals, such as therapies and input from psychologists or GPs.
- The effectiveness of interventions such as therapies had been monitored using goal-based outcomes. Young people's progress was regularly monitored and treatment plans had been updated when needed.

Staff support: induction, training, skills and experience:

- We saw that all staff had been provided with enough skills and knowledge to undertake their roles safely and effectively. Staff were actively supported to expand their knowledge by way of external training.
- All staff received an induction at the start of their employment, outlining what was expected of them and describing their roles and responsibilities. They were also supported to undertake their roles and develop skills by named mentors.
- We found that all staff were up-to-date with mandatory training. A electronic monitoring system was used to identify occasions when training was due or had been missed.
- Staff had received regular supervision as well as annual appraisals. This provided an opportunity for staff to explore areas for further development as well as to discuss what had gone well. We also saw examples of when staff had been supported with their own professional development, such as attending external training events.
- We saw evidence that the professional registration of staff members with external bodies, such as the Nursing and Midwifery Council, had been checked regularly.
- Psychological Safety in the Mental Health Workforce training had recently been sourced and five staff members were being put forward to undertake this training so that they could better support young people in their care.
- Managers at Belhaven routinely funded staff to attend external events such as a CAMHS mental health summit and an Autism Show during 2022.

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

- Young people's daily records and overall care plans were seen to be of a consistently good quality, reflecting well the individual needs of each of the young people resident at the home. These included guidance about how to maintain a healthy diet.
- Staff had worked jointly with young people to plan their meals for the week. Joint working was also

evident when preparing and cooking meals. Staff and young people shared the same cooking and eating facilities, promoting close co-operation and allowing staff opportunity to monitor young people's dietary intake.

- Young people living at the home had access to snacks throughout the day and had been supported to buy other food and drink products that they wanted in between their main shopping trips.
- We found the kitchen and dining areas to be clean, and saw that food was stored safely.
- Food contained within refrigerators and freezers was, where appropriate, labelled with children's individual names easily identifying what was theirs. Expiry dates were clearly displayed on both chilled and frozen food items.

Staff working with other agencies to provide consistent, effective, timely care:

- When young people prepared for transition into adulthood, staff at the home engaged with external adult services at an early stage to ensure smooth transition.
- Where, for example, equitable adult services were not available that mirrored those in paediatric services, staff at the home engaged with those services to explore what other similar services might be on offer to maintain equitable service provision.
- We examined examples of when managers and staff had worked closely with other agencies to make sure that individual need of each young person living at the home had been met.
- When a young person travelled abroad, managers at the home ensured that important information, such as risk assessments, were translated into the first language of the country that the child would be visiting. This helped to ensure that information could be shared effectively to help keep those children safe. For example, we examined risk assessment documentation that had been translated into the Chinese dialect.
- Regular contact with social workers had been maintained, ensuring that all important information, such as incidents and safeguarding concerns, had been shared in a timely manner. Social workers were involved in regular reviews of young people's care.
- Where a young person had an Education, Health and Care Plan (EHCP) we saw that this was linked to the young person's personal care plan at the home.
- Staff at Belhaven would routinely contribute to EHCP annual reviews when asked to do so. They also actively monitored those EHCPs to ensure that not only were they accurate but also that they were reflected in reviews of young people's care and support.
- Where a young person was looked after (with the local authority acting as corporate parents) we saw that staff at Belhaven would engage well with the Looked After Children annual health reviews. Staff also engaged in external safeguarding processes such as review child protection conferences and other multi-agency safeguarding meetings.

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

- Young people who used services at the home had been allowed to decorate their rooms in the way that they wanted. Staff worked closely with young people to ensure that their rooms were safe but also considered their individual preferences.
- Other areas of the home had been made as 'homely' as possible to encourage young people to spend as much time as possible in communal areas.
- Areas around the home were dedicated to displaying information that pertained to subjects that the young people living there requested, such as information regarding how to stay safe when outside in the community. Where they gave permission, children's own art work was also on seen to be on display.
- Young people living at the home had access to a private garden at the rear and side of the property. This included a garden house which was regularly used to hold therapy sessions. Although the areas were

generally untidy, we were advised that managers at the home had requested additional funding from the provider to make the area more acceptable so as to encourage young people to use it more often.

- Trauma informed yoga sessions had recently been instigated at the home with staff members encouraged to take part so as to better engage young people in the sessions.

Supporting people to live healthier lives, access healthcare services and support:

- Specialist nutritional support was provided at the home by a nutritionist who works with the young people to help them make informed decisions as part of their day-to-day living.
- Staff at the home worked closely with the young people in their care supporting them to lead healthier lifestyles and access exercise. For example, one young person had been supported to lose weight which was resulting in positive lifestyle changes for them.
- Managers and staff had liaised with other health professionals, such as GPs, dentists and hospital staff, making sure that young people in their care received appropriate health related support when needed. For example, in care plans examined we saw evidence of young people being encouraged and supported to visit a dentist.

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.

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.

- We found that comprehensive capacity assessments had been undertaken when necessary and in association with the young person concerned.
- An independent mental capacity advocate was available to support service users when they had been deemed to lack capacity to make certain decisions. At the time of our inspection there was nobody in residence that had recently used this service.
- In records examined and on speaking with staff we saw and heard that they had a good understanding of Gillick Competence, a term used to determine whether a young person under 16-years of age has sufficient maturity and understanding to consent to their own treatment and care.
- Physical restraint was used as the least restrictive option by staff. Staff were knowledgeable about the behaviour of service users and told us about several strategies that could be used before physical restraint was needed. All incidents of restraint had been reported and had been reviewed by a member of the management team.



# 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.

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:

- Young people living at the home were seen to be treated with compassion, kindness and respect by managers and staff who were passionate about making sure that young people lived in a homely environment that met their needs and helped keep them safe.
- Young people who used the service spoke highly of staff. They felt that they had always been treated respectfully and given opportunities to develop and thrive.
- Young people's individual diversity was respected. For example, same sex relationships were discussed sensitively with advice and support readily available when required without judgement.
- During the inspection, we observed several positive interactions between staff and young people. This included respectful conversations as well as de-escalating behaviours when needed.
- During the inspection we observed staff being respectful and tactful in managing a potentially delicate and emotive subject with a young person in their care. This included the resident psychologist along with another member of staff supporting the young person to attend the funeral of a close and personal friend. The manager of the home had provided the young person with flowers to take to the funeral and also provided them with a plant which was to be planted

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

- Young people told us that they felt like they had been included when making decisions about the care that they had received. On occasions when service users had not been able to do something that they wished to, staff had taken time to explain why this was, so that service users understood the reasons for this.
- Meetings had been set up for young people who used the service to be able to discuss what had gone well and what improvements that they would like to be made at the home. We saw examples of when actions had been taken by staff to improve the services provided following on from these discussions.
- Parents and carers had been involved in decision making processes as much as possible. We were told that staff had taken their views into account which had resulted in positive experiences for young people at the home.
- We also heard that young people who used the service had been encouraged to speak to their own social workers on a regular basis, providing a further opportunity to express their views about the care that they had received.

Respecting and promoting people's privacy, dignity and independence:

- The privacy and dignity of young people at the home was respected by staff as much as possible. While

staff understood their responsibilities to make sure that people were safe, they also understood the need to allow young people to have time to themselves when they needed it.

- Regular observations had been undertaken in a way which respected the privacy of young people. This was mostly managed by staff and young people being in close contact within communal areas of the home, such as the kitchen and dining areas. We saw that the door to the office was always open.
- Therapeutic sessions had been undertaken in private, promoting confidentiality. Areas such as a garden house was used which was away from other young people and staff thus promoting privacy.
- Staff supported young people who used the service to undertake activities as independently as possible. For example, young people had been encouraged to prepare and cook their own meals, take responsibility for the cleaning of the home as well as doing their own laundry.

# Is the service responsive?

## Our findings

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

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:

- Children Looked After annual health reviews were seen to be contained within their individual files and, where appropriate, contributed to individual care planning.
- Extensive risk assessments were seen to be undertaken on each young person and they were reviewed regularly with them to ensure that they were accurate and easily understood. This also ensured that those young people took ownership of the risks associated with them so they could take their own steps to ensure their own safety where possible.
- Where a child had an EHCP then this was also seen to inform care planning processes. Staff took personal responsibility to ensure that EHCPs accurately reflected the young person's lived experience at the home.
- Young people were encouraged to take responsibility for their own actions and how those actions might impact on their own and others lives. One young person we spoke with told us that they were allowed half an hour each day to leave the site to take time to 'breathe' and reflect on their day. They went on to tell us that this was helping them to take ownership of their own lives and empower them to act in a responsible way.
- Young people told us that they had been supported to do things that they were interested in. Care plans had been individualised and reflected their own particular interests. Staff knew the young people in their care well.
- Risk assessments had been completed in a way which supported young people to undertake activities safely. This was important as it meant that those young people were able to access interests that they might otherwise not been able to take part in.
- Young people had been supported to access education. Online learning had also been made available for service users to complete while at the home, especially during the COVID-19 Pandemic.

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 (AIS). The AIS 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.

- At the time of our inspection there was no one living at the home who required information in an accessible format according to AIS.

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 had been supported to maintain positive relationships with their families as much as possible. This included regular telephone contact as well as families being able to visit the home or young people being supported to travel and stay with family. Pre-arranged home visits had been risk assessed and were supported by staff according to individual need.
- Activities and interests in the community had been supported as much as possible, and this included swimming and attending a special outdoor space where the young people could enjoy nature, sing or just shout out to express their feelings.
- We were told about a range of activities that had been made available at the home, including arts and crafts, music or just relaxing in the sensory area of the home.
- Young people had been encouraged to spend as much time as possible in the communal areas of the home, interacting with their peers or with members of staff. For example, young people and staff regularly sat together to enjoy meals.
- One young person we spoke with proudly showed us several children's toys that they had made using materials and equipment provided by the home. They went on to tell us that they were actively encouraged and supported by staff at the home to sell the items using an internet based online store, thus earning additional spending money and raising their own self esteem as a result of their endeavours. We examined the young persons support plan and saw that this activity had been carefully written and monitored.

Improving care quality in response to complaints or concerns:

- There was a system in place for recording and acting on complaints. There had been no reported concerns or complaints raised by service users, parents, carers or stakeholders in the previous 12 months.

# 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.

The service management and leadership was consistent. Leaders and the culture they created always support the delivery of high-quality, person-centred care.

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

- Leaders were aware of their roles and responsibilities and there was a governance structure in place to support them in undertaking their responsibilities. These included for example; mandatory team meetings, routine audit programmes and the undertaking of spot checks on medication administration records and young people's care plans.
- In records examined, we saw that systems been used effectively to monitor the services provided and areas of poor performance, where noted, had been recognised and rectified immediately.
- Important tasks, such as daily, weekly and monthly checks, were consistently completed as set out by the provider. For example, daily sharps checks, daily cleaning checks and weekly checks of emergency and first aid equipment.
- Systems had been established to assess, monitor and mitigate risks to the health, safety and welfare of young people using the service. Systems were seen to have been effective in monitoring the services provided. For example, ensuring that important daily, weekly and monthly checks had been completed.
- There were effective systems in place to ensure that all published policies and procedures were up-to-date and reflected current best practice guidance.
- Staff who we spoke with during the inspection told us that there was a positive and supportive learning culture at Belhaven. They felt supported by the management team and felt comfortable to raise concerns if ever they needed.
- All staff that we spoke with knew what was expected of them and felt skilled to do their jobs safely and effectively. They were actively encouraged to develop their own skills both internally and by way of external training.
- Managers described the senior leadership team as being open, approachable and visible.

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 provider had a duty of candour policy which reflected the legal duty to apply this when needed. There had been no incidents identified by the provider in the previous 12 months that had been identified as needing the duty of candour to be applied.
- Staff and managers were committed to being open and transparent as well as demonstrating that apologies would be given to young people using services and parents and carers if things had gone wrong.

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

- Young people spoke positively about their experiences at Belhaven and told us that they felt listened to. They felt confident about raising concerns should they have any and that they were able to have open and honest discussions with all members of staff including managers.
- Regular 'house' meetings were held between young people and staff members. This provided an opportunity for young people to talk about their home and make any suggestions about the way that services were provided. Young people felt that their views were listened to and taken seriously.

Continuous learning and improving care:

- There was a policy of continued learning at the home which included taking into account the individual needs of young people living there.
- The provider had several governance structures in place to gain assurance that policies and procedures had been followed and that they were effective.
- We saw evidence of incidents that had happened across the organisation being discussed during management meetings and examples of when learning had been shared so that improvements could be made.

Working in partnership with others:

- Managers and staff at Belhaven worked closely with other stakeholders and agencies, including young people's social workers and the police. We saw evidence of regular communication between leaders and stakeholders which supported information sharing.
- Staff at Belhaven were actively involved in young people's annual Looked After Children health reviews and, when a young person had Special Educational Needs and/or Disabilities, then they were involved in those annual reviews as well. Important information from partner agencies such as health and social care was shared and went on to inform individual care planning.