

Wakefield MDC

Star House

Inspection report

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13 October 2016

19 October 2016

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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 5, 6, 13 and 19 October 2016. The provider was given 48 hours' notice to make sure someone would be in. The last inspection was carried out on 21 November 2013. The service met the regulations we inspected at that time.

Star House is a short break 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 children. There were six children using the service when we visited. Care is provided to around 45 children each year with each child receiving around 70 overnight stays per year.

The service is also registered with Ofsted. Ofsted last carried out a full inspection in October 2016 when the service was rated outstanding.

The service had a registered manager. 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.

Children and young people had access to a wonderful range of age appropriate activities, some of which they could not access at home. Facilities at the service included a soft play area, sensory/relaxation room, ball pool, toy room, computer and television room, sensory garden, allotment area, basketball court and trampoline. During our inspection each child was doing what they wanted with staff support. Staff did not view the complex needs of the children and young people as a barrier to them participating in similar activities to those of their peers.

Staff had an excellent understanding of the needs of the children and young people who used the service. Children and young people were supported to maintain their privacy and dignity by very compassionate staff. Children and young people were extremely comfortable with staff and there was a welcoming and homely atmosphere at the service.

There were very positive relationships between the families, children and staff that supported them. Staff had been creative in considering new ways to support families of children and young people.

Relatives we spoke with felt staff were very caring. One relative told us, "They are very caring and compassionate." Another relative said, "The staff are lovely and so devoted and they really, really care about the role."

Relatives spoke positively about the support they received from staff. One relative said, "They have given me emotional support when I needed it, they made time for me and were a friendly voice at the end of the

phone."

Relatives we spoke with felt the service was safe for children and young people. One relative commented, "As a parent I don't have to worry a bit about them going there, I never have and it's such a relaxed environment that I can ring every night. This allows me to switch off if I need to." Another relative said, "I'm really happy with the service and so is my child."

Relatives told us how the service had made a huge impact on their children by giving them the confidence to be themselves and allowing them to be children and young people.

Risks to young people's health and safety were recorded in care files. These included risk assessments about young people's individual care needs such as using specialist equipment pressure damage and nutrition. The environment was clean and well maintained.

Medicines were managed safely. There was a clear system in place to book medicines into the service when a child or young person was admitted for a short break. There was clear guidance in place for 'as and when required' medicines, for example if a child or young person needed pain relief.

Children and young people who used the service were supported by staff that were trained and knowledgeable. Relatives we spoke with described staff at Star House as competent and capable. One relative said, "Staff know what they are doing, they know the kids and interact well with them." A staff member told us, "The training we receive is excellent.

Care records contained detailed information and guidance about how to support young people based on their individual health needs, social needs and preferences. The support guidance in care records also included information about how much staff support young people required and how staff could promote young people's independence.

Staff at the service worked closely with other teams to enable a smooth transition from children's services to adult services. The service employed a dedicated transition worker which meant there was a single point of contact for families.

Relatives and staff spoke positively about the registered manager (clinical lead) and the management team as a whole. A relative told us, "[Registered manager] is really good. I know they're always on the end of the phone." Another relative said, "The management are very hands-on, definitely easy to talk to."

The management team ensured the quality of the service was continually assessed and monitored by carrying out monthly audits of all aspects of the care provided.

There were systems in place to gather feedback from relatives and health and social care professionals. An annual survey had just been issued.

There was a positive culture and ethos at the service which was driven by the management team. They were clear that the aim of the service was the wellbeing of the children and young people. Staff took pride in telling us they treated each child or young person as an individual and we saw this put into practice.

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 knew how to recognise and report abuse.

Comprehensive checks were carried out on all staff before they started work at the service. There were enough staff to make sure children and young people had the care and support they needed.

Risks to children and young people were identified and managed in order to keep them safe.

Is the service effective?

Good ●

The service was effective.

Children and young people's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

Staff training in a range of key and specialist areas was up to date.

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

Is the service caring?

Good ●

The service was caring.

Children and young people were extremely comfortable with staff and there was a welcoming and homely atmosphere at the service.

Children were supported to maintain their privacy and dignity by very compassionate staff.

There were very positive relationships between the families, children and staff that supported them.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff did not view the complex needs of the children and young people as a barrier to them participating in similar activities to those of their peers.

Relatives told us how the service had made a huge impact on their children by giving them the confidence to be themselves and allowing them to be children and young people, which enhanced their well-being and quality of life.

Staff had been creative in considering new ways to support families of children and young people.

Is the service well-led?

The service was well-led.

Relatives and staff told us the registered manager was approachable.

There was a positive culture and ethos at the service which was driven by the management team.

There were effective systems in place to monitor the quality of the service.

Good ●

Star House

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 5, 6, 13 and 19 October 2016. The provider was given 48 hours' notice because the location provides a short break service for children and young people who are at school during the day, so we needed to be sure someone would be in.

The inspection was carried out by one adult social care inspector on 5 and 6 October 2016 and an expert by experience on 13 and 19 October 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted parents and carers of the children and young people who used the service to obtain their views.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

In addition to the PIR we also reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Some of the children and young people who used the service during our visit had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked their parents and carers for their views. We spoke with 15 parents and carers on the telephone.

During the visit we spent some time with five children and young people. We spoke with the registered manager (who was also the clinical manager), the residential care manager (who is the registered manager with Ofsted), two deputy managers, two registered nurses, two support workers and the cook. We viewed a range of care records and records relating to how the service was managed. These included the care records of three children and young people, the medicines records of five children and young people and three staff files.

Is the service safe?

Our findings

Relatives we spoke with felt the service was safe for children and young people. One relative commented, "I do think Star House provides a safe service, they absolutely put safety first." Another relative said, "It provides a safe place. As a parent I don't have to worry a bit about them going there, I never have and it's such a relaxed environment that I can ring every night. This allows me to switch off if I need to." A third relative said, "I'm really happy with the service and so is my child."

We asked staff if the service was safe. One staff member said, "Most definitely. We can shut the doors to isolate an incident and we have all the necessary equipment and training so the children are safe. Staff have had training in safeguarding and child neglect." Another staff member commented, "The children are safe because we've got risk assessments and control measures in place so the children can be children." Staff told us they were aware of online safety so internet access was supervised discreetly. A relative told us, "I couldn't fault them, [young person] likes to use the internet, the staff have been really good and have spoken to [young person] about the dangers of certain sites and keep a watch on them at my request."

The service employed approximately 40 staff. The registered manager, residential care manager, a deputy manager, two nurses and three support staff were on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed two administrators, two housekeeping staff and one cook. Night staffing levels were three staff members (a combination of nurses and support staff depending on the children's needs). The registered manager said, "We offer largely one to one support for the young people. We use our own pool of bank staff if needed. Most of these staff work with the children in school so know them well."

Relatives we spoke with said there were enough staff. A relative told us, "There is enough staff at Star House. My child needs one to one care at night and their visits are always carefully planned." Another relative said, "Yes there are enough staff there, it's very reassuring."

Staff told us and records confirmed they had received training in protecting children from abuse and those at risk of sexual exploitation and how to raise concerns. Staff were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect young people. Staff understood the different types of abuse and knew how to recognise signs of potential abuse and understood their responsibilities to report issues if they suspected harm or poor practice. Staff told us whistle blowing, that is reporting poor practice, was regularly mentioned in staff meetings and supervisions.

Risks to young people's health and safety were recorded in care files. These included risk assessments about young people's individual care needs such as using specialist equipment pressure damage and nutrition. Control measures to minimise the risks identified were set out in young people's care plans for staff to refer to. For example, young people who displayed behaviours that may challenge themselves or others had an individual crisis management plan. This set out precise steps for staff to follow to defuse the situation.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried

out and reviewed by the registered manager regularly. Each young person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support each child or young person in the event of an emergency evacuation.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff. Body maps were completed on each young person for each stay so that any injuries could be monitored and a check kept on skin integrity. Information of this type was scanned straight to the provider's computer system so social workers could be informed straight away.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support children and young people. People's identification and employment history were checked, and a disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were managed safely. There was a clear system in place to book medicines into the service when a child or young person was admitted for a short break. Two members of staff checked the medicines at the beginning of each child or young person's stay. This was cross referenced with the list of medicines provided by relatives. Staff told us if there were any queries they contacted families and/or the child or young person's GP immediately. A relative told us, "The GP gave medication for [child] to have. I didn't notice that the medicine was too strong. It was only in respite that they checked before giving it, that they flagged it up. They contacted the GP to get the dosage reduced."

We saw children and young people received their medicines at the time they needed them. We checked five medicine administration records (MARs) and found no gaps or inaccuracies in relation to routinely prescribed medicines. This meant children and young people received their routinely prescribed medicines as directed.

For children and young people who were prescribed medicines 'as and when required' there was clear guidance in place when it should be administered, for example if a child or young person was having a seizure or if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for children and young people who could not always communicate verbally.

Medicines were kept safely in a locked cupboard in a locked treatment room. The temperature of the treatment room and the clinical fridge were checked daily. Temperatures were largely within recommended limits but there were a few occasions in September 2016 when the temperature had exceeded recommended limits due to warm weather.

There was a pleasant and homely atmosphere at the service. The environment was clean and well maintained.

Is the service effective?

Our findings

Relatives we spoke with described staff at Star House as competent and capable. A relative said, "Staff know what they are doing, they know the kids and interact well with them." Another relative told us, "Staff have had enough training. They know how to deal with my child and what he can cope with. They never force him to do anything. They do really well."

Children and young people who used the service were supported by staff that were trained and knowledgeable. 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 they shadowed a more experienced member of staff before working independently. New staff were given a mentor to assist them and provide additional support while they settled into their new role.

Staff had received training to enable them to support young people with specific complex health conditions such as epilepsy, breathing or feeding needs. They had experience and knowledge of supporting individuals with an endoscopic gastrostomy (PEG) which is a feeding tube which goes through the abdominal wall. Staff administered feeds via the PEG and had competency assessments in place regarding this. We observed staff supporting some of the children and young people who received their nutritional intake via a PEG and saw staff supported this by ensuring the young person was comfortable and positioned correctly.

A staff member told us, "The training we receive is excellent. The quality of the staff here is superb. The nurses are so skilled and compassionate and we have good managers." Another staff member said, "We've done loads of training."

Staff told us how they supported one young person who had a specific medical condition. Training records showed staff had been trained by a specialist nurse to enable them to manage a specific piece of equipment which the young person needed through the night.

Staff received training on 'therapeutic crisis intervention' which helped staff support young people with behaviours that may challenge others. A staff member who was a trainer for this technique told us, "Our main ethos is to avoid restraint and the techniques we use are child-centred." Support plans included restraint as a last resort. Records showed when restraints were used records were completed fully and a debrief was held to review lessons learnt.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. A supervision and appraisal planner was in place so the management team could monitor and plan when these were due. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

One staff member told us, "Supervisions are useful but we don't wait for these as issues are voiced as and when they arise." Another staff member said, "Supervisions are good to off load and review the needs of the

five children I'm named nurse for. We can discuss if anything needs updating, but I feel I can approach managers at any time so I don't have to wait until supervision."

The service provides the regulated activity for children and young people under the age of 18. For young people aged 16-17 the Mental Capacity Act 2005 applies where young people may lack the capacity to make specific decisions (with some exceptions). 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.

We checked if the service was acting in accordance with the principles of the MCA for young people aged 16-17 and checked if any applications had been made to the Court of Protection. The MCA is not applicable to those children under the age of 16. If necessary applications can be made to the Court of Protection who can make particular decisions on behalf of the child. At the time of the inspection we found there were no Court of Protection orders in place for any of the children or young people who used the service.

Decision making was made by individuals with parental responsibility for the children who used the service. We found that parents, or those with parental responsibility, had signed an agreement for the care and support which staff provided. Those we spoke with confirmed that they had been involved in discussions about how the care would be delivered and were present when care needs were reviewed. Children and young people were also included in these discussions and their views were explored where appropriate.

Staff supported young people to make decisions about what they wanted to do or what they wanted to eat. Staff communicated with young people in a manner that was appropriate to their needs, and used communication aids such as picture symbols and gestures.

Young people had access to healthy meals which promoted their wellbeing. A cook was employed who made fresh meals through the week. During weekends support staff made the meals. A meal planner was in place which set out the menu for the coming week. A daily menu was displayed in the communal dining room in written and picture format. The cook knew young people's likes and dislikes well. These were also recorded in care plans.

Relatives told us communication was good and staff kept them informed. One relative told us, "I call them all the time and they are really supportive, even out of hours. For example I had problem with the feeding tube and they helped me to put it back in. They have brilliant interaction with [young person] and give them constant attention."

Care records contained evidence of collaboration between parents and carers, staff at the service, social workers, dieticians, community specialist nurses, occupational therapists, physiotherapists, and GPs to ensure children and young people received effective care to meet all of their needs. Staff worked closely with other agencies and participated in child in need reviews, school reviews, health planning meetings and child protection conferences. Staff also supported relatives to attend health care appointments with the young person when asked to do so.

Is the service caring?

Our findings

Relatives we spoke with felt staff were very caring. One relative told us, "They are very caring and compassionate. They touch and stroke [young person's] hand to introduce themselves." Other relatives said, "The staff are lovely and so devoted and they really, really care about the role" and "Yes, the staff are really compassionate and caring, absolutely, they give [young person] a cuddle and hold their hand when outside, [young person] thinks they are fantastic."

One young person had written a card to thank staff which read, 'Thanks to all the staff and friends for all your hard work to become the young man I am today.' Relatives had also written cards to thank staff which included comments such as, 'Thank you so much for showing true love, care and compassion. You treated [child] with the dignity and respect they deserved and we will always be grateful for it,' and 'Thank you for making us all as a family so welcome. [Child] loves coming and I know they are well cared for.'

Feedback from a recent survey of relatives included comments such as, 'You are doing a good job,' 'Very happy with the staff,' 'I am very happy with Star House and my child enjoys his stays there' and 'Very impressed how some members of staff go above and beyond what is expected of them to make [child's] stay as happy as possible.'

A relative we spoke with said, "My child has been coming here for about four years and I think it's fantastic. They do a really good job. They understand my child's behaviour and listen to what I say. The staff are very friendly, happy and helpful. They're definitely caring because you can see it in the way they interact with the children. I'm really happy with the service and so is my child." Another relative said, "They have given me emotional support when I needed it, they made time for me and were a friendly voice at the end of the phone."

Relatives told us staff and management were accommodating and flexible which meant they could have a break when they needed to. Relatives gave us examples of when dates had to be changed because of family holidays or health appointments and told us staff and management were accommodating wherever possible. A relative said, "We had a night out booked and even though we were on the list for Star House they tried to swap it for us so we could all go to the night out." This meant staff and management appreciated the needs of families and how important it was to promote the young person's wellbeing by supporting families.

The management of the service told us they tried to accommodate the dates that relatives requested, but they also looked at the compatibility of children, young people and staff. They told us some young people got on well together and where possible they tried to support these friendships by enabling them to have a visit together. A relative told us how staff "organise the other children during [young person's] stay to ensure it is the right fit." This enabled young people to develop meaningful friendships with their peers. Another relative told us, "[Young person] sees it as their social time and to make friends at Star House. The place encourages friendships and it has helped [young person] blossom over time giving them the confidence and freedom to be independent."

The service was provided to children and young people from different cultural backgrounds. The registered manager told us interpreters and advocates were available to ensure the service met the young person's cultural needs. Information regarding advocates was on display in the reception area and was included in the 'children's information guide' which was available in written, easy read and picture format. This meant the diverse needs of children and young people using the service could be met.

The registered manager told us two of the young people who used the service had advocates through the children's advocacy and participation service.

Relatives told us staff were sensitive and respectful to the children and young people who used the service, and how staff ensured their dignity was maintained. A relative commented, "The staff are very sensitive to [young person's] needs and give them their own space and privacy, especially since they are now getting older. [Young person] never comes home unhappy from there." A second relative told us, "I feel they do treat [young person] with dignity and respect and now they are a teenager Star House are really good especially about bath time as they allow them to have their privacy and own space." A third relative said, "I feel they do give dignity and respect and really feel they are caring when dealing with [young person's] personal needs, very sympathetic."

A staff member told us, "The staff here are definitely caring, no doubt about that." Another staff member said, "Our focus is on outcomes for the children and young people who come here. We try to be role models for them."

We observed the children and young people were comfortable with staff and there was a welcoming and homely atmosphere. Staff spoke to young people kindly and calmly and explained what they were doing before providing care. Staff supported young people to do the things they enjoyed and also encouraged independence with daily living. One relative told us, "They are encouraging [young person] to be more independent by prompting them to wash, dress and do their teeth."

The managers of the service had received feedback from health and social care professionals. Their comments included, '[Staff member] sees [child] as an individual not as a diagnosis. [Staff member] knows [child's] needs inside out and does everything they can to work with other professionals and parents,' 'Information shared with myself is always relevant. The young people at Star House appear relaxed and comfortable in their surroundings. This in my opinion reflects that they feel safe, secure and unthreatened during their stays. The staff are very aware that different children have differing needs, likes and dislikes,' and 'All the young people I have had at Star House thoroughly enjoy their stays. Staff go the extra mile for children in their care.'

Is the service responsive?

Our findings

Staff had been creative in considering new ways to support families of children and young people. Staff had developed 'parent groups' to raise awareness of therapeutic interventions for behaviour which could be challenging. Feedback from families that had attended these was very positive as they reported they were given new and effective practical skills they could use with children which reduced stress levels and supported their well-being.

Staff told us how they used picture timetables for one young person as staff identified moving from one activity to another could trigger unsettled behaviour. Staff told us the impact of this was that the young person was now more independent and they can manage their own time better and adapt better to change.

One young person we spoke with told us how a staff member took them to training sessions at a local football club. The young person told us how much they enjoyed this and proudly showed us a newspaper article which featured them and the rest of the football team, which was on display in the dining area.

Staff demonstrated an excellent understanding of the needs of the children and younger people who used the service. They were extremely effective at responding to the needs of children and young people. Staff told us and we saw lots of examples of this. For example, staff told us how one young person didn't like the sound of birds outside their room so staff arranged for them to move rooms. Staff told us how one child wanted to go swimming but became anxious when taken and changed their mind. Staff said the child's staff team had engaged the child in what was happening, offering explanation and reassurance and told how they now enjoy swimming regularly.

Relatives told us how the service had made a huge impact on their children by giving them the confidence to be themselves and allowing them to be children and young people, which enhanced their well-being and quality of life. Relatives also spoke about the impact it had on their families. Comments from relatives included, "We have no family support to help and Star House has really provided that support," "It took a long time for me to believe in respite but I was allowed to take baby steps and build up the trust by having one hour visits. Now I am able to go away for a weekend and I literally just relax" and "It is being with [young person's] peers and people at school and Star house that has enabled them to blossom. There is always something going on at Star House but our child has complex needs and doesn't like noise at home, so Star House has helped them be themselves."

Staff told us how they had previously arranged for donkeys and owls to visit the service, which the children and young people had enjoyed very much. This had therapeutic benefits in terms of improving the confidence and self-esteem of the children and young people. The children and young people adopted a donkey from a local donkey sanctuary and received updates about its progress which gave children and young people a sense of achievement.

The service and its staff were responsive to the social needs of the children and young people. Children and

young people were supported to live as full a life as possible and arrangements were made for them to participate in appropriate activities and social engagements such as outings to local parks, the cinema, bowling and other places the young people had expressed an interest in visiting. Staff told us how they had special events planned for the forthcoming school holidays such as fancy dress for Halloween, pick your own pumpkin from a local farm shop, and making pumpkin soup and gingerbread with the young people. A talent show entitled 'Star House has got talent' was held regularly and enjoyed by young people, their families and staff alike.

Relatives told us staff were extremely effective at providing children and young people with access to a fantastic range of activities. Staff did not view the complex needs of the children and young people as a barrier to them participating in similar activities to those of their peers. Comments from relatives included, "Star House has a lovely outdoor area with lots of toys and [young person] likes to be outside come rain or shine," "Indoor at star house is like Aladdin's cave with lots of toys and the flashing one [young person] likes to play with" and "I struggle with transport so it really helps me when [young person] is able to go out."

Care was provided to children and young people up to the age of 18 and they had access to a wonderful range of age appropriate activities, some of which they could not access at home. Facilities at the service included a soft play area, sensory/relaxation room, ball pool, toy room, computer and television room, sensory garden, allotment area, basketball court and trampoline. During our inspection each child was doing what they wanted with staff support. For example, playing a computer game, watching television, having a bath or using an iPad.

A staff member said, "I'd like to think that we help maintain children living with their families by offering short breaks. The children get to do activities with their peers and you can see how their confidence improves."

There were numerous photographs of young people participating in activities throughout the service along with drawings that children and young people had done. A staff member said, "We try and get each child involved even if that is in a limited way so they all feel part of it."

Staff consulted individuals to gauge what was important to the children and younger people. Relatives told us how staff listened to their views and acted upon them, tailoring care and support to meet the specific needs and wishes of their children. One relative told us, "They really listen to our views. At home [young person] likes to relax on the floor of the living room with some toys. Staff asked Star House if they could do the same. They now have the same toys that [young person] has at home." Another relative said, "I asked if they could get a big cardboard box like they use at school as it was used as a sensory quiet space and they can lay [young person] in there. Star House actually went and made one especially for them." This meant the child had access to a safe space to avoid sensory overload.

Staff rotas depended on which staff worked best with which child or young person. Names and photographs of staff members were on a display board in the communal dining room which children and young people could use to express which staff they wanted to work with them. We saw how one child responded particularly well to one staff member who had a quiet and calming approach. We saw this child's repetitive behaviour decreased when supported by this staff member and they were calmer and happier. The registered manager said they tried to allocate this staff member to this child as much as possible as they had seen an improvement in the child's behaviour. When we asked staff about this particular child one staff member said, "[Child] is a different child now. They're so much more settled now they have boundaries and a routine."

Staff knew which children and young people got on together so the booking system was managed accordingly. Staff also asked the children and young people which other children and young people they would like to be at the service with, and this was acted upon where possible. We saw in one case a child had asked not to be at the service when another child they didn't get along with was there, and this was acted upon. Staff said the child was much happier about coming to the service as a result.

One of the deputy managers said, "We respond to the children's needs and the needs of families. We try to help when families are in crisis and move staff around."

A staff member told us, "We know the children and young people really well so we can detect small changes in mood and divert them. We can see when a child is becoming anxious so we use early intervention strategies." One staff member told us how a child had put themselves in danger while they were in the community. They told us how staff intervened and took the child to a place of safety.

The process for developing care and support for the children and younger people who used the service was based on developing a partnership with the aim of delivering child-centred care. Care records showed children and young people's needs were assessed and determined before the service was provided. The registered manager explained that when a referral was received by the service they discussed this with social workers before arranging a visit to meet the young person and their family. Designated keyworkers were given specific responsibility for getting to know the child or young person and gathering information about their likes/dislikes, routines, cultural background, feelings, aspirations and medical needs before their first visit to the service. This information was then incorporated into a placement plan. Keyworkers went to meet the child at home or school first. Introductions to the service were planned and children usually visited the service at tea time so they could meet other children and staff informally.

We looked at three care records to assess if staff were provided with the information they needed to provide appropriate care and support for young people who used the service. Care records contained very detailed information and guidance about how to support children and young people based on their individual health needs, social needs and preferences. The support guidance in care records also included information about how much staff support young people required and how staff could promote young people's independence. Care records also contained risk assessments which were detailed and specific to the young person. Staff said they had access to very detailed information about how to look after children and young people in a 'child centred way', that supported their needs as an individual.

Support plans in care records were reviewed regularly and updated to reflect changes in young people's needs, this ensured the plans were current and remained focused on the needs and wishes of the individuals. For example, as young people got older they wanted more time on their own so this was reflected in support plans and respected by staff. Relatives told us reviews took place at least twice a year either at the service or the young person's school, and involved Star House staff, other health and social care professionals, the child or young person, and their families.

Daily notes were kept which contained information about how a young person had been supported and what had happened that day. Different systems such as communication books/diaries and phone calls were in place to communicate with families depending on the young person's needs and the preferences of the family. Handover meetings took place at each shift changeover when each young person staying at the service at the time was discussed. Team meetings were also used as an opportunity to discuss young people's needs and review their progress.

Staff at the service worked closely with other teams to enable a smooth transition from children's services to

adult services. The service employed a dedicated transition worker which meant there was a single point of contact for families.

There were systems in place to consult with the children and relatives about their views on the service and how it could be improved. There was a suggestion box for children to use in the lounge. Where young people were unable to write their suggestions staff did this on their behalf. The suggestion box was emptied regularly and suggestions were placed on a large 'listening to our children board' in the communal dining area so young people could see what had been suggested and what action had been taken. For example, one young person suggested the service should have a stop watch so one had been bought and was available for young people to use.

Regular house meetings were held with the young people using the service at the time and records were kept of discussions held and actions taken. Young people took it in turns to chair these meetings where they felt comfortable doing so. This was to encourage the young people to become involved and be empowered in driving improvements across the service. Minutes of the most recent meeting showed that activities and food had been discussed. Young people were encouraged to give their feedback about all aspects of the service at house meetings. At the most recent meeting a young person said, 'I like everything here.'

Staff used the 'signs of safety' model as a communication tool with children and young people. This covered the 'house of dreams', 'house of worries' and 'house of good things.' This format was used at house meetings and in one to one sessions between children and their keyworkers. We saw these were signed and dated by the child (where possible) and staff. Staff were clear these belonged to the child or young person which meant that staff valued the hopes and dreams of the young people.

Feedback from relatives was sought via telephone calls from staff once a month, review meetings and an annual satisfaction survey. Relative surveys for 2016 had recently been sent out so the results were not available during our inspection. A relative told us, "Yes they always ask us for suggestions and include what your child wants too."

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw there was a policy in place for this. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. Relatives told us they had no concerns.

Is the service well-led?

Our findings

The service had a registered manager who was also the clinical lead and had been in post for several years. The registered manager jointly managed the service with the residential care manager who was registered with Ofsted.

Relatives and staff spoke positively about both managers and the management team as a whole. A relative told us, "[Registered manager] is really good. I know they're always on the end of the phone." Another relative said, "The management are very hands-on, definitely easy to talk to." A third relative told us the service was "well-run and relaxed."

A staff member commented, "[Registered manager] is really approachable. They work well with the residential care manager. It's a really nice place to work." Another staff member said, "[Registered manager] is always available no matter what time of day it is. She's ace, really supportive."

Staff meetings were held regularly. Minutes of the last staff meeting showed that young people's needs were reviewed and other items were discussed such as safeguarding and training needs. Minutes of staff meetings contained a good level of detail and were emailed to all staff so staff not on duty could read them at a later date.

A staff suggestion box was accessible to all staff in the office. The format of the suggestion forms was based on the signs of safety communication tool which staff used with the young people, that is what is going well, what are you worried about and what needs to happen. This was emptied regularly and staff were given feedback about their suggestions at staff meetings. Staff told us they had plenty of opportunities to provide feedback.

The management team ensured the quality of the service was continually assessed and monitored by carrying out monthly audits of all aspects of the care provided. Areas audited included care planning, health and wellbeing and children's views. Where further action was needed this was clearly documented with a timescale for completion. For example, a medicines error resulted in changes to the medicines administration procedure and a group supervision was held. Accidents and incidents were also reviewed and analysed so that if trends were identified action could be taken to prevent recurrence.

There were systems in place to gather feedback from relatives and health and social care professionals. An annual survey had just been issued so the results of this were not available at the time of our inspection. A relative told us, "They ask our thoughts to make service improvements."

There was a positive culture and ethos at the service which was driven by the management team. They were clear that the aim of the service was the wellbeing of the children and young people. Staff took pride in telling us they treated each child or young person as an individual and we saw this in practice. Staff told us they enjoyed working there. One staff member commented, "It's a great staff team and I love it here." There was a low turnover of staff at the service and staff worked well together as a team.

