

Young Foundations Limited

The Daltons

Inspection report

Dalton-le-Dale
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 8 February 2015 and was unannounced.

At the last inspection in August 2014 we found the registered provider was compliant with the regulatory requirements.

The Daltons provides accommodation for six people up to the age of 26 who have additional learning needs and/ or mental health issues. It is located in a village with good local transport links into Seaham, the nearest town. The staff see the home as transitional accommodation which provides people with opportunities to develop independence skills and coping strategies.

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.

Staff were able to describe to us what actions they took to safeguard the people in the service. This included using information available to them to support people make decisions about their relationships.

The service had risk assessments in place for the building and the environment. These were updated on a regular basis. The people who used the service also had risk assessments in place and guidance was provided to staff to ensure the risks to people were minimised.

We found the service complied with the Article 12 of the UN Convention on Children's Rights which states every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. We found the service had arrangements in place to give people a voice in matters which affected them.

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. We found the service not only complied with the framework but also supported the people to increase their understanding and capacity to make decisions.

With the agreement of the registered provider the registered manager had put in place a range of training in a training plan in which could be delivered at times when the running of the service would not be disrupted. We also observed a member of staff being coached by a visiting psychologist about how to work with a person on a particular subject.

We found there was a range of communications systems in place to support a flow of information and keep staff informed about the actions and needs of people using the service.

Staff promoted the independence of people by working with them on practical skills. Staff also recognised that independence required confidence and resilience in people which they promoted.

The registered provider had used an electronic system to identify people's patterns of behaviour and had identified times in the week where a person was most at need. Actions had been put in place to ensure the needs could be met.

We found powerful examples of how the service had impacted on the lives of people using the service. Details of the examples we found cannot be disclosed in this report as it may lead to the people being identified.

We found choice was a key issue in the service. We found young people were offered choices by staff to participate in activities which supported their growth and learning as well as increasing their confidence.

Staff were aware of the importance of the environment to ensure people had stability at The Dalton's before they could engage in a therapeutic process.

Care planning was regularly reviewed and the care plans gave a context about the people's needs as well as providing a rationale about how people should be treated.

The service commissioned a psychologist who visited the service weekly to provide support to people and staff alike. This meant there was a psychological perspective in the service which promoted people's growth and potential.

The registered manager demonstrated to us they were passionate and committed to the service. They spoke about making sure the home was comfortable and people were able to develop whilst living at The Daltons.

The registered manager completed a monthly report for the registered provider each month which detailed the progress the service had made and any events which had occurred in the service. The registered manager gave details of actions they had taken.

The service had in place surveys to monitor the quality of the service. At the time of our inspection the registered manager was awaiting further responses before analysing them to measure the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received training in safeguarding and were able to describe to us what actions they took to safeguard the people in the service.

We found the staff carried out robust checking procedures to ensure staff working in the service were safe to work with vulnerable people.

The registered provider had in place systems to reduce and prevent the risk of fires. Updated risk assessments on the building and the environment meant that staff and the people were kept safe.

We found the service had arrangements in place to give people a voice in matters which affected them. This meant the service complied with the UN Convention on the Rights of the Child.

Is the service effective?

Good ●

The service was effective.

People were involved in the menu planning for the week and were supported by staff to consider health eating options.

Staff received regular supervision and annual appraisals to support their learning and development.

The registered manager had sought local training which met the needs of the staff and could be delivered at times which did not cause a negative impact on the running of the service.

Is the service caring?

Good ●

The service was caring.

The staff promoted the emotional independence of people along with the development of practical skills.

We found the service was built around the people and staff

demonstrated the values of equality, compassion and respect. We found the principles of advocacy were embedded in the service and both staff and people alike understood its purpose.

The service had advocated on behalf of people who used the service to ensure their needs had been met.

Is the service responsive?

Outstanding 

The service was very responsive.

We found powerful examples of how the service had impacted on the lives of people using the service. However it would be difficult to go into detail in the report as this would enable the people who lived in the service to be identified.

Staff had developed trusting relationships with people who used the service which meant people were able to approach staff on issues which mattered to them.

Staff had ensure that people's environments had met their needs to increase their safety and generate security so they could engage in therapeutic processes.

Is the service well-led?

Good 

The service was well led.

The registered manager was aware of the needs of each person who used the staff and was able to engage and provide support to both staff and the people in a consistent and caring manner.

The registered provider had in place a monthly requirement for managers to complete a report which detailed any events in the service and any progress which had been made that month.

At the time of inspection the registered manager had begun to conduct a quality survey of the service and was awaiting more responses so they could analyse them and ensure their analysis was a true reflection of the service.

The Daltons

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 8 February 2015 and was announced. The registered provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. No concerns had been raised with us about the service by the local authority safeguarding team or people's respective commissioning teams. We contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we looked at four people's care records. We spoke with the people who used the service and observed their interactions with staff. We spoke with visitors to the home and asked for feedback from other professionals. We also spoke with the operations manager, the registered manager, the deputy manager and four staff members.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the registered provider.

Is the service safe?

Our findings

We found safeguarding people was a key feature of the service. Staff had received training in safeguarding and were able to describe to us what actions they took to safeguard the people in the service. For example notifications to CQC demonstrated the lengths staff were prepared to go to find people if they did not return on time. Staff were aware of Claire's law and had used it to work with the police so the people were aware of any risks posed to them by other people with whom they were in a relationship. Clare's law is a term given to a Domestic Violence Disclosure Scheme which gives members of the public a 'right to ask' Police when they have a concern that their partner may pose a risk to them or where they are concerned that the partner of a member of their family or a friend may pose a risk to that individual. One person explained to us they had received the information but were "OK in the relationship".

We saw that peoples' cash was kept safe and money was handed over to the people as and when they needed it. Cash checks were in place and each handover and the staff signed to say they had received the monies. Cash, medicines and peoples' personal information was stored in room covered by CCTV. The registered manager told us the CCTV was reviewed only if there were any discrepancies.

We looked at three staff recruitment files and found the registered provider had a robust recruitment process in place. Prospective staff were expected to complete an application form detailing their skills, previous training and experience. The registered provider sought three references for the person, one of who was their previous employer. Interviews were conducted by the provider to assess if the applicants were suitable for the roles. The registered provider also carried out a Disclosure and Barring Services (DBS) check to ensure the staff employed by the service were suitable to work with people using the service.

The provider had in place weekly fire alarm testing and regular fire drills. In order to support the people who lived at The Daltons evacuation information was presented in a pictorial format throughout the building. Maintenance arrangements were in place for the fire alarm and fire extinguishers. The registered manager showed us annual portable appliance testing (PAT) to ensure electrical items were safe. This meant the registered provider had put in place systems to reduce and prevent the risk of fires.

The registered manager explained to us how the rotas were drawn up to meet peoples' needs. We found there were enough staff on duty to meet the needs of the people using the service. This included high levels of supervision and support, working with people on a one to one basis and taking people out for activities. Sessional workers are employed by the service to provide a consistency of care and stability for the people. The registered manager told us they would not employ agency workers in the service due to the lack of stability it would bring for the people. We found there were enough staff on duty to meet the needs of people.

The UN Convention on the Rights of the Child is for children up to and including Article 12 of the Convention states every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. Some of the young people in the service met the age criteria of the Convention. This meant they under the age of 18 years. We saw people in the Daltons had

multiple ways to have their voice heard. They had easy access to staff and the registered manager throughout the day to discuss worries and raise issues. They had one to one meetings with their keyworker and the psychologist planned into their timetable a meeting to give them a chance to talk. In addition they had readily available access to the complaints process and a person's meeting where the menu for each week was discussed. We found their views were taken seriously. This meant the service had arrangements in place which specifically addressed their rights.

The registered manager explained to us that Article 8 of the Human Rights Convention meant different things to different people using the services. For some people it was a positive experience to have contact with their families. We found that where required the service offered choice and promoted the Article 8, the right to respect for private and family life, home and correspondence.

Staff repeatedly told us about the open culture in the home where views could be aired and staff were able to professionally challenge each other. However at the same time staff were aware of the registered provider's whistle blowing policy. Staff reassured us they would use the policy if they felt the need to but also told us this was unlikely given the open and professional dialogue between the staff. This meant the people who used the service had increased protection due to the open team culture.

We found accidents and incidents were recorded. These were directly recorded onto an electronic system to which the registered manager had constant access. We saw the registered manager was able to review the reports when they were off duty. They had reviewed the information to ensure the likelihood of an accident reoccurring was minimised.

All risk assessments about the home were reviewed and updated monthly or as and when required. The risk assessments about the people living in the home were reviewed monthly and the people were encouraged to participate in the review. The people were aware of the risks and spoke with us about them.

Issues of safety in the building had arisen for one person. The registered manager and demonstrated to them how the home was safe with an alarmed front door and the rear access of the property secured. This meant the person felt safer in the home.

We checked peoples' medicines and found these were stored in a locked cabinet. Medicines received into the service were signed for by two members of staff. During our inspection a GP had taken a person off their lunch time medicines. The lunch time dose was stored at the person's place of study. A member of staff visited the person's college and collected the medicine. They explained to us this was to avoid any confusion and keep the person safe. We saw people had in place plans for their medicines including PRN plans which is used for people who require as and when medicine. We saw the service had in place Medication Administration Records (MAR) and these were up to date with no gaps in the signatures. People confirmed they got their medicines on time. We found medicines had been safely administered according to each person's needs. We also found first aid boxes had been regularly checked for their contents and to see if the contents continued to be in date.

The service had a vehicle and we found the vehicle safety checks were regularly carried to keep people safe. Staff described to us how they had annual checks carried out on their driving licence to ensure they were safe to drive people.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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. We saw some people in the service were subject to the Court of Protection which required them to live at The Daltons. The registered manager told us that whilst people were subject to the Court of Protection it was also good practice to make a DoLS application to the local authority. We found assessments had been carried out and appropriate applications had been made to deprive people of their liberty. Staff had received training in the MCA and DoLS and were able to tell us the restrictions this placed upon people. The people who used the service were also able to tell us about the level of support they needed. One person said, "I always go out with staff."

The registered manager demonstrated to us how they worked with the people in the home to increase their capacity and told us of circumstances where a person was deemed not have capacity but the service had discovered it was about the use of language rather than a person's understanding. We saw people were given opportunities to learn for example using on-line learning to increase their understanding. One person said, 'I now understand'. They showed us certificates they had printed off to demonstrate they had achieved 100% using an on-line course. This meant The Daltons actively promoted people having increased capacity and understanding in issues which affected them.

Staff appraisals were carried out by the registered provider on the individual staff member's anniversaries of them joining the service. Staff confirmed to us they had been appraised and were also supported on a regular basis with supervision meetings on an individual basis with their line manager. We reviewed the supervision notes and found staff had been engaged in conversations about people, safeguarding and training needs.

We saw the registered provider had in place training courses for staff. The registered manager explained the delivery of the courses did not fit with the shift patterns of the staff and the needs of the people. They had sourced more local training courses so they could be flexibly delivered to meet the needs of the service. With the agreement of the registered provider the registered manager had put in place a range of training and had a training plan. The registered manager showed us all staff had been signed up to do the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn and we asked the registered manager why all staff had been signed up to it. The registered manager told us they believed it was a good opportunity to support staff and give everyone some refresher training.

We found staff were appropriately trained to meet the needs of the people using the service.

Learning opportunities were also provided by a psychologist who was commissioned by the service. We observed the psychologist coach a member of staff in developing an activity for a person around understanding their own needs. The member of staff listened to the psychologist and together they developed an activity for the person to help them learn about relationships. This meant tailored learning was available to staff to specifically address the needs of people.

One member of staff had shared their knowledge and written guidance for new staff which enabled positive working and learning together and shared their best practice. For example the guidance on 'Missing from placement/missing person' began with the bullet point.' Don't PANIC – get a piece of paper and a pen!!'. Other guidance included the completion of a notification. This meant staff worked and learned together to support each other and deliver a consistent and effective service.

Communication was a key skill used in the service. We found staff communicated well with each other about the people they supported especially regarding emotional wellbeing. One example we observed was how a member of staff found out why a person appeared unhappy. That member of staff immediately passed this detail on to another staff member who then was able to engage with the person appropriately using empathy.

Records were updated daily and this provided a source of communication between staff. In addition we found there were handover records which highlighted essential information to the next member of staff coming on duty. A book for the weekly visit of the psychologist was in place so staff could record questions and discussion points they had come across during the week. The psychologist provided clinical notes for the staff to read. The staff also had a daily reading file in the office which contained information useful to know for example we found copies of the staff meeting minutes and NICE guidance in the file. This meant there were arrangements in place for the flow of information to keep staff informed about the actions and needs of people using the service.

One person had moved into a new room and had asked for their shower room to be converted into a bathroom. With the assistance of staff the person had written to the registered provider to ask for this conversion. In a monthly report we saw the registered provider had responded to the person and agreed get a contractor to get an estimate. By the time of our inspection the conversion had been written into the budget for the home and was planned. This meant the registered provider listened to people about their needs in the building and put in place arrangements to meet them. The bathroom alterations had been planned to coincide with a holiday to avoid minimum disruption to the person.

Staff had established good working relationships with the people who used the service and used these relationships to de-escalate situations. The registered provider had in place a restraint policy and staff were trained in the Management of Actual or Potential Aggression (MAPA). Debrief sessions were used to analyse the situation and people were included to look at what happened. This meant everyone was supported to prevent a reoccurrence.

People met each Sunday with support from staff for healthy options to plan the week's menu. We saw shopping was carried out by the people with support from staff and people understood about healthy choices, eating regularly. We found there was easy access to drinks and snacks during the day should people need them. People were aware of the difference between the shared food in the house and the need to respect each other's personally bought food or drink. Daily checks were in place to ensure food that was out of date was discarded.

Is the service caring?

Our findings

One person visiting the home said, "Staff were very caring and welcoming. You always get offered a cuppa." Feedback from one professional in a survey described the home as having, 'A warm and welcoming environment'.

We found the managers and staff were committed to a strong person centred culture. All staff delivered the care with compassion, dignity and respect. We found the service was built around the people and staff demonstrated the values of equality and independence.

The focus of the service was on the whole person's well-being. We found the people had plans to address both their physical and emotional health. This included exercise activities, for example one person was proud they had lost weight and increased their daily exercise. Another person spoke of making the right choices to go out only when they felt emotionally well. The plans for each person described their past experiences and put into context the needs for action by the staff. For example one person who needed support to build positive relationships; their plan included the right to form secure and safe relationships. We found the care planning for people was underpinned with care and respect.

Staff knew the people well and were able to tell us what each person preferred. We also found staff were able to detect the peoples' changes of mood and shared their thoughts with other members of staff to support each person. The registered manager told us the people sometimes did not have the emotional language and staff were required to support people until they could begin to speak about their current worries. We observed such a situation and the person was able to then talk to the registered manager about what was causing them to feel angry.

We observed people approach staff with issues they wanted to discuss. Staff were skilled in reframing the peoples' issues whilst providing explanations and potential solutions to the issues raised. This meant staff had developed the relationships with people where the people were able to trust in those employed to care for them.

Staff were persistent but acted in a calm manner. We observed one member of staff guide and support a person during an afternoon to address their personal care. The person needed quite some encouragement, however with good humour and persistence the staff member was able to provide the required support for a person to improve their appearance.

The relationships between staff and the people were positive. The registered manager told us that there were firm boundaries in place which the people from time to time reacted against these. The people we spoke with told us about the firm boundaries and recognised the reason for them being in place. One person said, "I know why they do it." People talked with us about how they had tested the boundaries, and told us how staff had been calm towards them and tried to stop them from hurting themselves. We found people irrespective of their presenting behaviour were treated with dignity.

The registered manager explained a care manager had been concerned The Daltons would end the placement of a person due to a number of incidents. The registered manager told us staff knew people would test boundaries and display adverse behaviours, and this was to be expected. Staff told us they worked through this in a supportive and therapeutic way. We found the staff were able to rise above the challenges presented to them and use an approach which enabled people to work through their issues.

We found the service was open with the people they cared for. We saw the care plans contained both short term and long term goals. People had signed their care plans and were involved in decision making. This developed trusting relationships between the staff and the people. One person told us staff in other places did things, "Behind your back but not here." When we spoke to the people who used the service they were very clear with us about their goals and how they were broken down into steps. This meant that not only had people signed their plans but they understood what their plans said.

Staff spoke to us in positive terms about the use of advocacy. They saw people as being self-advocates and supported them to speak for themselves. During our visit we found staff acted within the principles of advocacy and supported them in their wishes and to make their wishes clear. For example this included a person wanting to move on and another person wanting contact with a family member. We found the principles of advocacy were embedded in the service and both staff and people alike understood its purpose.

Staff supported people to participate in the inspection. They helped people think about their answers, listened to the answers given and responded with praise and kindness.

Staff respected the peoples' confidentiality. We observed one member of staff discreetly support a person to make a medical appointment. Another member of staff asked what was happening and told by the person it was private. The member of staff did not ask any more questions and returned to their task in hand.

Each person had their own bedroom. We observed staff knock on peoples' bedroom doors and entry with the person's permission. This meant staff afforded privacy to the people who used the service.

Staff were aware of the decisions made by the Court of Protection and the directions of a judge concerning the needs of one person. Whilst staff were aware of the equality and diversity needs of people and met those needs they also allowed people to make their own choices.

The registered manager spoke to us about increasing each person's independence. They recognised independence came with increasing confidence and to push a person to move to independence too early could cause unnecessary setbacks. We found people had goals in place to develop emotional resilience for example to understand relationships and develop self-awareness. These were in addition to the practical skills of cooking, cleaning and doing laundry as well as learning about money.

Is the service responsive?

Our findings

People told us the staff helped and supported them. They told us staff had helped them change things for the better. One person said, "The staff really help you." Another person said, "They help sort you out." . One young person told us they were confident in the staff's decision making and told us it made them feel looked after. This helped them think about their needs.

We found powerful examples of how the service had impacted on the lives of people using the service. However it would be difficult to go into detail in the report as this would enable the people who lived in the service to be identified.

The stability provided by the staff had led to changes in the peoples' behaviours. One person after a number of years had begun to change their behaviour. The staff described themselves as, "Overwhelmed" at the progress made but had also been careful not to put any pressure on the person. They had reviewed their actions and offered additional support to the person to help them to sustain the momentum. This meant staff had continued to provide the safety required to allow the person to continue to develop.

One professional told us the service had responded, "Very well" to a new referral and had carried out an assessment of the person's needs which had included positive comments about a person. They said the service 'Had done very well' with the person and had managed to support them at times of distress. We found the service was enabling people to comfortably remain in their home environment, thus helping them from being re-admitted to hospital again.

Peoples' mental health had also been assessed and staff were given guidance as to what actions was required to promote the peoples' mental health and prevent relapses where they may have to be readmitted to hospital. People talked to us about their feelings during times of distress and were candid about their actions.. They were able to describe their feelings about what pre-empted their reactions to a time of distress and how staff had supported them to work through the issues. One person told us they felt they had matured now and made decisions to go out if they felt well enough not to do, "Stupid things." The registered manager praised the person in our presence for thinking about the issues. We found the service had recognised the risk a user had previously placed themselves in, and the person demonstrate they with the support of the service were now in a position to manage this risk safely.

We also found the people echoed the way staff described incidents of behaviours which challenged the service and there was a shared language and understanding between staff and people who used the service. This meant staff had successfully engaged people in discussion about their needs and there was a consistently high level of response to people which enabled them to reflect on their actions.

The registered provider wrote in their PIR, 'We aim to provide a warm, nurturing and safe environment that promotes growth, independence and confidence for all our adults'. In response to a survey one professional had written the service, 'Provides security, positive encouragements, structure and staff believe in the people which builds confidence and self- esteem'.

The registered manager described to us the registered provider's model of therapeutic care which was based on attachment theory and recovery from trauma. The process was supported by consultation and advice, and individual therapy. The service took a strong positive approach and asked, 'How will we manage risk?' and they put in place a positive behaviour support plan. This ensured the service was robust enough to support people who may challenge the service. We spoke with some people in a group and they told us about their personal experiences in the service. They told us staff had worked with them and helped them think about their behaviour. They showed insight and described to the inspector what support was needed if they were distressed. We found the needs described by the people during times of stress were well documented in the peoples care plans. The needs included one person liked staff to leave them alone before checking on them and another person preferred staff to talk to them and use humour to help them. This meant staff were given precise guidance in line with the peoples' wishes. We found the staff had implemented the model of therapeutic care and the people were able to describe how this had positively impacted on them.

We found further evidence of a consistent response in the care files. Guidance was provided to staff on what actions to take in sequential order if people went missing from their placement. This meant the service had anticipated potential issues and guided staff to the appropriate responses. Peoples' files also contained documents which described what a good day or a bad day looked like for them. Staff were therefore aware of potential triggers for people which may have caused them to be distressed or unhappy.

Staff were given guidance as to the importance of the environment. The guidance stated, 'A high level of structure and predictability will lead the person feeling stable and increase feelings of security'. We also found staff responded to peoples past experiences and created environments to help individual needs. For example one person's sleeping arrangements reflected their needs. Staff were careful to point out to us their sleeping preferences and the person confirmed to us they preferred their room to be configured in a certain way. This meant staff had supported the person to maintain their personal choices which made them feel comfortable.

Staff described to us peoples' preferred routines and how the service accommodated the routines. The registered manager told us about the support people required to get up and come out of their rooms. They told us one person needed the support to join the house each morning and if the support was removed the person was likely not to come out of their room. We found people were individually supported to prevent social isolation and staff created the predictability environment to enable the person to feel comfortable.

Each person was treated as an individual and accepted by staff. We found whilst every person's file followed a prescribed format care planning was different for each person. Each plan described individual needs and differences were promoted. For example on a wall in the corridor people had been supported to put together a display about the areas they came from. The display included differing cultural heritages. One person showed us their section and told us about the area they came from and what it was famous for. We found the staff had supported people to research and understand their cultural heritage and people could see the differences between them. We found this promoted acceptance and tolerance between people who used the service.

The registered provider had in place an electronic system for recording incidents and these could be mapped on charts on the screen. The registered manager told us they had sought training to show them how to map out the graphs which displayed the incidents. We saw the system mapped peoples' behaviour patterns with the result that staff were able to analyse the frequency of incidents, the days of the week and the times when they occurred. Having achieved this skill the staff were able to adjust the care arrangements for people to ensure they were much better supported. The manager showed us an example. One person's

behaviour had been mapped out and the registered manager pointed out to us where patterns had been identified. They told us this had led to changes in a person's care plan and this process involved their family. A family member confirmed the arrangements had changed and they had changed the plan and were testing out the new arrangements to see if there was a positive outcome. The registered manager also told us the person had been offered additional support to help them access staff easier at times when they needed greater support. We found the service had used a new system to analyse a person's behaviour, identify challenging times and responded by changing the person's plan to support them for a more positive outcome.

We found that choice was a key priority in the service. People had chosen to attend college courses and others had chosen to give up their college course. An activities board was available which gave people and opportunity to do an activity with staff member. During our inspection one person went running with a member of staff, another person baked a cake whilst another went out shopping. A fourth person was supported to prepare their tea early as they had decided they were hungry. We noted one person in a review meeting expressed a wish to visit a new city for their birthday. Between our inspection visits staff had taken them away to celebrate their birthday to the city of their choice. They spoke to us in their newly acquired regional accent and told us how much they had enjoyed their break away. One person told us they enjoyed spending some of their activity funds playing arcade games. A member of staff also said they enjoyed horse riding and the person confirmed this was a weekly event. We found the service supported and involved people in positive activities which encouraged enjoyment and built confidence.

People were also engaged in meetings with their key workers, had time planned in with the psychologist and were supported by staff to enhance their personal care. During our inspection we observed the interaction between the staff and the psychologist employed by the service. The staff brought issues to the psychologist and together they discussed ways forward to discuss with each person. Staff raised issues of concerns and discussed the options available whilst taking advice and making arrangements to put the advice into action. This meant staff valued the use of having a psychological framework for their work and were able to discuss the care of people. With the psychological oversight we saw plans were put in place for a member of staff to respond to a person. This meant the member of staff's viewpoint was taken seriously and they were supported and encouraged to positively respond to each person.

We saw the registered provider had in place support mechanisms for people in the transition between services. The registered manager had carried out pre-admission assessments alongside the psychologist to understand if they were able to support and provide care for a person. In our presence the registered manager spoke to people about moving on and how support could be provided by the service for example the person could visit for their evening meal. The registered manager spoke to us about transitions and their wish to further develop the service to support people in the community. This meant the service recognised transitions for people could be difficult and carried out actions to ensure they were supported.

We found that some people were classified as care leavers and had been looked after children (LAC). The service responded to the demands of other legislation and regulations for people who have been looked after children. This included providing information and supporting people to attend their LAC reviews. We found people were also classed as care leavers and had plans in place known as 'Pathway Plans'. These are plans required by the Care leaver's Act 2010 to plan a person's transition into adulthood.

One member of staff told us, "If you have just come out of hospital having to remember all you need to do is overwhelming". They told us making the transition to come out of hospital and to understand everything that is expected of them was difficult. They had led an initiative to introduce quarterly reviews. The staff member explained to us the quarterly review "Was intended to give people an opportunity to think about

the positive things." People were able to tell us about their achievements and certificates were on display to show what they had achieved. This meant staff were able to see issues from the person's perspective and put things in place to support them. We found the quarterly reviews described the person's progress and had developed achievable small steps for each person.

We observed a person asking the registered manager if they could go on holiday. The registered manager responded positively and spoke with the person about the legal aspects of their care and going on holiday. We also observed the registered manager discuss how arrangements could be put in place to ensure the person's safety and maintain their well-being. This included having arrangements in place for the staff to collect the person from their holiday if it was required. Staff spoke with us about taking another person on holiday and they were under the registered manager's instructions to monitor the person, respond to their needs and return back to the home to if the person had any doubts or displayed anxiety. On this occasion the person told us about how they had enjoyed their holiday and were planning their next trip away. This meant the registered provider responded to the wishes of the person but also had in place a contingency plan to respond to the person if required.

The people had targets in place and rewards for achieving them. Staff showed us how they recorded these achievements. They were keen to point out that if a person achieved for example a good day this was not taken away from them if they had a subsequent bad day but only good days built towards their rewards. People told us about their rewards, these were personalised for the people and included a concert trip or a trip to a sporting event.

We found the service had networked with other local services to ensure peoples' needs were met. For example the registered manager showed us email communication with a local college about a person and their recent distress reactions caused by their own personal circumstances. The staff had held a meeting with the college to discuss how they would support the person and sustain their college placement.

We saw monthly reviews of care plans and monthly clinical reviews took place. Monthly reports were then written for each person to inform and advise care managers. This meant care planning was actively addressed and plans were current for each person.

We observed staff respond to the people using differing communication methods. Pictures and hand signals were used to support peoples' engagement in the service. Staff were also aware of peoples' concentration spans and worked with some of the people in bite sized pieces. We found staff used differing methods to engage people. This meant people were accepted and were able to engage with the service at their pace and using their own methods.

The registered provider had in place a complaints policy. The people had access to a complaints form in the entrance way of the home which they could complete and hand to staff. We reviewed the complaints and found each complaint had been thoroughly investigated and a response provided to the complainant. We found the complaints were predominantly made by the people about another person's behaviour for example banging a door. The registered manager and staff spoke to us about these complaints and told us they found that people who had lived in children's homes had this type of complaint embedded in their day to day activities. They recognised the challenges of communal living and were open to seeking resolutions for the people. We found complaints were taken seriously and were responded to in a timely manner. Actions had been taken to satisfy the complainant, for example doors had been fitted with slow closing actions to prevent noise. One member of staff explained peoples' complaints sometimes went through phases, for example there had been debates about buying gifts for each other but these had now been resolved. This meant that the service used the complaints process to make service improvements that

reflected peoples' needs

Is the service well-led?

Our findings

The Daltons had a registered manager in post. In the PIR the registered manager told us, "My focus since taking up my new role as registered homes manager has been to create an open transparent culture by empowering the team to speak honestly with confidence, challenge appropriately (each other and myself) whilst making choices and decisions without worrying about making mistakes'. One person told us, "It is more homely since [the manager] took over. Staff were complimentary about the registered manager and said, "It is more open now [the manager] is in post. We found that the registered manager had a direction for the service and had begun to instil that direction in the home.

We found the registered manager was aware of the peoples' needs and had an in-depth knowledge of each person living in the home. They told us they had worked for a number of years at The Daltons as a senior carer and then as a deputy manager. We observed people knocking on the registered manager's door and they received warm and positive responses. The registered manager recognised the service provided high levels of support to people and explained in our presence to one person perhaps their feelings of other people getting more attention was right as they had matured and were getting ready to leave the service. We found the manager had the skills to able to reframe peoples' thoughts and feelings in a positive light.

The registered manager demonstrated to us they were passionate and committed to the service. They spoke about making sure the home was comfortable and people were able to develop whilst living at The Daltons. We saw the registered manager had carried out plans to ensure the home environment was suitable for the people who lived at the Dalton's. We found the registered manager espoused putting people first and the staff had caught and were able to demonstrate the values of the manager. This meant the people were the focus of the service.

The manager reflected to us the experiences of people in previous settings and recognised some of the behaviours had transferred to The Daltons. They spoke to us about the peoples' testing out behaviours and how the service needed to be consistent and not rejecting of people. One professional told us that following a visit to do a pre-admission assessment they were impressed that the manager expressed the positives in the person. The professional told us they gave them hope that the service could meet the person's needs and they had succeeded in doing that.

The manager was aware of the issues in managing a peer group where the people had very different needs and experiences. They told us how this was achieved to prevent for example house meetings becoming negative.

Prior to our inspection the registered manager had spoken with us about their wish to improve the service and provide on-going support to people in the community. On the day of our inspection the registered manager told us their plans to develop the service to provide on-going support to people on the site of the home were found not to viable and they were disappointed. However they spoke with us about alternative plans to give people on-going support from staff with whom they had formed trusted relationship. We found the registered manager was determined to keep people and their needs at the centre of the service.

The registered manager and the staff questioned their practice. One staff member said, "We bounce ideas of each other to see what is best." Another staff member told us the staff challenge each other in a professional manner to learn. The registered manager told us she might not always have the right answer but together the staff team can come up with ideas. This demonstrated there was a culture of openness in the team. The registered manager proudly told us that having being appointed as the home's manager they took some holiday leave and returned to find their office had been decorated by the staff and the people.

We found the registered manager had developed a culture of continuous improvement. In the PIR the registered manager told us they had set a target date so that the staff could use a computer programme to monitor peoples' behaviours and improve the analysis and support to people. We saw the registered manager had made progress against their target and was able to demonstrate positive outcomes.

Since the last inspection the service had met their registration requirements and submitted notifications of safeguarding incidents to CQC. Each incident had included detailed information and the actions taken by the service to ensure people were safe. This meant the service reviewed its practices and took responsibility for keeping people safe.

We found the registered manager had begun to carry out surveys to measure the quality of the service. One person completed their survey during the inspection. The responses to the surveys were positive. At the time of inspection the registered manager was chasing higher levels of responses so they could analyse them and ensure their analysis was a true reflection of the service.

Each month the registered manager carried out a review of the service and reported to the provider events which had taken place during the month. These included the number of safeguarding incidents, use of restraint with people and the number of appraisals carried out. The registered manager gave details of actions they had taken. This meant the registered manager was guided to monitor the service and ensure it met quality standards. We also saw other audits were carried out for example vehicle safety and medicine's audits.

The registered manager attended the registered provider's operations meetings on a monthly basis. This consists of all managers, the operations director and the managing director. The registered manager explained this gave them the opportunity to discuss any concerns with regards to staffing, referrals, costings and the general running of the home. They told us ideas were shared and training was delivered via workshops by the managing director.

We saw the service had links with local community services including health provision for example doctors and dentists. Staff encouraged the people to use local services including public transport and shopping facilities. This encouraged the people to access a community in preparation for independent living.