

# Wakefield MDC

# Star House

## Inspection report

Ackworth Road  
Purston Jaglin  
Wakefield  
WF7 5LU

Tel: 01977722851  
Website: [www.wakefield.gov.uk](http://www.wakefield.gov.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Star House is a short break, respite service for children and young people up to the age of 18 who have learning disabilities, physical disabilities and/or complex health needs who require nursing or personal care. It is a fully accessible single storey building with gardens and can accommodate seven young people. On the first day of our unannounced inspection there were no young people using the service. This was because the provider had closed the service for two days for staff training. We made an announced second visit to the service when four young people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Star House was an exemplary model of person-centred care, driven by passionate management and staff who placed young people and their families at the heart of the service. There was a joyful, uplifting atmosphere in the home, which young people clearly loved. Young people were encouraged to achieve meaningful goals through use of best practice approaches and a desire to support them to experience the most out of life. Any barriers to participation in any aspect of life were removed, and young people were supported to overcome considerable challenges to achieve this aim. Respect for young people's individual personalities and needs were central to the outstanding achievements at the service.

Young people received excellent support to express themselves and their wishes, even when they did not communicate verbally. Staff were highly trained, knowledgeable and passionate about the service giving young people the very best experience they could, and relatives told us they were highly appreciative of the support provided to them. The service had been well adapted for the needs of a diverse service user group, and had explored innovative ways to ensure young people had exemplary support to express their views and emotions.

The support provided to young people around death and dying was a powerful feature of this service. Where they needed it, young people had received the most sensitive, caring support to understand and overcome challenging emotions.

The management and culture at the service were outstanding. Young people's rights, experiences and diverse needs were championed and celebrated, and staff at all levels used joyful language when talking about young people and the work they did. Staff turnover was low and we found their commitment to providing the highest standards of care were unwavering. Young people and their families were true partners in defining and running the service, and partnership work with health professionals and the local

community was a strong foundation for providing excellent care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Report published 10 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Star House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective section below.

### Is the service caring?

Outstanding ☆

The service was exceptionally outstanding.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive section below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Star House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day was an unannounced inspection carried out by two inspectors and a specialist advisor with experience of children's care, including end of life care. One inspector returned to spend time with young people and staff in an announced visit covering an afternoon and early evening.

#### Service and service type

Star House is a specialist 'care home' which provides short stay respite placements for young people under 18 with highly complex support needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Regulatory oversight is by both CQC and Ofsted. CQC regulates the care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day. A second day was arranged with the service so inspectors could spend time with young people and staff, as no young people were present on the first day.

#### What we did before the inspection

We reviewed all the information we held about the service, including notifications of incidents the provider is legally obliged to send us. We looked at the past report for the service, and asked other agencies such as the local authority safeguarding team and Healthwatch for any information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We looked at five people's care plans, and other documentation relating to the provision of care and support in the home including records relating to medicines administration and the systems in place to ensure these were managed safely. We also reviewed records relating to the management of the service, including two staff recruitment records, surveys, audits and feedback the service had received.

On the second day of inspection we spent time in the communal areas of the home with young people and staff. We joined in with activities to help us make discreet observations of the quality of care and support provided.

After the inspection we received feedback from seven relatives, either by phone or in response to an email we asked the registered manager to send.

After the inspection

We asked the registered manager to send us some more information to validate our judgement, and received this in a timely fashion.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had continued to ensure strong protections were in place. Staff received good training in protecting children from abuse. Care plans remained detailed in respect of any risks, including behaviours that challenged the person or others. These plans were updated every time a member of staff learned something new about safe ways to minimise particular risks.

- Each young person had a personal emergency evacuation plan (PEEP) which contained robust information about how they would respond to an emergency and the support they would need to remain safe. These were easily accessible to staff.

Staffing and recruitment

- Recruitment of staff had remained safe, and staffing levels enabled each person to have individual support.

Using medicines safely

- There were robust systems in place to ensure safe management and administration of medicines. This included detailed checks at the time of administration to ensure any errors could be identified and rectified at the first possible opportunity. Medicines were stored at safe temperatures at all times, and good records relating to administration and storage were kept.

Preventing and controlling infection

- We did not observe any environmental or infection control issues during our visit. CQC does not have regulatory oversight of the premises. The responsibility for this sits with Ofsted, who also inspect the home regularly.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans contained strong, person-centred assessments of young people's needs. These clearly reflected people's strengths, needs and preferences.
- Delivery of care and support was governed by up to date policies and procedures that took into account best practice guidance.
- The diverse needs and backgrounds of the young people who used the service indicated there was full equality of access to the service.

Staff support: induction, training, skills and experience

- Staff continued to be well supported to be effective in their roles. There was a strong approach to induction and on-going training, and regular supervision meetings to enable staff to discuss their roles, successes and any challenges they faced.

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

- Young people were involved in discussions about meals, and were encouraged and supported to be involved in the preparation of food in a variety of ways. Young people with an interest in preparing food were supported to do so, and where they were curious about trying new dishes or ingredients they were always given opportunities to do so.
- Young people were supported to grow vegetables and fruit in the garden. This helped them understand how and when certain foodstuffs grew, and promoted an interest in being involved in food planning and preparation.

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

- There was very strong evidence to show how young people were supported with their health needs, despite this being a short stay respite service. Management and staff continued to support young people and their families with this aspect of their care, even when they were not staying at the service.
- We looked at the support one young person had received to move from the family home with respite stays into a permanent residential setting. We saw the service had helped the young person understand and plan for this change, including to visit locations, make informed choices and explore what this change may be like.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Star House was adapted to meet the needs of the young people using the service, and this included the



extensive garden areas with accessible equipment. People using the service had equality of access to all areas of the home or activities on and off the premises.

- There were a number of tactile and other sensory adaptations to support daily living and interaction, for example pictorial signage to enable young people who may not be able to verbalise their wishes to choose activities or express reactions to situations.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For young people this authorisation comes from the Court of Protection.

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 had the appropriate legal authority and were being met.

- Families supported young people in giving consent to all aspects of their overall care, and staff understood the importance of enabling them to give consent when personal care and other support was being provided. Care plans showed that decisions were made appropriately on young people's behalf.
- Where needed, the service referred to independent advocates to ensure decisions made about a young person's care and support were always in their best interests.
- The registered manager understood their responsibilities when a young person was subject to a Court of Protection order relating to restrictions on their liberty. There was no one currently using the service for whom this applied.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- We received consistently positive feedback about the caring nature of the service, staff's empathic approach and the positive experience young people had whilst staying there. Relatives referred to kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional in this area. One family member told us, "The staff are brilliant, they know exactly how to give [name of young person] a good day." We observed a joyful, happy group of young people engaged in stimulating activities which they chose and clearly enjoyed.
- We also received strong feedback about the strong support the service provided to families. One family member told us, "They are concerned about my welfare as well as [name of young person]."
- Staff we spoke with were clearly passionate about every aspect of their roles. They knew the young people they supported very well and knew how to give each person highly individualised care and support. Staff talked about things young people achieved and their successes rather than describing any limitations due to, for example, disability, background or gender. Our observations of the service showed staff and young people had formed strong, trusted relationships and enjoyed the time they spent together.
- Young people's families were involved in recruiting staff to ensure they were a good match for the culture at the service and the diverse needs of the young people that used it. This helped reassure families that these needs could be met by staff with the right skills, personalities and approach. Relatives we spoke with consistently referred to staff using words such as, 'perfect', 'amazing' and 'lovely'.
- Care plans were exceptionally detailed with a consistently high degree of personalisation, and provided staff with an excellent guide to understanding each young person. This information enabled staff to understand what young people who may lack verbal expression needed to communicate, and to anticipate heightened anxiety which may have been expressed in subtle changes in presentation. This meant staff could act to reduce or avoid the causes of distress, and support the person to remain relaxed and happy. Our observations confirmed staff were highly skilled in communicating with each young person and helping them maintain a very happy, relaxed mood state.

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

- Young people who used the service were supported by family members to write detailed, highly individual care plans which captured their key strengths, areas in which they needed support to maximise their independence and participation in daily life. Important information about their preferences and personalities. Staff clearly knew young people well, and were very effective in supporting them to express their needs using a variety of communication strategies such as basic sign and Makaton, gentle distraction and clear, plain English questioning and instruction.

- Care plans focused on goals each young person wished to achieve, and used recognised best practice to achieve consistently strong outcomes. We saw examples such as young people being supported to improve communication, attend events that presented challenges to them, and sensitively manage their transition through puberty.
- A family member told us, "Care plans are always reviewed and signed by myself and I can add or remove anything. The six-monthly child in need meetings are attended by his support worker or named nurse so we can discuss any changes there."
- Another family member told us they were able to take time in reviewing care plans. They said, "I am always involved in new care plans and have the opportunity to read at home and make any further changes prior to signing them." Involvement of family members ensured that people who knew the young people best could ensure their knowledge of how to provide person-centred was shared with staff.
- Each young person had a key worker, chosen to be a good match for personality and interests. However, they were also able to ask to spend their time with another member of the team on duty if they wished. This meant young people's views and preferences were taken into account whenever they were expressed.
- The service made use of a variety of formats of information to ensure young people could access and understand information about their care, for example pictorial versions of documents.
- Feedback from a visiting professional confirmed the person-centred approach to supporting young people. They said, 'Star House is a young person focused provision [service] that incorporates an inclusive approach.'

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

- Young people chose how and where they spent their time, and had very strong, supportive and friendly bonds with the staff and each other. Laughter and fun were consistent features of the service, with young people choosing how and with whom they spent their time.
- Relatives we spoke with said they were absolutely certain young people were respected and experienced very caring support at Star House. One relative said, "[Name of young person] is always treated with respect and dignity." Our observations confirmed this was the case. Staff clearly knew young people's needs and interests well, and enabled young people to make choices such as when they spent time alone or had support with personal care.
- We saw young people had access to large, adapted rooms which could be personalised in order to make them feel at home. Where possible, young people were enabled to use rooms familiar to them when they stayed at Star House.
- Displays of photographs in the home focused on young people doing things they enjoyed, and showed a diverse and happy group of people. On the second day of our visit we saw young people had a joyful person-centred experience at Star House which provided stimulus and fun which they absolutely enjoyed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Young people's individual needs and aspirations were at the heart of their care plans and experiences at Start House. Short term, respite placements included opportunities to maintain interests and try new experiences. Feedback from families confirmed this approach was a strong feature of the service.
- There was a highly positive approach to the understanding and management of risks, which focused on enabling young people to do what they wished to do, rather than limit their experiences to minimise any risk. For example, one family was avoiding some social settings due to these having previously caused the young person to experience severe behaviours that challenged. Staff had followed a successful staged approach to increasing the young person's skills and confidence which resulted in them and their family being able to regain their full social life.
- Care plans included exceptionally detailed information about how each person interacted with their environment, including any support they needed to initiate or respond to interaction with their peers. This included detailed records of facial expressions, body language and vocalisations together with their meaning and how staff could respond in ways which anticipated and reduced distress and enabled people to remain relaxed and happy.
- A relative told us, "[Name of young person] is entirely non-verbal and doesn't give much away about how they are feeling, yet the staff know how to make them laugh, how to give them such a good time. They are so good."
- There was a focus on building positive relationships between young people and staff, which resulted in each care plan representing detailed knowledge of successful ways to reduce young people's stress and anxiety. Staff used verbal distractions and a detailed knowledge of things each young person may find challenging or distressing in order to help reduce any heightened emotions or behaviours. For example, one young person had a repeated need to check how some items of furniture were arranged in rooms, as it distressed them if they believed them to be disarrayed. We saw staff were skilled in balancing the young person's need to reassure themselves with gentle, effective distraction to enable them to engage in more therapeutic, enjoyable activities.
- As a result of strong person-centred care and understanding, young people did not often experience heightened and prolonged distress. This meant it was very rare for appropriate physical intervention and restraint, such as recognised 'holds', to be used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us how young people found companionship and enjoyment at Star House. Young people could choose to socialise and engage in activities with other people or by themselves according to their preferences. The registered manager told us they tried where possible to have groups of young people with similar needs and interests at the home together, and set occupancy levels to help with this. For example, where a young person did not feel comfortable around a larger number of other people, rooms were kept empty in order not to distress that person. We observed a group of young people who were relaxed and comfortable in each others company, and happy to include and support each other in games and activities.
- Relatives we spoke with were keen to tell us how time spent at Star House enhanced young people's opportunities to maintain and develop interests and activities. One relative told us, "[Name of young person] gets out to so many places that they otherwise would not. I can't take them to a lot of the places Star House take them to, places they enjoy and get so much out of."
- There was excellent support for young people who could experience behaviours that they or others may find challenging when out in the community, which meant no one was prevented from undertaking any activity they wished. Positive risk taking in this way was a normal part of life for young people using the service. This is where staff have detailed understand of risks and how to manage them, and the skills to ensure people do not have to stop enjoying an activity because this may present challenges.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were strong, person-centred strategies in place to support young people to communicate their wishes and feelings. The service had a piece of computer software that converted sentences to a pictorial format, and wall displays had been produced so that young people who were non-verbal could communicate their needs and what they wished to do easily and effectively.
- People who used the service did not all find formal meetings an easy forum in which to raise or challenge issues. In order to enable people to share their feedback and requests, there was a 'Communication Street' display where young people were supported to share their thoughts at any time under headings 'House of good things', 'House of worries' and 'House of dreams'. Feedback was reviewed weekly and used to plan activities and drive improvements in people's personal experience and the quality and scope of the service overall. For example, on the second day of our visit one young person enjoyed drawing pictures of food on paper plates, and as a result of this activity a staff member identified something which they had not previously known the person liked to eat. This feedback had been added to the 'House of Good Things', and action was being taken to include this item on the menu.
- Where information supported people to understand care and support, it was always beautifully presented and available for young people in pictorial formats that were age appropriate and clear. We saw information relating to complex issues such as moving into permanent residential settings and coping with the death of a parent had been successfully and sensitively prepared for young people. This included undertaking detailed work to take or acquire pictures directly connected with the information, rather than using stock images or icons.

### Improving care quality in response to complaints or concerns

- Young people using the service were extremely well supported to share their positive and negative experiences of using the service in easy, accessible ways. Staff worked closely with people and understood how each person communicated, including in non-verbal ways. This meant any changes in behaviour or routine could be explored at the time. On the second day of our visit, one young person had a need to repeatedly check some items of furniture in order to feel reassured. The member of staff let the young

person do this, then used gentle distraction to prevent the behaviour having a negative impact on the person's day. Success in this was dependent on careful observation of how the young person was acting and when to intervene. As a result of watching how the young person interacted with their environment, the staff member noticed that it was not just the arrangement of the items that drew the young person repeatedly back to them, but the patterns on them not aligning. This showed how knowledge of young people's needs was constantly developing to improve their overall experience.

- Families were asked for feedback after each spell of respite, and we saw this was overwhelmingly positive. Families we had contact with as part of the inspection said they would feel very able to raise concerns with the management of the service and had a high level of confidence that any issues would be dealt with promptly and professionally. The service had not received any formal complaints since our last inspection.
- There were regular calls to families as part of the programme of quality monitoring in the service, and this included asking about any concerns to ensure they were understood and resolved.
- The records of communication with families captured heartfelt praise for the service. One family member said, 'Star House has saved my life, and [name of young person] really enjoys going. I can enjoy my time with my other children knowing [name] is looked after well and safe.' Another parent had said, 'My child loves Star House, I wish I had brought them here years ago.'

#### End of life care and support

- There was a highly compassionate, skilled support available to young people to help them understand their experiences when someone close to them passed away. This included sensitively helping them to understand what had happened and explore the emotions which they were experiencing. We saw incredible efforts made to provide information in ways which people could easily understand, for example a pictorial booklet which had been made in collaboration with the crematorium, funeral directors, family and vicar. This helped the young person understand where they would need to be to attend the funeral, what would happen and who would be involved at each stage, and how they could be supported to leave discreetly if they felt overwhelmed.
- There were strong processes in place to work with people's families to understand how the service may contribute to care at the end of a person's life. This included ways in which staff could help the young person to continue to experience happiness and fulfilment despite the complexities of their condition. When the young person needed support to make decisions about this aspect of their care, we saw this was done in line with the MCA.
- There were sensitively written, detailed plans in place to ensure people's end of life care would be in accordance with their wishes and preferences. This included thorough consideration of any cognitive, spiritual, faith or cultural needs and how these may impact on the care that staff provided.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Young people were absolutely at the heart of Star House. We saw they made decisions about how, where and with whom they spent their time, and these were always understood and respected. The service was lively, fun and focused on giving young people a high quality experience.
- The culture and approach in the service was exceptionally person-centred. Management and staff were passionate about ensuring each young person who spent time at the service had care and support which was absolutely tailored to their needs, abilities and aspirations. Feedback from families confirmed their experience of the service. One family member told us, "All I can say is, it's brilliant. The staff are brilliant, the service is brilliant and what they do for young people is brilliant."
- All relatives we spoke with were passionate in their descriptions of the positive impact Star House made on young people and their families. They told us young people were excited and happy when they were due to stay at the service, and how this contributed to their overall well-being whilst at home. For example, one relative said, "The change in [name of young person]'s outlook and ability since they started going to Star House is fantastic to see. I wish we had found them earlier."
- The 'target ladder' approach to goal setting and achievement was highly effective in helping young people to achieve their desired goals. Using target ladders to identify small steps needed to achieve goals is a recognised approach in reducing skill and experience gaps between young people with high support needs and their peers. We saw consistent evidence that planning in this way enhanced young people's lives through experiences, achievements and developments in skills and ambitions. For example, one young person had been supported to increase their confidence and independence in going shopping, and had progressed to understand road safety and money handling as part of the pathway to achieving their goal.
- There was a low turnover of staff, which meant young people could look forward to receiving support from familiar staff who they knew well and trusted. This type of continuity is very important for people who have autism or other needs which make consistency a key part of success.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All feedback we received referred to the service having an open culture which they trusted. Families said they were always given full and honest information about their child's stays at Star House, and this included candid information about any incidents which may have occurred.
- We spoke with a social worker involved in supporting young people who had respite stays at Star House. They praised the open, timely communication from the service which enabled them to understand and



changes in the needs or preferences. They told us, "There is excellent communication with Star House if anything happens. They are very good at keep me updated, and very quick to share information with me."

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

- The registered manager was absolutely committed to providing the highest standards of care to young people during their stays at Star House, and our conversations with staff showed they shared this sense of passion and pride in what they did.
- There were very strong systems in place to monitor and improve quality in the service, including at provider level. Detailed reports were prepared to show how quality had been assured, any actions that had been taken and the positive results these had had for young people using the service.
- Staff were encouraged to contribute ideas, suggestions and innovations through regular meetings and in general conversations with the registered manager. In particular, staff were empowered to develop care plans by contributing the knowledge they developed from working closely and successfully with young people. One relative told us they learnt about young people's changes in needs and abilities from the staff, which meant they could adapt and maintain the young person's progress when they returned home.
- There was clear delegation and structure in the service, which enabled young people and their families to be the key drivers in developing care packages that met and exceeded their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Young people and their families were empowered partners in their care and the prime contributors to care planning and goal setting. The service had a 'can do' culture, which resulted in them always looking for ways to give people the best experience of the care they wanted, rather than limit expectations and outcomes.
- For example, one young person had been supported to minimise the impact of behaviours that challenged them and others. The staff had identified times of day when agitation increased, identified the causes and put successful strategies in place to enable the young person to manage their responses to people and situations. Working with the young person, family and other health professionals had reduced the number of incidents and the severity of these, so that the young person had been able to expand their social circle and the range of activities they participated in.
- There was regular contact with families to enable the service to keep up to date with young people's needs and preferences even whilst they were not using the service. Relatives told us they were asked to contribute to this knowledge, and encouraged to share anything else they may think staff should know, including feedback to enable the service to improve.
- The service had very strong relationships with the local community, which meant young people had access to events, facilities and destinations at all times. We saw evidence these strong links had resulted in a high degree of understanding in the community when things occasionally went wrong, for example if a young person experienced distress or challenging behaviours whilst outside the service.
- There was strong support for the service through community fund-raising activity. For example, on the day of our inspection we saw new, multi-media sensory equipment was being delivered. This system, once installed, would enable young people to interact with colour, light, sound and reflection, and had been purchased with money collected through a local business.

Working in partnership with others

- The service had invaluable, well-developed connections with other health and social care professionals that supported young people, and participated in multi-disciplinary meetings to ensure they were partners in understanding and meeting each young person's individual needs. For example, working with one young



person's family, school, and occupational therapist in order to reduce distress at mealtimes and successfully improve their nutritional health. In another example staff had worked with staff and management of two other services involved in a young person's care to ensure they had the strong support they needed during bereavement.

- A health professional we spoke with shared unconditional praise for the ways in which staff and management at the service worked with others involved in young people's care. They told us, "We work holistically to understand all a young person's needs and triggers in all settings. We work hand-in-hand."
- Relatives told us the service continued to provide advice advocacy and other support even when young people were not staying at the service, for example supporting with funding reviews and ensuring people had all the support they needed to meet their needs at any time.