

Aspris Children's Services Limited

Belhaven

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Belhaven is a residential facility registered with the Office for Standards in Education, Children's Services and Skills (Ofsted) for Mental disorder to provide care and support for up five young people aged between the ages of 11 and 18. The service is also registered with the Care Quality Commission (CQC) for Treatment of disease, disorder or injury. Clinical staff were employed by the service who provided care and support and oversaw the care provision relating to young people's condition and treatment.

There were five young people using the service when we inspected on 8 March 2017. This was an unannounced inspection. This was the service's first CQC inspection since registration.

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.

There was a registered manager in place. 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.

There were systems in place to reduce the risks to young people in their daily living and from abuse and bullying.

Recruitment of staff was robust to ensure that young people were supported and cared for by staff who were suitable to work in the service. There were sufficient numbers of staff to meet the needs of young people. Staff were trained and supported to meet young people's needs effectively. Staff understood why it was important to respect young people and provide a caring environment.

Medicines were stored and managed safely. Young people received their medicines as prescribed.

Young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Young people's care and treatment plans were up to date and provided staff with guidance on how their needs were met.

Young people were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. Young people's nutritional needs were assessed and met.

There was a system in place to manage complaints and these were used to improve the service. The service's quality assurance processes were used to identify shortfalls and address them. This meant that the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place to keep young people safe.

There were sufficient numbers of staff to meet young people's needs. The systems for the safe recruitment of staff were robust.

Young people were provided with their medicines when they needed them.

Inspected but not rated

Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the young people who used the service.

The service was working within the principles of the Mental Capacity Act.

Young people's nutritional needs were assessed and met. Young people were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Inspected but not rated

Is the service caring?

The service was caring.

Young people were treated with respect and their privacy and independence was promoted and respected.

Young people's choices were respected and listened to.

Inspected but not rated

Is the service responsive?

The service was responsive.

Young people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met.

There was a system in place to manage young people's

Inspected but not rated

complaints.

Is the service well-led?

The service was well-led.

The service provided an open culture. Young people were asked for their views about the service.

There was a quality assurance system in place which was used to continually improve the service.

Inspected but not rated

Belhaven

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 under the Care Act 2014.

This unannounced inspection took place 8 March 2017 and was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This 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 reviewed information we had received about the service such as feedback from Ofsted. We also reviewed the Ofsted inspection reports and information we held about the service, including their registration documents and the service's Statement of Purpose.

We spoke with one young person; others using the service had declined to speak with us. We left our contact information with staff should the young people wish to contact us following our visit. We did not receive any information. We observed some interaction between the young people and staff.

We spoke with the registered manager on the telephone. We also spoke with the deputy manager and six staff, including nursing, senior care, care staff, housekeeper and integrative child psychotherapist during our inspection visit. We spoke with an education professional, and received feedback following the inspection from a social care and a mental health professional. During our inspection visit we spent time in the staff office and were able to observe handovers of information and discussions between staff regarding the welfare of young people.

We looked at records in relation to three young people's care. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Due to the small number of young people using the service this report contains general information which would reduce the risks of any young people being identified.

Is the service safe?

Our findings

There were systems in place to keep young people safe from harm and abuse. We saw that the staff regularly communicated with each other regarding the whereabouts, and welfare of young people. This enabled the staff to effectively plan the support provided to young people to ensure their safety and wellbeing, for example giving young people space or increased supervision.

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Discussions with staff showed they had a good understanding of how they recognised and minimised the risks of young people being abused. There were named staff members in the service who took a lead in safeguarding and bullying. In the communal areas in the service there were notice boards for young people which included information about how they keep safe, including in areas of abuse, bullying and radicalisation. Minutes of young people's meetings showed that they were provided with information and the opportunity to discuss these areas and any issues regarding their safety.

Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisations who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, which included improved welfare checks of young people, amending policies and updating staff on their responsibilities.

Risks to young people injuring themselves or others were limited because equipment, including electrical and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken and there were personal evacuation plans in place for each young person to ensure that staff were aware of the support that people needed should the service need evacuating. In addition there were records which showed that fire drills and fire safety instruction were provided to staff. There was a business continuity plan in place which identified actions that staff should take to ensure young people were safe in case of an emergency.

A staff member showed us the staff sleep in bedroom and bathroom. They told us the bathrooms were the same as in young people's bedrooms. These were anti-ligature which reduced the risks of young people harming themselves. A member of the nursing staff showed us the equipment they had in place to remove ligatures without further harming young people.

There was an amnesty box in the communal area, which as well as being used for young people to post their comments and complaints, could place items that they may harm themselves with, anonymously if they chose. There were areas in the service where sharps were stored and disposed of safely. Therefore the risks to young people accessing potentially harmful items were reduced.

There was a dedicated treatment area in the service where young people could receive treatment in a private and hygienic place. First aid equipment was stored in this room, a member of the nursing staff told us that they ensured that this was kept well equipped. They told us that there may be times that people

received treatment in their bedrooms and there was a portable first aid box which they could use in these circumstances. The treatment room included hand washing facilities and guidance on effective hand washing was posted above the hand wash basin. There were also stocks of protective items, including disposable gloves. This meant that there were systems in place to minimise the risks of cross contamination.

Staff we spoke with said that they felt that there were enough staff to meet young people's needs. We saw that staff were attentive to people's needs and there were sufficient numbers to ensure people could attend pre-arranged health appointments and requests for activities. For example we saw a staff member take one person to a health appointment and another staff member took a young person to the local shops.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the young people who used the service. Two staff members told us that the appropriate recruitment checks were made before they were allowed to work in the service.

A staff member told us that nursing staff took responsibility for the administration of medicines during their shift patterns which were during the day. In their absence, all staff had been trained in the safe management of medicines. In addition staff had received medicines competencies, which tested their understanding of the safe management of medicines. During our inspection we saw one staff member undertaking their assessment with a nurse. We saw a young person who had recently moved into the service go into the medicines room with a nurse where they were discussing the person's medicines and the areas that they managed independently.

A staff member told us how they monitored side effects of medicines and the use of medicines prescribed to be taken as required (PRN) with an aim to reduce these. They told us how, as a team, they had been involved in discussions and decisions with the prescribers, others involved with their care and young people, which had resulted in changes of young people's medicines which had improved their wellbeing.

Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that young people had been given their medicines at the right time. Where young people were prescribed PRN medicines, protocols were in place to guide staff at what point these medicines should be considered for administration. This reduced the risk of inappropriate administration of PRN medicines.

Medicines were securely stored in the service to ensure that they were safe and could not be accessed by young people or others who did not have the right to access them. Records showed that regular temperatures of medicines storage were taken to ensure that they were kept at a safe temperature.

Regular medicines audits were completed which showed that shortfalls were identified and promptly addressed.

Is the service effective?

Our findings

There were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. Records demonstrated that staff undertook continual professional development to keep their learning up to date. Staff told us that they were provided with the training that they needed to do their job and meet young people's needs. Records confirmed what we had been told, as well as mandatory training; staff received training in specific conditions and diverse needs. Discussions with staff demonstrated that their training had been effective because they were knowledgeable about the young people they cared for and their conditions and treatment.

New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. In addition new staff undertook training and shadow shifts where they shadowed more experienced staff during their induction. We spoke with a staff member who had recently started working in the service. They confirmed that they were completing shadow shifts and on line training including crisis management, safeguarding, putting people first, introduction to Asperger's and autism, IT security and managing challenging behaviour. They also told us that they would be completing face to face training, for example in safeguarding and restraint.

Staff told us that they were supported in their role and received regular supervision meetings. This was confirmed in records. In addition to this clinical staff received clinical supervision. Staff said that in addition to their planned supervision meetings they could request one at any time to discuss issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people, over 16 years, who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and deputy manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on young people over 16 years of age were lawful. The deputy manager told us how they had sought guidance from professionals regarding DoLS and had best interest meetings. For those under 16 years of age appropriate consent had been sought, for example from their parents. Care records showed that appropriate consent had been sought for the provision of care and treatment. During our inspection we saw a professional visit to discuss consent with a young person who had recently moved into the service.

People's records showed that people's dietary needs were assessed and met. People participated in the planning of their menu and they were advised on healthy eating. Records showed that where young people required support and treatment with their conditions, such as eating disorders, appropriate plans and guidance for staff were in place. This showed that systems were in place to support young people with the risks associated with malnutrition. Young people's daily records included information about what they had eaten each day and how their independence had been promoted in the preparation of meals. There was fresh fruit available in the service which young people could help themselves to.

One professional told us, "My experience of working with Belhaven has been positive. They have been rigorous in ensuring correct clinical paperwork is received and reviewed prior to transfer of [young people]. They have been good at communication. They are quick to highlight where there are any specific changes or concerns I may need to be aware of..."

Young people's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that young people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The service worked in partnership with other professionals in the provision of treatment for young people, including mental health professionals.

Is the service caring?

Our findings

A young person's notice board included a notice where young people had listed the 10 things they loved about Belhaven. Comments included, "The staff are funny," "Everyone is hard working," and, "Everyone care about us." One professional told us that the staff were, "Very caring, always calm."

The young people's notice boards included information about equality and diversity, inspirational quotes and celebrities with conditions such as dyslexia and obsessive compulsive disorder (OCD). This supported young people's dignity in identifying other people with similar conditions to theirs who had been successful. There were lucky dip items that young people could choose from as a reward for positive behaviours. This supported young people in their wellbeing and recognition of their actions.

There was a relaxed and friendly atmosphere in the service and young people and staff clearly shared positive relationships. Staff talked about people in a caring and respectful way. Staff understood why it was important for young people to receive compassionate care to enhance their development, wellbeing and treatment. Staff were knowledgeable about the young people that they cared for.

Young people's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as their preferred form of address, which we saw that staff respected during our visit. Young people participated in the development of their treatment, including recording and discussing their assessment of their condition, mood and wellbeing. They had also completed this is me documents which identified what was important to them in their lives. There were also groups and one to one sessions with key workers and clinical staff, which young people could attend to discuss their care and treatment. This showed that systems were in place to respect young people's views.

Records showed how young people's independence was promoted and respected. There were private areas in the service where young people could discuss and receive treatment. In addition each young person had their own bedroom which ensured their privacy.

Where required, young people had access to advocates who assisted them in their decision making. The young people's notice boards in the service provided contact details of advocacy services.

Is the service responsive?

Our findings

One person told us about the service, "I love it." One professional involved in a young person's care told us that they felt that the staff were, "Knowledgeable and informed about [the young person]." Another said that a young person was, "Getting on very well. [Young person] hasn't expressed any concerns [about the service]."

A staff member told us that they had recently started working in the service. They explained the therapy that they would be doing with young people. They had a clear understanding of their role and responsibilities in supporting young people with their treatment. As the day of our inspection visit was only their second day of working, they were in the process of learning about young people and getting them used to seeing them around the service. They understood why this was important and how building trusting relationships would encourage effective treatment and wellbeing. Another staff member told us about how the treatment of young people was overseen by the clinical staff in the service and therapies were provided to increase young people's wellbeing.

A staff member told us and records confirmed that when incidents had happened both staff and young people reflected on them. These assisted learning from incidents, reducing reoccurrence and enhanced people's wellbeing and ownership of their treatment. This demonstrated that systems were in place to develop young people's views about how they exhibited their emotions and in turn for staff to respond to how they could improve their actions when supporting the young people.

A staff member told us that young people's treatment plans and treatment provided were holistic and looked at all the areas of the young person's life to improve their development and wellbeing. This included how their home life, education, condition, leisure and health affected their lives. This was confirmed in the records reviewed. Young people's care records were comprehensive and provided guidance for staff about how their assessed needs and treatment were met.

Young people's daily records identified the care and support provided in line with their treatment plans. The records showed how the young person's day and mood had been and their own comments on this. Regular reviews were undertaken to ensure that young people's treatment and care plans were kept up to date. These were done in consultation with young people, their representatives and other professionals involved in their care and treatment.

When the nursing staff arrived on duty we saw that the staff provided a detailed handover regarding each person's wellbeing and whereabouts. In response to this the nurse allocated staff to work with young people to ensure they were provided with the support they needed.

There were areas in the service used for education and there was an educational professional who provided this support to the young people. In addition there were several opportunities where people could participate in activities, including game consoles, arts and crafts materials, growing vegetables and one to one leisure. We saw that one young person had requested to go to the local shops, and the staff member

supported this by going with them. This showed that the risks of young people becoming isolated were reduced.

There was a complaints procedure in the service, which advised young people how they could make a complaint and how this would be managed. This was also included in the young person's guide which was provided to them. In addition there was an amnesty box in the communal area where people could complete 'what I want you to know' forms.

Records showed that complaints and concerns were investigated and responded to in line with the provider's complaints procedure. Young people's comments were used to improve the service and reduce the risks of future occurrences. For example, speaking with all young people about respect for each other and staff disciplinary action.

Is the service well-led?

Our findings

The registered manager understood their role and responsibilities in ensuring young people were provided with good quality care and treatment at all times. They told us that they felt that the provider was supportive and that the staff team were, "Fantastic."

There was an open culture in the service. Young people were involved in developing the service and were provided with the opportunity to share their views. This included in the weekly young people's meetings. Minutes showed that they were kept updated with any changes, issues with safety and could share their views and suggestions to improve the quality of the service they received.

Records, feedback from professionals and discussions with staff showed that the service shared positive working relationships with professionals involved in young people's care. They worked in partnership to ensure young people were provided with good quality care which met their needs.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the manager and team leaders if they needed any advice or support. Staff were positive about the leadership in the service. Regular staff meetings were held and minutes showed that they were kept updated with any changes and requirements in the service, people's wellbeing, and the opportunity to share their views of the service and make suggestions for improvement. Staff took pride in the work that they did and were complimentary about the management and their colleagues. Two staff members told us that they felt that all staff working in the service were equals and that their views and suggestions were listened to improve the service provided. Another staff member said, "This is the best place I have worked."

Where incidents had happened there were records in place which showed how lessons had been learned and actions had been taken to reduce future risks. This included an incident where there had been a discrepancy in the checks of medicines and where a risk had been identified regarding absconding. Actions taken included further medicines competency checks for staff, and updating of risk assessments and policies. Two staff members explained how they used the lessons learned records and systems, which showed that they understood when they should be used and that they were embedded in practice to improve the service.

Audits demonstrated that checks were made in the service to ensure that young people were provided with good quality care and actions were taken when shortfalls were identified. These included audits in care records, health and safety, staff supervision, and incidents. This demonstrated that there were systems in place to continually improve the service.

Monthly audits were undertaken by a representative of the provider. These included speaking with young people, and professionals involved in their care and checks on how the service provided good quality care. Where shortfalls were identified suggestions for improvement were made and addressed to improve the service.

