Nestlings Care Ltd

Higher Tunshill Farm

Inspection report

City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Tel: 01706843777
Website: www.nestlingscare.com

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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

Higher Tunshill Farm is a children's home that provides specialist treatment and care for up to three children and young people with complex needs and mental ill-health who are looked after by the local authority. The provider is registered with the CQC to provide treatment of disease disorder or injury. The children's home is also registered with, and inspected by OFSTED as it provides accommodation for up to three children and young people under the age of 18 who are in care. The location is in a rural area of Rochdale.

We last inspected Higher Tunshill Farm in October 2016. We carried out an unannounced inspection on 15 and 16 May 2018.

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.

The service used person-centred approaches to assessing and meeting the needs of young people who live there. There is a strong focus on co-production and on developing the skills of the young people living there to enable them to transition to independent adult life.

The provider's vision of 'safety, empowerment and independence achieved by opportunity and choice' was shared and implemented by all staff and evident in all the provider's processes and policies. Young people's characteristics, personality and their wishes and feelings were demonstrated strongly throughout all records that related to them and staff knew each young person well.

Young people told us how much they liked living at the service and how their choices were respected. One young person told us, "I'm happy here, I feel like I've got a family in the house, feel like they care." Another young person said, "(Staff member) makes sure I do my exercise every day, but if I want to change it, like do biking instead of swimming, I can do that if I want."

Risk assessment and management plans were co-produced. Risks were recorded in exceptional detail to ensure staff were able to help the young people experience safe care and support.

Young people who displayed outward and challenging behaviour were helped to manage their anxieties and stressors through positive behaviour support plans. These were also co-produced with young people and provided staff with clear guidance on how to support the young people in the least intrusive way. During our visit we noted one such instance being effectively managed with sensitivity and empathy in accordance with the documented plan.

Staff worked proactively with the young people to promote their life skills to enable them to transition to independent life as an adult. Staff encouraged and supported the young people to make their own safe

choices about every aspect of their daily lives such as what to eat and which activities to take part in. Young people were also enabled to make major choices about their personal living space. One young person had designed their own room, using a computer, and had been supported with choosing and budgeting for decorating materials.

Leaders and staff had a strong, shared duty of candour. This was evident in the open and transparent culture of reporting, investigating, learning and improving from incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe.

Young people's medicines were managed appropriately and safely.

Young people were protected against the risks of experiencing avoidable harm and staff understood how to protect people.

Regular assessments of the risks to people's safety were carried out, where risks were identified these were managed safely and effectively.

Young people were supported by an appropriate number of skilled and experienced staff and safe recruitment procedures were in place.

Safe infection control practices were in place and equipment was well maintained.

Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

Is the service effective?

Inspected but not rated

The service was effective.

Young people's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

Young people were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Staff were well trained, received continued professional development and had the quality of their performance regularly reviewed.

Young people were empowered to make choices about their

food and their nutritional intake was monitored where needed.

Young people were supported to make decisions for themselves wherever able.

The service was up to date with the Mental Capacity Act.

Is the service caring?

Inspected but not rated

The service was caring.

Young people had good, meaningful relationships with the staff.

Young people were treated with respect and dignity and staff were very kind, caring and compassionate towards them.

Independence was widely encouraged and innovative methods were used to communicate with the young people as well as to support people with remaining independent.

Young people felt able to contribute to decisions about their support needs and always felt staff acted on their wishes.

Young people were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Inspected but not rated

The service was responsive.

Young people received person centred support focused on what mattered most to them.

Young people were fully involved with the ongoing development of their support needs.

Young people were encouraged to achieve their goals and to partake in activities that were important to them.

Young people were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Young people felt able to make a complaint and were confident it would be dealt with appropriately.

Young people were treated equally, without discrimination and

systems were in place to support people who had communication needs.

Is the service well-led?

Inspected but not rated

The service was well-led.

The registered manager was regarded as approachable, enthusiastic, experienced and caring.

The provider supported the registered manager by ensuring they had the resources they needed to carry out their role effectively.

The continued development of the skills and performance of the staff was integral to the success of the service.

Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

Staff were well supported through plentiful training opportunities, regular supervision and pastoral support.

There was effective working with other services and agencies, such as social care and local health services.

Higher Tunshill Farm

Detailed findings

Background to this 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. The purpose of this inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service under section 46 of the Act.

This comprehensive inspection took place on 15 May 2018 and 16 May 2018 and was unannounced. The inspection team consisted of two Inspectors from the CQC Children's Services Inspection team.

Prior to the inspection visit we reviewed information available to us about this service. The registered provider, Nestlings Care Limited, had completed a Provider Information Return (PIR) on 04 April 2018. The PIR is a form that asks the registered provider for some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law. Those that had been submitted by this service prompted us to examine, during inspection, the provider's arrangements for managing risks to the safety of the young people living there.

During our visit we spoke with two of the three young people who were living at Higher Tunshill Farm. We also spoke with the nominated individual and the registered manager, as well as several staff, including the deputy manager, two care team leaders, a psychiatrist, a psychologist, a mental health nurse and a key worker. We reviewed care files for both children that we talked with, and looked at five staff files and training records. We examined the records in relation to the administration of medicines as well as information about the management of the service and the provider's processes for assuring quality.

After our visit we also contacted a social worker responsible for the care arrangements for one of the young people. Their comments have been considered in this report.

Inspected but not rated

Is the service safe?

Our findings

Young people told us they felt safe and happy living at Higher Tunshill Farm. One young person told us, "I'm happy here, I feel like I've got a family in the house, feel like they care." A social worker involved with a young person told us, "I feel the service is very safe and have no concerns." We noted that a relative of one of the young people had left a positive comment in the comments book which stated, "We feel (my relative) is safe here, you can't put a price on knowing that your child is safe."

We found there were systems, processes and practices in place to ensure the young people were protected from potential abuse. There were clear policies for whistleblowing and safeguarding. The safeguarding policy reflected local procedures and provided guidance to staff on how to report potential abuse. Staff had received safeguarding children training to the appropriate level and standard which met the requirements of the relevant professional guidance. This was enhanced by a member of the provider's clinical staff who had safeguarding expertise and who was available for support and guidance. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation reported to them. This was evident in the good quality of safeguarding referrals we looked at. The registered manager and the deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw that previous incidents had been managed well and shared with the Care Quality Commission. This meant that the young people who live there were safeguarded from potential abuse.

We saw good systems in place to appropriately assess and manage risks to the young people and monitor their safety. They were supported to stay safe and their freedom was respected. Staff knew each young person's needs well. They had clear strategies for assisting the young people when displaying behaviours that may challenge or cause them distress. During our visit we observed one such instance where the young person's anxieties were managed quickly, sensitively, safely and without the need for further escalation.

Risk assessment and management plans (RAMP) were comprehensive and unique in relation to the specific risks to each young person. Detailed control measures supported staff to help the young people manage risks and ensured they experienced safe care and support.

In each of the two care plans we reviewed, risk assessment and management plans were detailed, comprehensive and identified each element of risk that was unique to each of the young people's behaviour or situation. For example, in one care plan we saw that very specific risks to the young person in relation to harmful social situations, their emotional health and their deliberately self-harming behaviour had been properly identified. The seriousness of these risks had been assessed according to a traffic light system (red, amber, green). Plans were in place to control the risks with specific measures and contingencies. These plans were co-produced with the young person, reviewed and updated monthly, and discussed during weekly multi-disciplinary team (MDT) meetings. As part of the RAMPs, mental health nurses provided weekly one-to-one support to each of the young people, which also included debriefing sessions with them whenever incidents arose. This ensured that risks that were specific to each young person were properly

understood and managed.

There were sufficient numbers of suitably trained staff to support the young people and ensure care was delivered safely. We looked at the staffing arrangements in place at Higher Tunshill Farm. The staff team was small and some recent vacancies were being managed by a recruitment process that was underway at the time of our inspection. The team was stable and comprised of the registered manager, the deputy manager, the home manager and eight support staff. A manager was on duty during every day, as well as three staff who provided one-to-one support to each of the young people throughout the day. Each night there were two staff in the home; one 'wake-in' and one 'sleep-in'. The wake-in staff member routinely carried out frequent observations according to the young peoples' risk management plans and these were fully documented. 'On-call' managerial and clinical assistance was also available if additional advice and support was needed. From our observations we saw that support was well organised, and this enabled the young people to safely follow routines of their choosing, both in and away from the home.

Comprehensive recruitment procedures were in place. A check of staff personnel files showed that all relevant information and checks were carried out prior to new staff commencing work. This included a competency based interview process and a Disclosure and Barring Service (DBS) check. The DBS check identifies people who are barred from working with children and vulnerable adults and informs the service provider if any criminal convictions noted against the applicant make them unsuitable.

Systems were in place to ensure that young people's medicines were managed consistently and safely by all staff. Staff received a good range of training to equip them to carry out their role, such as a competency based induction programme and certification in the administration of medication. Medicines, including controlled drugs, were obtained, stored, administered and disposed of appropriately. Random sampling of two people's medicines, checked against their medicine records, confirmed they were receiving their medicines as prescribed. Some young people had been prescribed medicines on an 'as required' (PRN) basis. Protocols were in place to guide staff when they had to administer such medicines that were specific to the individual and the PRN medicines prescribed. This helped to ensure the young people's health and well-being was protected from inappropriate use of medicines.

The areas we viewed, were clean and the toilets, bathroom and kitchen in particular were clean and well equipped. There were effective cleaning schedules which were adhered to and young people used their own toiletries and towels. Thermometers were used to monitor the temperature of refrigerators to ensure the food was fit for consumption. This demonstrated that the risks of infection from daily living were minimised.

Systems were in place in the event of an emergency occurring within the home, such as a fire. We saw contingency plans were in place in the event of an emergency or mains failure. Records we reviewed showed that checks had been carried out to the fire alarm and regular fire drills were undertaken. We saw an up to date fire risk assessment as well as personal emergency evacuation plans (PEEPs), detailing the level of support required by each young person during an evacuation of the building. This means that information was available to assist staff and the emergency services in keeping people safe.

Health and safety risk assessments and checks to the premises were also completed. We saw a sample of documents to show equipment and services within the home had been serviced and maintained; these included the testing of small appliances and gas safety. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

Inspected but not rated

Is the service effective?

Our findings

Young people we spoke with told us that Higher Tunshill Farm was effective in meeting their needs. One young person told us, "(Staff member) makes sure I do my exercise every day, but if I want to change it, like do biking instead of swimming, I can do that if I want."

The social worker involved with one young person told us, "The staff are all very approachable and manage their (the young person's) behaviour really well, their key worker is pushing to help find a suitable education place and advocates really well for them."

Young people experienced good outcomes through care and treatment that reflected current thinking and approaches about holistic planning and building the right support, the NHS England's National Service Model for services for people with learning disabilities, autism, mental health problems or behaviour that challenge.

Young people living at Higher Tunshill Farm received care, support and treatment for their physical, social and mental health needs from a multi-disciplinary staff team. The weekly multi-disciplinary team (MDT) meetings ensured that a young person's individual and evolving needs were monitored well and any changes in care were considered dynamically. There were also monthly clinical case management meetings for considering the young person's holistic needs regularly and routinely. Young people's care plans were updated monthly, which ensured that their plans reflected their current needs. We saw an example of good partnership working with a dietician who was supporting a young person with food planning, food shopping, cooking and exercise.

Staff worked well with other health providers to ensure young people were provided with effective care. For example, one young person was admitted to an adolescent inpatient service due to a deterioration in mental health and increased risk. Staff worked closely with the inpatient facility to plan and implement a package of care. This called for the deployment of five members of staff from the home to the inpatient unit to enable the continuity of the young person's care. This promoted better outcomes and facilitated the person's early discharge.

One young person was supported to use a computer to help them with planning their meals, trips and the design of their bedroom within a budget. The use of technology to aid communication was enabling the young person to not only improve their communication and life skills but also facilitating their transition towards independence as an adult.

Positive behaviour support plans (PBS) were comprehensive and ensured young people were supported to manage their own outward behaviour in the least intrusive way. Staff explored a variety of ways of supporting young people when they showed behaviour that may challenge. Individual Positive Behaviour Support plans included detailed guidance for staff on which behaviours the young person might display and what the staff needed to do to help them. The voice of the child or young person was clearly evident

throughout the records we reviewed, demonstrating a strong focus on co-production. For example, in one person's PBS plan we noted a series of instructions to staff about how they should support the young person in reducing anxieties and stressors to help to calm their escalating outward behaviour. These were written in the young person's voice and took the staff through a series of steps that routinely emphasised praise and reward. Good records were made detailing what happened before, during and after each instance with clear evidence of these strategies being used. During our inspection we observed an instance where the staff supported the young person during an episode of anxiety and according to the documented plan. Staff were effective in building the right support for people with the least intrusive option so that they experienced better, more positive outcomes.

Staff were knowledgeable and competent at delivering treatment, care and support to this group of young people. This included appropriately qualified mental health clinicians. The multi-disciplinary team was comprised of staff with a range of skills and competencies. As well as the support staff based at the home the team included a consultant psychiatrist, a clinical psychologist, mental health nurses and an occupational therapist. All staff worked together to ensure that children and young people experienced good care. Although we found the person-centred care plans were a real strength, specific mental health outcomes were not clearly identifiable. It was clear how young people had made progress against short term goals from one monthly meeting to the next. However, it was not clear how the long term desired mental health recovery would be measured for each of the young people.

Multi-disciplinary working also supported the development of staff. Non-clinical staff told us how well they were supported by their clinical colleagues. This included regular debriefing sessions to enable staff to review action taken, check how staff were feeling and whether they required any additional support. One staff member told us, "There's good back up and I feel very supported."

Staff were supported to develop their knowledge and skills and for clinical professionals to maintain their registration with their professional bodies. Mandatory training included; safeguarding children and child sexual exploitation, first-aid, fire safety, medicines administration and food hygiene. On commencement of their employment, new staff completed an induction programme and mandatory on-line training. Competency assessments were completed and signed off during a probationary period so that staff were skilled in supporting young people.

Additional specialist training was arranged according to the needs of the young people placed at the home. For example, training in autism and in a bespoke programme known as Positive Management of Violence and Aggression (PMVA). This equipped staff with the appropriate skills to work with this group of young people.

Clinical staff participated in a range of professional supervision. For example, mental health nurses received clinical supervision, whilst the psychiatrist and psychologist engaged in regular peer review. This was in addition to the monthly case management review meetings which enabled staff to understand the evolving needs of the young people and any progress they were making.

Young people were provided with a nutritious diet. The kitchen was large, clean and well equipped and young people were supported to prepare their meals and drinks with cooking activities such as baking. Young people decided on their menu for the following week at weekly residents' meetings. One young person told us they accompanied staff to do the weekly shop. This was promoting the involvement and independence of the young people as well as encouraging good food choices.

Consent to care and treatment was sought appropriately in line with legislation and guidance. All young

people coming into the home received a Mental Capacity Act assessment in relation to providing consent for each aspect of their care. Young people under 16 were also assessed for their competence to provide consent against an established standard known as 'Gillick competence'. Capacity and competence were reviewed regularly as part of the multidisciplinary planning approach. We saw that appropriate consent was gained for each young person and for different activities and types of support. Records we looked at demonstrated that young people were provided with clear explanations and understood what they were providing consent for. This level of enablement was further supported by access to an independent advocate who visited the home on a regular basis. This meant that young people had their wishes and feelings heard and that they were involved in making decisions about their lives.

Inspected but not rated

Is the service caring?

Our findings

We found a strong, visible, person-centred culture at Higher Tunshill Farm. Both staff and management were fully committed to ensuring people received the best possible care in a warm and caring environment. One young person told us "I'm happy here, I feel like I've got a family in the house, feel like they care."

Staff provided care and treatment in a sensitive and empathetic way, with an emphasis on involving young people in decisions about their daily lives. During our inspection we observed how staff interacted with the young people using the service. We saw conversations in the kitchen whilst a young person prepared breakfast; we were present in a young person's bedroom when a staff member was discussing the young person's daily activities; we also saw a humorous, spontaneous conversation between the registered manager and a young person. Throughout those conversations the young people enjoyed a good rapport with staff. Staff facilitated conversations in a considerate and respectful way, displaying kindness and empathy, and within a happy and positive atmosphere. On another occasion we observed the sensitive and discreet application of a young person's positive behaviour support plan by two staff members who adopted strategies that the young person had identified in their plan as being helpful.

We talked with staff about the support they provided. Staff spoke affectionately and sensitively about the young people and clearly took pride in providing a person-centred service that met their individual needs. Conversations with young people, staff, and a review of care plans, showed that staff members knew the individual personalities of the young people very well and were attuned to their personal wishes and feelings. This was reflected in the daily diaries and the records of the multi-disciplinary team meetings where the young people were spoken about with the same degree of insight and respect.

Staff assisted the young people to develop their independent living skills, such as domestic tasks, cooking and decorating their living space. The positive impact of this on the young people was demonstrated in the minutes of the resident's weekly meeting, it was noted them saying how much nicer the hallways looked and what colours they would like for when the lounge was decorated. The young people were also encouraged to follow activities of their choosing and were supported to explore activities in the local and wider community such as swimming, horse riding and using the library. One young person we spoke with told us how they were planning their Summer holiday. They had compiled a list of places they wanted to visit, had researched each option with their key worker and had decided on a particular holiday centre where they could carry on the activities they enjoyed. The young person told us that staff had helped them to make their own choice about where to go and that they were excited about going on the trip.

All plans and records overtly depicted the voice of the young person and clearly reflected their wishes and feelings. Our review of care plans showed that young people had been involved in identifying their needs, setting goals and planning their care. Co-production was evident through our conversations with the young people who told us they felt they had been able to express their wishes and feelings about how they lived their lives and the ways they were supported to make safe and informed choices. All of the records were written in the first person and strongly depicted the voice of the young person. This level of co-production showed that the provider valued young people and promoted the development of personhood. It also

demonstrated support for the underpinning principles of 'Building the Right Support' the NHS England's National Service Model for services for people with learning disabilities, autism, mental health problems or behaviour that challenges.

The educational needs of the young people were also met and plans focused on their individual learning requirements. Staff worked proactively to support young people with their education and advocated on their behalf to ensure they received the best possible placements. One young person who was attending college demonstrated the positive impact this was having on her, she told us, "The staff are good role models, if it wasn't for their encouragement I wouldn't be attending college. Staff are also helping me with my university options and helping me to plan where I will live when I turn 18".

We saw staff were proactive in their efforts to liaise with the local authority and had advocated for another young person to help find a suitable educational placement. This was an important enabling feature of the work of the staff at the home as it means young people had better opportunities to realise the benefits of continuing education on their personal aspirations.

We found there was a strong focus on preparing young people for adulthood with creative ways of supporting and enabling their transition to independence. One young person told us how her mental health nurse had arranged a joint meeting for them with the adult mental health team. She explained how she felt supported by the staff in helping her with independent time and managing her own small weekly budget. These transition arrangements were also reflected in the young person's care plan. This meant that the young person was enabled to develop more skills they would require as they approached independent living.

The young people were supported to maintain relationships with friends and family and to help them to avoid becoming socially isolated. For example, one young person who wished to maintain their relationship with a relative was supported to do so. Young people were also supported to build and maintain peer relationships with each other and young people outside the home with the intention of developing support networks through transition. At the time of our visit one young person was being supported to maintain a friendship with another young person in one of the provider's other settings including joint therapy sessions. This was part of a plan to facilitate transition for both young people and continuity of peer support as they prepared to move onto adult services.

Each young person was allocated a key worker and co-key worker on admission to the home. One-to-one sessions took place and records were completed detailing the discussion. We saw that care plans were kept under constant review during the weekly multidisciplinary team (MDT) meeting and updated when needed by the young person's identified keyworker. Any emerging needs were appropriately responded to. This meant that the delivery of support reflected the young person's current needs and wishes.

Inspected but not rated

Is the service responsive?

Our findings

Person centred care planning was strong. Young people experienced comprehensive, individualised and holistic assessment at referral, pre-admission and on an ongoing basis whilst resident at the home. This included an emphasis on co-production and an understanding of the young person's characteristics and personality. We looked at the care records for two of the three young people living at Higher Tunshill Farm. Records demonstrated continuous comprehensive assessment whilst resident at the home. Each of these assessments were individualised, holistic and took account of other professionals who were involved in their life. For example, we saw that plans arising from Looked After Children processes, including health assessments, also featured prominently. Assessments also took account of contributions from other services such as social care through 'education, health and care' plans and 'looked after children' plans.

Files and records clearly demonstrated the voice of the young person. These included records detailing the young person's support, treatment, education as well as the notes of the keyworker. Plans had clearly been co-produced with the young person. For example, a section entitled 'Who am I' included information about the young person, their personal preferences, likes and dislikes, interests and hobbies. This highly visible pen picture ensured that any new staff coming into the home would quickly be able to understand each young person's unique characteristics and personality.

Young people's care and treatment was co-ordinated through a key-worker and was monitored through the weekly multi-disciplinary team meetings to ensure it reflected their evolving needs.

Staff told us communication was good between the team and that any changes in support needs were discussed during the staff handover at each shift change. A communication diary was also used to pass on important information and planned activities for the day such as medical appointments. Each of the staff we spoke with felt the team worked well together and were consistent in their approach with each of the young people.

Weekly residents' meetings enabled young people to play an active, collective role in the way the home was organised, such as choosing menus and activities. A variety of leisure activities were organised to meet young people's needs and enable them to fulfil hobbies and interests. These included baking, horse riding, swimming and cycling. Physical activity and dietary support was incorporated into care plans to promote healthy lifestyles.

Records showed that young people's interests, hobbies and goals were the basis for activities that were sourced for young people. The weekly resident meetings also played a part in helping staff structure forthcoming activities. Young people were also enabled to participate in activities of their choosing if they changed their minds at short notice. Planned activities included; arts and crafts, board games, DVD nights and baking. Two of the young people requested a pamper night and this was facilitated by the staff. Community activities such as, local walks, horse riding, visiting museums and swimming were also routinely and regularly offered and we saw that these offers were taken up. For example, one young person was supported to join a local gym as part of an exercise and healthy eating plan that they had played a major

role in developing with their key worker and dietician. This young person told us how they were really pleased with their progress since starting this programme and particularly enjoyed swimming with their key worker.

Staff encouraged and supported the young people to personalise and decorate their rooms to their own liking. One young person we spoke with explained how they had been given complete control of the design process of their bedroom, from choosing the colour scheme, furniture and furnishings, to budgeting and shopping for the items and producing a power point presentation of their project linked to their educational outcomes. This helped to promote their self-esteem, build self-confidence, increase their sense of belonging in the home and add value to their overall therapeutic outcomes.

Young people were enabled to raise any concerns and complaints about the home and these were positively responded to. We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told that each young person and their parent or carer were provided with a copy of the 'children's guide', which explained how to make a complaint and who they could speak to. Complaint forms were available in the home. Both the young people we spoke with told us they felt able to speak with staff or the manager if they were worried about anything and they provided us with examples of when they had raised issues and they were attended to. We were told the young people were happy to talk about any minor grumbles as they arose and we saw evidence of this in the minutes of the weekly resident's meetings. We found effective systems for reporting complaints and concerns were in place and demonstrated issues were taken seriously and acted upon.

Inspected but not rated

Is the service well-led?

Our findings

The service is very well-led because of the provider's overall culture of person-centred, holistic approaches to care, health and well-being. This was a vision that was shared and implemented by all staff and evident in all the provider's processes and policies.

There had been a change in the registered manager since our last inspection. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager was supported in their role by a deputy manager, a home manager, an acting team leader, two shift leaders and five support staff. The service was also in the process of recruiting two further support workers and had appointed an additional team leader. A number of healthcare professionals were also involved with the service to support staff in meeting the specific needs of the young people living there. These included a consultant psychiatrist in child and adolescent care, a clinical psychologist, a psychotherapist, an occupational therapist and two registered mental health nurses. The provider's integrated governance structure included the clinical and non-clinical leaders of the home.

There were clear, integrated governance processes involving clinical and non-clinal leaders. Weekly multi-disciplinary team meetings and monthly case management meetings provided the means to monitor and develop young people's support plans dynamically so they met their evolving needs. The contributions of the young people who lived at Higher Tunshill Farm were embedded at different levels throughout these processes. This included, resident's meetings, co-production of support plans through regular work with key workers, contributions to multi-disciplinary team meetings and case management meetings.

We saw there was a clear, strong, vision and strategy in place. The provider's Statement of Purpose set out this vision. This was to provide, "Safety, empowerment and independence achieved by opportunity and choice, facilitated in a homely environment with excellent standards of care and committed staff team." During our visit and discussions with leaders and staff we found plentiful evidence that this vision was shared by everybody who worked at the home. For example, person-centred care planning was a real strength. Young people and staff told us how they worked hard together to co-produce support plans and this was clear and consistent throughout the range of documents that we looked at. The Positive Behaviour Support Plans and their implementation, the arrangements to support transition to independence and the personal choices around living space and activities exemplified this approach.

Leaders fulfilled their duty of candour through an open culture of reporting incidents, comprehensive investigations, learning and improvement. This culture was shared by all staff and managers. We checked our records before the inspection and saw incidents that CQC needed to be informed about had been notified to us. This information helps the CQC to monitor the service and check that appropriate action has been taken to ensure the young people are kept safe. During our visit we looked at local records of such

incidents and saw that the provider had carried out comprehensive investigations and reached findings that were shared with the rest of the staff team to ensure there was a shared learning at each level of the service. This was also borne out in our discussions with staff who told us that they had been enabled to reflect upon incidents. This demonstrated that there was an open and candid culture toward learning and improvement.

There were robust quality assurance processes that included monthly audits on all aspects of the home's performance, such as audits of medicines administration and of the way respect and dignity was maintained. We looked at how the senior management team monitored the quality of the service provided. Good quality assurance systems were in place to ensure the service was meeting its aims and objectives and to ensure that the young people were safe, happy and had a positive experience. Systems were in place which continuously assessed and monitored the quality of the service and the application of the provider's policies and procedures. We saw that a variety of audits were carried out on a monthly basis to ensure that all procedures were followed. For example, the monthly medicines audit identified all areas where there had been any errors or omissions. Each reported occurrence was robustly followed up and procedures were modified or strengthened as a result including any identified training needs of staff members. Similarly the privacy and dignity audit examined care plans and records to ensure that they preserved and respected the rights of the young people living at the home. This was further evidence of the young people being at the centre of the provider's approaches.

The multi-disciplinary team meetings were used as a forum for tracking the progress of the young people against outcomes in their care plans. This enabled plans to reflect the evolving clinical and social needs of the young people.

Monthly case management meetings also took place where the young people were invited to contribute items to the agenda. Feedback was provided to the young people at the end of the meeting confirming that their contributions had been valued, considered and respected.

Regular residents' meetings were held and the young people were encouraged to have a say on the day-to-day running of the home, including what they wanted to eat and how they wanted the home decorated.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Staff were provided with a variety of training delivered in house, externally and online. Training attendance was well monitored by the provider through the use of a training database. Supervision processes including regular case management and clinical supervision and pastoral support were in place and these processes were well managed.

All staff had access to the whistle-blowing procedure (the reporting of unsafe or poor practice). Those staff we spoke with felt confident that any concerns raised would be listened to and dealt with. Staff told us of examples when this had happened. This culture of openness where staff feel comfortable in raising concerns helped to keep the young people safe from harm. Duty of candour was evident throughout our interviews with staff, management and review of the records.

We found good evidence of partnership working. The service worked well with other agencies such as social care, adult mental health services and education for the benefit of the young people living at Higher Tunshill Farm. For example, we saw good liaison with the local authority in relation to supporting the implementation of one young person's Education, Health and Care Plan.