Childrens Respite Care Limited

Seaside Cottage

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 02 June 2016 and was unannounced. The last inspection of this service was carried out in 2013 and the requirements of the regulations we inspected were met.

Seaside cottage is registered with the Care Quality Commission to provide treatment of disease disorder and injury and personal care. The service is also registered with Ofsted as a children's home and had a full inspection in October 2015 and was rated outstanding.

The service provides residential care to four young people. The primarily aim of the service is to provide respite care for children with complex physical disabilities who have associated health conditions. The average length of stay was between eight to ten days, although one young person lived at the service on a permanent basis. The manager told us that the service regularly supported between 15 to 20 children. A domiciliary care service also operated from the location to assist the transition for children being discharged from hospital with complex needs and we looked at this as part of the inspection. At the time of our inspection two children were being supported by the domiciliary care agency.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and professionals spoke very positively about the service and the quality of care that was provided and this contributed to the rating of outstanding in caring. People told us that the service went the extra mile to support families and accommodate the young people and their needs. The staff worked closely with families to ensure a smooth transition and to promote the young people's wellbeing. We observed that there was a very friendly, warm atmosphere in the service and staff interacted with the young people in a compassionate and supportive way. Independence was promoted and young people were enabled to be as independent as they could be. There was a culture of respect within the service and treating the young people as individuals.

Staff knew the young people and had good relationships with them. Communication was given a high priority and there was a range of communication systems in use, with young people supported to make their views known and have choices. The focus was on enabling them to lead a full life, enjoy new experiences and have fun during their stay at the service.

Staff had a good awareness of safeguarding and there were sufficient numbers of trained staff available to meet the needs of the young people. The management of the home were committed to providing a good service and invested in training and developing the skills and knowledge of staff. Young people had complex needs and advice was sought appropriately from health care professionals. There were clear processes in place for assessment and review to ensure that changes in young people's health and wellbeing were

identified. The care was underpinned by detailed care plans and risk assessments which ensured that care was delivered in a consistent way and young people preferences were met.

The providers and manager were accessible and visible. They set high standards and were keen to innovate and develop the service. Morale was high and staff told us that they were well supported and enjoyed their role. There were clear systems in place to reflect on practice and drive improvement.

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 were knowledgeable about safeguarding and knew what they needed to do if a safeguarding incident occurred.

Risks were identified and there were plans in place to reduce the likelihood of harm.

There were sufficient numbers of qualified, skilled and experienced staff to meet young people's needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

New staff were inducted into the role and supported to undertake additional qualifications. Staff received ongoing training that was relevant to the young people's needs and ensured that their practice was up to date.

Young people were supported to access health care and there was regular contact with health care professionals. Staff were alert to the risks and there were plans in place to respond when young people's needs changed.

Nutritional needs were identified and monitored.

Young people's consent was sought as part of care delivery.

Is the service caring?

Outstanding

The service was very caring.

The service had a strong person centred culture that focused on the needs of young people. Staff knew the young people they supported, their skills communication and preferences. Staff had good relationships with the young people and worked closely with families to promote their wellbeing.

Staff were highly motivated and creative in overcoming obstacles to provide young people with new experiences.

Staff were attentive and provided kind, compassionate care.

Staff communicated effectively with the young people and ensured that they had a say in how they were supported.

Young people's independence was promoted and their dignity and respect was maintained.

Is the service responsive?

Good

The service was responsive

Staff knew young people well and the care was underpinned by detailed care plans and regular reviews.

Young people were supported to access the community and have fun.

There were clear arrangements in place for the management of concerns and complaints.

Is the service well-led?

Good

The service was well led.

The management of the service were visible and accessible.

Staff morale was good and staff told us that they were supported and clear about what was expected to them.

There was a quality assurance system in place to identify shortfalls and to drive improvement.

Seaside Cottage

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 02 June 2016 and was unannounced. The inspection was carried out by one inspector and a specialist advisor. A specialist advisor is someone who has up to date knowledge and experience in a specific field. The specialist advisor who took part in this inspection was a paediatric nurse and had a background in the care of children with a physical disability.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A statutory notification is information about important events which the service is required to send us by law.

On the day of the inspection there were three young people using the service and we spoke to one of them about their experience of Seaside Cottage. Two of the young people did not communicate verbally so we undertook a number of observations of care delivery. We spoke with the registered manager, one of the company directors and four care staff. We reviewed three care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. Following the inspection we spoke with six relatives, a member of staff and three visiting professionals about the service provided.

Good

Is the service safe?

Our findings

Relatives told us that their child enjoyed their visits to the service and they were safe there. One person said, "I trust them 100%, I can visit them at any time and I know that they would accommodate me." Another relative told us, " I have no issues with the agency, they take my child out on their own, I completely trust them to keep my child safe." We observed children playing and interacting with staff in a relaxed way.

Staff had a good understanding of protecting and safeguarding children from abuse. Staff told us that they had attended training on identifying safeguarding issues and how to respond for children's and young adults. They were clear about their responsibilities to report concerns and expressed confidence that concerns would be taken seriously by the management of the service. There was some recognition about safeguarding issues specific to the service and the manager told us that they were in the process of developing a safe touch policy to enable transparency about touch and how to protect both staff and young people. We saw that the service used social media and had its own face book page. We discussed the safeguarding implications and the provider told us that they and were planning to undertake additional training but would also seek specialist advice regarding this medium. This showed us that whilst people had confidence and trust in the service, managers were still striving to make the service safer still.

Staff told us that there was a policy on electronic or E- safety and their roles and responsibilities. Families confirmed that there was a clear policy in place to safeguard moneys and all items which were purchased had receipts and money was signed in and out.

The manager told us that they looked at compatibility of young people as part of the admission process. They supported young children up to the age of twenty but they had a risk assessment in place where there was more than a gap of four years to consider any potential risks. The aim was to make planned stays as enjoyable, appropriate and as safe as could be.

Risks were identified and there were management plans in place which set out the steps that should be taken to reduce the likelihood of harm. The manager told us that, "We are always risk assessing as we want the young people to lead full lives." A number of the young people had complex needs and needed close observation and care. There were risk assessments in place for accessing the community, use of oxygen, and the use of specialist equipment. The purpose being for children to lead fulfilling and rich lives as was safely possible.

There were risk assessments in place regarding staff duties such as moving and handling, lone working and infection control. The risk assessment for going out in transport reminded staff of the importance of ensuring the young person's brakes were on and the anchorage points were being used to ensure that they did not rock or move in transit. There were checks in place to ensure that the safety equipment was working effectively. We saw for example that the fire equipment was checked regularly and checks were being undertaken on moving and handling equipment such as hoists. All these safety matters were intended to keep children and young people as safe and as well as they could and should be during their stay.

There was a core team of staff in the residential service and in the domiciliary care service but some staff also undertook shifts at another of the provider's services. On the day of our visit there were sufficient numbers of staff to meet the needs of the young people in residence. Staff told us that the service was well staffed and there was at least two care staff on duty but his varied depending on the needs of the young people in residence. On the day of our visit there were three members of care staff and a new member of staff who was shadowing and working on a supernumerary basis. The registered manager was providing additional nursing support. We looked at the staffing rota and saw that a nurse was rostered on duty on four to five days each week and on the remaining days there was an on call arrangement in place. We spoke to the manager about how they determined when nursing staff should be available and they told us that this depended on the young people in residence and their needs. They gave us examples of when nursing staff would be rostered on duty. Care staff told us that this worked well and when they were supporting individuals with higher needs, nursing staff were on duty. They told us that they were always able to get hold of a nurse manager if they needed to in an emergency. We looked at the needs of people and on balance determined that this was satisfactory to meet their needs.

We looked at staff recruitment records and we found that these showed that the provider had carried out a number of checks on staff before they were employed. These included clarifying any gaps in employment, checking their identification, conduct during previous employment and disclosure and barring checks to make sure that they were safe to work with young people. This also included the registration of nurses to ensure that they were suitable.

Medication was managed safely. We looked that the systems in place to book medication into the service when a child was admitted for a period of respite. We saw that there was a system to alert staff to changes in medication and two staff took responsibility for undertaking checks and booking in medication at the beginning of the child's stay. We saw that the medication was securely stored and all medication was in its original packaging and clearly labelled. Controlled drugs were not currently being administered but staff were aware of the process for its management. We observed staff administering medication and saw that this was undertaken in line with professional practice. Once staff had administered the records were updated and we saw that running totals were maintained to ensure that levels of stock were well managed. We checked a sample of medication against the records and the amounts tallied. This safe medicines management meant that people received their medicines as intended.

Competency checks were undertaken by the manager to ensure that staff were administering medication as prescribed and regular audits were undertaken to check that the systems in place were working effectively.

Good

Is the service effective?

Our findings

Relatives told us that staff were knowledgeable and had the relevant training. One person said, "Staff are never allowed to do something until they have done the training." Another relative told us, "They are all trained up and know what they are doing." One visiting professional told us, "They provide good training, as it should be given. They do things the way that they should be done and they don't cut corners."

We observed children receiving care that reflected their needs and promoted their wellbeing. Staff were knowledgeable about the children's needs and were able to tell us about their care, the observations that were undertaken and how to respond in an emergency. We observed that one young person became very unwell during our inspection, care staff responded calmly and confidently. They administered the medication which was prescribed and appropriately sought advice from the registered nurse.

Staff had received training to enable them to support young people with specific complex health conditions such as epilepsy, breathing or feeding difficulties. A number of young people had a tracheostomy which is a tube fitted in the neck to help breathing and a percutaneous endoscopic gastrostomy (PEG.) which is a feeding tube which goes through the abdominal wall. The manager told us that the training was always linked to the children's needs and if a young person was being admitted with a specific need then training was arranged relevant to their needs and condition. We saw for example that onsite training had been arranged for continuous positive airway pressure as they had a young person who required this care. Nurses attended training days to ensure that they were up to date with best practice on areas such as tracheostomy care. The manager told us that, "We need to feel confident so that we can instil confidence in the staff." We were told by the manager that the nursing staff accessed policies and procedures from clinical centres of excellence and this informed their judgement, for example how often a tracheostomy tube should be changed. We spoke to the staff about the support they provided to young people such as those with a PEG or tracheostomy and they told us that they felt "confident" and knew what we are doing.

In addition to training competency assessments were also undertaken with staff on areas relevant to the roles that they were employed to perform to check their understanding of what they had learnt. So for example staff had their competencies assessments for the management and oversight of gastrostomy and PEG feeds.

Training involved a combination of online and face to face training on subjects such as moving and handling, infection control, first aid, equality and diversity. Staff described the induction training and told us that they shadowed a more experienced member of staff before working independently. We were shown a checklist which was completed by all new member of staff and identified the areas that they needed to complete as part of their induction and who was responsible for oversight.

Staff told us that they had received regular supervision, annual appraisals and adequate training to enable them to do their job safely and effectively. Training records showed us that care staff had been supported to obtain additional qualifications such as Level 3 in Caring for Children and Young people/ Level 3 Children

and Young people workforce Diploma. Some staff had been identified as benefiting from team building and leadership training and this was being sourced.

The manager was aware of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards and the different legal requirements for adults and children. Staff had a good understanding of consent and how best to support the young people safely, whilst maintaining and respecting their human rights. We observed staff seeking consent from young people throughout the day. One of the young people we spoke with told us that staff always asked for consent before carrying out her tracheostomy care and we saw documentation which evidenced that consent was requested such as for the use of photographs.

Young people had access to healthy meals which promoted their wellbeing. The kitchen was well stocked with snacks and prepared meals. There was a meal planner which set out what the menu was for the week and we were told by staff that regular deliveries were received from the local supermarket. Young people's preferences were recorded in their care plan. Staff told us that these were accommodated and although there was a menu on display this was flexible and alternatives were available. One the day of our visit we saw that one young person had a meal in a local restaurant, we observed another young person being supported to eat a pureed meal. This was undertaken at an appropriate pace and the young person ate well. A number of young people received their nutritional intake via a PEG and we observed staff supporting this by making sure that the young person was comfortable and positioned correctly.

The service mainly supported children and young people on respite stays and staff worked collaboratively with parents to meet health needs. We saw that during the children's stay at the service their health and wellbeing was regularly monitored and if needed advice sought from other professionals. The manager told us that they had identified that one child's eyesight was not as good as it could be and as a result they had liaised with the parents which had resulted in an appointment with the optician and new glasses. Care plans described in detail guidance for staff in meeting people's health and wellbeing, care and support needs. There were letters on file from a range of health professionals such as paediatricians, speech and language and dieticians. Where advice was given this was clearly documented. One young person's plan for example referred to the consistency of food and stated that meals times should not exceed 30 minutes. We found that these assessments and professional advice were being appropriately implemented and followed.

Risks to children's health were clearly documented, one young person was identified as being at risk of sudden death and another was at risk of developing a fever. Plans gave very clear guidance to staff about keeping airways clear and checking for changes such as colour of the lips and breathing. Another individuals plan gave staff very clear guidance about when to administer rescue medication which was used in the event of an emergency.

We observed that staff left the building with a young person they took the relevant rescue medication and equipment that may be needed such as a portable suction kit. We saw that there was a care plan in place about how and when to use specialist equipment such as the vagus nerve stimulator. This therapy is designed to prevent seizures by sending mild pulses of electrical energy to the brain. This was administered in line with clear guidance from a registered health professional. Seizures were documented about how long they last and the actions taken. A health professional told us that the specialist training was updated yearly and they maintained accurate medication records seeking written confirmation of changes. These measures enabled people to maintain health and wellbeing whilst at the service.

Outstanding ☆

Is the service caring?

Our findings

Relatives told us that their children enjoyed visiting the service. One person said that their child, "Loved it." Another told us that although their child did not have any verbal communication they knew they really enjoyed their short stays. Relatives said that there was a stable staff team and they knew the children well. This enabled staff and children to develop close and meaningful relationships. One person said, "They have given me back [my child]…..it is home from home." One visiting professional told us it was a, "Good quality service and 99% of families love Seaside cottage." They said that many families found it difficult to leave their disabled child but they knew they would be cared for appropriately and safely. This demonstrated that parents had trust and confidence in the service.

Relatives and visiting professionals told us that the service was accommodating and flexible which meant that they could have a break when they needed to. Relatives told us that the staff had a good approach and were flexible about the support they provided. They gave us examples of where the dates had to be changed because of health appointments but told us that the staff and management were accommodating and understood, "Going above and beyond" what was required. This meant that the management and staff appreciated the needs of families and the importance of supporting them in promoting the young person's wellbeing.

The management of the service told us that they tried to support families with the dates that they requested but also looked at compatibility of the young people and staff. They told us that some young people got on well together and where possible they tried to support these friendships by enabling them to have a sleepover visit together. This enabled young people to develop meaningful friendships with peers.

Relatives described the staff as, "Caring," "Amazing." and "Professional." One person described some of the steps which staff took which made a difference to how the break worked as their child could become anxious, They said that staff really helped their child manage the transition between home and the short break by helping them to get organised at the end of their stay and preparing them for going home. This showed an individualised service that involved the child to make the stay right for them.

Staff were highly motivated and inspired to provide good care. They were clear about what they were trying to achieve and wanted to make a difference to the lives of the young people. They enjoyed their work and spending time with young people. One member of staff told us that the children, "Make us smile if we are not already happy when we start work."

Staff knew the children well and had good developed relationships with them. They were able to tell us about each child, their strengths and their needs. One member of staff said, "I Know [child] so well I know when things are not right." Staff showed true compassion for children and their families. They spoke about the young people in an affectionate and warm way and were proud of the relationships they had with the young people. One member of staff told us how the child they supported recognised them and put out their arms for a cuddle when they saw them. Staff described going the extra mile for the young people they supported such as going back into work to ensure that there was a good handover when there were lots of

changes of medication. We observed them interacting with them in a confident and caring manner. Visiting professionals echoed this and one told us that they had observed that the staff were knowledgeable and the child they visited as, "Being really happy around staff."

There was laughter and good humour and young people were relaxed in the company of staff. There was lots of chatter about what was happening and the activities they were participating in. It was obvious that this was a usual occurrence and we observed staff speaking to the children and young people in a caring and compassionate way, offering reassurance and comfort where needed.

Communication was given a high priority and a range of communication tools were in use. Staff had undertaken training to support the children's preferred methods. For example one young person was about to start to use a computer with eye gaze technology and staff were learning about this. The manager gave us an example of where they had assisted one young person to use their thumb to indicate preferences. Staff were keen to listen to the children and understand their views we observed that there was lots of eye contact. One young person was being taken out by a member of staff in their wheelchair, they were asked whether they wanted a blanket, they gave an noncommittal reply. The member of staff spoke to them clearly and slowly. They explained why a blanket was a good idea and how it would be removed when they reached their designation.

We saw that the staff actively listened to young people observing their behaviour and what they were communicating. Interactions were warm and tender, and we saw one individual who was unwell being comforted by a member of staff who gently stroked their hair as they listened to the individuals breathing. The member of staff was clearly concerned about the young person but was calm and reassuring throughout encouraging them to rest. They could see that the young person wasn't sitting comfortably and moved so that their back and neck was supported against the staff member's body. The member of staff then quietly began to read a short story from a picture book and we saw that the young person facial expressions changed from being tense to being visibly relaxed. The warmth and genuine care demonstrated by staff was beneficial for the children.

The service was in the process of introducing a new key worker system and they were identifying which staff would be most compatible with the different young people. It was planned that they would work with the young people and families to identify goals such as tasting new foods or settling down at bed time and also to review progress on an ongoing basis. It was planned that the key worker would develop an end of year report and accompany the manager on visits to the child's home and participate meaningfully in review meetings.

The manager of the service told us that they tried to use the short breaks as an opportunity for young people to explore new possibilities and do activities which may be difficult for them to participate in such as going to the beach. This was to develop independence and confidence.

The staff had recently taken one of the young people from Seaside Cottage on holiday to a holiday centre. Because of the young person's complex needs this had required significant planning and discussions with the holiday centre to ensure that the holiday was tailor made for the specific individuals. Staffs had worked hard to overcome obstacles to make the holiday a success and were pleased that their planning had paid off. They described how the young person had communicated that they had enjoyed the holiday. Staff showed us photographs of them swimming and told us that they had been able to participate in new experiences such as Bollywood dancing and cycling.

Young people's independence was promoted. Staff focused on what young people could do rather than focusing on any limitations. They gave us examples of where they had helped young people to be an independent as they could be, such as assisting one young person to get themselves into bed independently. We observed that children were fully involved in activities and enabled to participate to different degrees. One young person was observed stirring a bowl of icing another moved along the floor and was able to access the toilet independently, rather than being taken in their wheelchair. Staff gave positive reinforcement and lots of praise and encouragement as children and young people were undertaking tasks.

Achievement books were in place which had been personalised by the young person and provided a pictorial guide to the activities and the young persons stay. Staff and a young person were observed going through their book together and chatting about some the things they had done.

Families told us that they had good relationships with staff and the management of the service. They told us that they were kept up to date with any changes which occurred during their child's visit to the service. They told us that they and their extended family were able to visit their children and were made to feel welcome. The manager told us that they had recently started to produce newsletters to keep families up to date with developments at the service.

We found that the service had a homely atmosphere Each young person had their own bedroom and which was comfortable and had been personalised for them. Although it was respite, staff had thought about who was using the service and their interests. Each room had a plaque on the door with the child's name and the bedrooms looked homely and inviting. Personal care was provided discreetly and in a way that respected the young people's privacy and dignity. Staff were vigilant and attentive and we saw that another young person's lips looked dry but staff had immediately noticed and went and agreed to get some emollient.

The manager told us that the service had recently participated in the dignity challenge and used this project to reflect on how they promoted the dignity of the young people. They gave us examples of changes that they had made such as one young person now shopping for their own clothing. The child was involved in decision making for themselves enabling them to develop their own identity.

There were systems in place to consult with the children and relatives about their views on the service and how it could work better for them. There was a suggestion box in place in the entrance for staff relatives and young people to use. Meetings were held with the young people in residence each week and records were maintained of the discussions. The manager told us that changes had been made to menus and items such as toys and craft items had been purchased following suggestions made. Satisfaction questionnaires were in different formats and included pictures to make them accessible to all people at the service.

Families had been asked for their view of the service and the care provided. One person had written that they were, "Totally at ease with the 100% care that their [child] receives and it surpassed my expectations." Another person wrote, "An incredible service that feels like home from home," …..."I feel confident in the care provided by staff and love the outings[my child] goes on." This showed us that families valued the individualised service on offer and were confident and keen to use it.

Good

Is the service responsive?

Our findings

Families and professionals told us that the service was helpful and flexible, and provided a good respite service. They told us that they were invited to meetings to review their child's progress and the service communicated well with them.

An assessment of people needs was carried out before they came to stay at the service. Families told us that they were contacted prior to any short stay to ascertain whether the young person's needs had changed since their last visit. We saw that staff completed a booklet about the young person at the beginning of each stay which highlighted any changes. There were a variety of systems in place to communicate with families depending on the needs of the child and their preferences which included daily phone calls and communication books. Annual assessments were undertaken to reflect on progress, how they were meeting the goals and to consider any changes as the young person developed.

Care and support plans documented the support people needed and how they wished it to be provided. The plans were detailed and informative and included details of people's preferences, their interests and what was important to them. For example information was included about foods and the children's toiletries and what they preferred. Some young people had night plans which included details of where their bed should be placed or details of their specific sleep system in place to support them at night.

Staff told us that they had time to look at care plans and update their knowledge before young people came to stay. Daily records were available which recorded how the young person had been supported and how they were feeling. This information was also supplemented by handovers to ensure that staff were kept up to date with changes in people's needs. Team meetings were also used as an opportunity to discuss the child's stay, review their progress and identify any learning or changes that they needed to take into account. These systems in place showed us that staff knew people's needs and were aware when they changed to enable them to give the correct care and support as needed.

The service had good community links and enabled the young people to lead full lives. Families told us that the children participated in a good range of social activities including going on walks along the sea front, and cooking. We were told that one young person attended a local youth club and they had ran a car boot with staff support the previous day. We observed people were supported to be involved in activities of their choosing which promoted their sense of well-being. During the morning of the visit some of the young people went to the cinema and another other went out for lunch. In the afternoon the young people participated in a range of activities including crafts and home baking. A karaoke machine had recently been purchased and one young person enjoyed singing along with a member of staff. There were a good range of equipment on site including a soft play/ relaxation area, a new garden swing had also been recently purchased. All these activities were child focused and based upon the preferences and needs of the children to give them a stimulating environment.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw that there was a policy as to how any issues which were raised were responded to. We saw that

there was a suggestion box for staff, children and relatives to use. Visiting professionals told us that they were confident that if concerns were raised the providers would listen to the issues and respond. Relatives were confident that they would be listened to and satisfactorily responded to.

Good

Is the service well-led?

Our findings

Relatives and professionals expressed confidence in the service and the care provided. One relative told us, "It is the best place locally." Another said, "The care is safe and good quality." Professionals spoke highly of the service with one telling us that the service were very proactive picking up issues quickly and dealing with them.

The management of the service had a clear vision which focused on the wellbeing of young people and providing good quality care. Staff were clear about the aims of the service and their roles and responsibilities. The culture was positive and staff morale was high with staff telling us that it was good place to work. One member of staff said, "There is a lovely atmosphere, it is so friendly and we have a great team." A Relative told us that, "The manager is really nice and is very experienced but takes no nonsense."

Staff told us that the management was approachable and visible and communication was good. One member staff said, "Never come across management like it, they have worked alongside us…they are respectful and have an open approach and listen to us." We observed that the manager was knowledgeable about the young people in the service and clearly spent time with them.

Staff told us that they were well supported and felt valued. The management of the service recognised the importance of developing the skills of staff and we saw that the staff were supported to access training. Nursing staff were being assisted with revalidation which is the process that all nurses must go through to demonstrate that they can practice safely and effectively. The management of the service had identified that some staff could be further developed and would benefit from leadership training and were organising this. Regular team meetings were held and staff told us that there were themes which focused on different topics such as safeguarding and helped to refresh their knowledge. We looked at the minutes of staff meeting and saw that poor practice was challenged and reminders were given to staff about their role and the expectations. This showed us that the manager was keen to drive improvements and was open with communication.

Responsibility and accountability was understood by management and staff. Staff were clear about their roles and responsibilities and what was expected of them. There were clear on call arrangements when there was no nurse on site and staff told us that they always knew who was on call and the arrangements worked well.

The manager told us that they were well supported by the directors and met with them regularly to reflect on the care and future developments. In addition had access to clinical supervision to reflect on clinical practice.

Weekly managers meetings were held to reflect on the previous week , look at how the on call arrangements had worked and plan the admissions for the week ahead. Meetings were also held with the young people over the weekend to talk about their stay and pick up on any suggestions to ensure that young people continue to have fun. This reflective practice ensured that the service was flexible and responsive to the

needs of those in occupancy at that given time.

There were links with a number of local and national hospitals as well as awareness of the NICE guidance. The providers and the manager had also started to develop links with other specialist services offering support to children to reflect on best practice and identify joint learning. This meant that the service was measuring itself against other similar services and was keen to ensure quality of service had parity with others.

There was an effective quality assurance system in place to make sure that any areas for improvement were identified and addressed. We saw that the manager had oversight of incidents and accidents and audits had been undertaken on a range of areas such as fire safety, handwashing and medication. An independent reviewing officer also visited the service on a monthly basis and produced a report. We saw a sample of these reports and saw that where issues were identified they were clearly identified in an action plan and followed up at the next visit. This meant that the provider had systems in place for independent oversight and was able to see how this service was operating on a day to day basis.