

# Shyne Together Limited Carlile House

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Carlile House is run and owned by Shyne Together. It has been registered with CQC since 2013. The service is a three bedded specialist residential children's home for children and young people aged 10 years to 18 years old, registered to provide; treatment of disease, disorder or injury. The young people placed there are subject to a care order and have challenging behaviour and or experiencing mental health problems.

There was a registered manager at the time of inspection.

At the time of inspection, there was one young person in residence. It is a detached house at the end of a residential street.

It was last inspected in 2014 under the previous inspection framework and was compliant in all areas.

We rated Carlile House as good because:

- The environment was visibly clean and well maintained.
- There were enough staff for the young person to have one to one time on a daily basis.
- There were up to date risk assessments in place for the young person. Care plans were holistic and person centred.
- The young person was supported in accessing education.

# Summary of findings

- Joint working with the young person's community youth offending team and the local child and adolescent mental health team was good.
- Staff received appraisals, supervision and training.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We rated safe as good because:

- The home was visibly clean and well maintained.
- The furniture and fittings were of a good standard.
- The staff were responsible for the cleaning and we saw records showed cleaning was done regularly.
- Staff maintained and kept up to date with health and safety checks inside the home.
- There was an on call system for out of hours; in case of emergency or any concerns the support workers may have regarding the care of the young people.
- The staff sickness rate was low.
- All young people had comprehensive risk assessments that were reviewed regularly.
- All staff were trained in safeguarding children level three and had a good understanding of safeguarding.
- All of the staff we spoke with knew how and when to report an incident.

Good



### Is the service effective?

We rated effective as good because:

- The young person's intervention plans were holistic, personalised and recovery orientated and showed the young person's view.
- The management team supported the support workers to complete the National Vocational Qualification Level 3 in Health and Social Care.
- There were weekly staff meetings and effective handovers between shifts. The handovers included information about the young people's current daily functioning, what their activity was and their recent behaviour and risk issues.
- All records were stored securely and were easily accessible to staff when needed.

However:

- Intervention plans were not written in the first person and it was not clear if the young person had a copy.

Good



### Is the service caring?

We rated caring as good because:

- Staff interacted with the young person in a respectful and kind way.
- The young person told us the staff were kind and caring and they felt supported.
- Feedback from the young person was gathered from house meetings and a chalk board in the communal area that anyone could write on.

Good



### Is the service responsive?

We rated responsive as good because:

- The young person could make phone calls in private.

Good



# Summary of findings

- The young person could make hot drinks and snacks at any time.
- The young person could personalise their bedroom as they wished.
- There was access to activities as per the young person's preferences.

However:

- The home would not be able to accommodate young people with mobility problems as there was not a lift and all bedrooms were upstairs.

## Is the service well-led?

We rated well-led as good because:

- The staff we spoke with were very positive about the leadership. They said they felt valued and supported in their roles and it felt like a family.
- All of the staff received appraisals, supervision and training.
- The staff we spoke with felt they could contribute to the development of the service and felt supported in their professional development.
- The registered manager had devised a questionnaire to send round to local residents to find out their views of the home.

**Good**



# Carlile House

## Detailed findings

### Background to this inspection

Team leader: Nicky Ratcliff.

The team that inspected the service comprised two CQC inspectors.

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the home and looked at the quality of the environment and observed how staff were caring for the young person
- spoke with the young person in residence
- spoke with the registered manager
- spoke with three other staff members; including a nurse and two support workers
- looked at the care records of the young person in residence
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Is the service safe?

## Our findings

### Safe and clean environment

- The building is a normal residential home and as such did not allow staff to observe all areas.
- There were ligature points. However, staff were aware of how to mitigate against the risks if required. They explained they would increase observation levels and if necessary, they would put the young person on a one to one observation.
- The home was visibly clean and well maintained. The furniture and fittings were of a good standard.
- All electrical equipment had an up to date safety sticker on to say it had been tested and was safe.
- The staff were responsible for the cleaning. We saw records confirming cleaning was done regularly.
- A health and safety folder showed evidence of fire alarms being tested and fire drills being carried out on a regular basis.
- There was not a clinic room, as the service did not operate as a hospital. There was a room where the medicines prescribed for the young person were kept in a lockable cabinet.
- There was a fridge and we saw evidence to say the temperature was recorded daily. There were no medications inside the fridge at the time of inspection. There were no personal alarms or nurse call systems used within the residential home.

### Safe staffing

- The home employed 10 staff; senior support workers and support workers. At the time of inspection, there were two vacancies for support workers.
- The number of staff on shift varied to the number of young people in residence. At the time of inspection there was one young person in residence so two staff were on duty during the day and at night there were two night staff; one sleep in and one awake. There was one senior support worker on at all times. There was also the registered manager on duty Monday to Friday 0900 to 1700 and a qualified nurse who was also a director on duty Monday to Friday 0900 to 1700. A qualified nurse was not required to be on duty at all times, as this service did not operate as a hospital.
- There was an on call system for out of hours; this was a rota of senior support staff and an on call rota for the directors for additional support.

- The home used agency staff when required. Between 16/01/2016 and 03/07/2016, agency staff filled 79 shifts. There were no shifts that could not be filled.
- When agency staff were employed, the service ensured the staff had relevant training and experience and tried to use staff familiar with the home.
- During the 12 months prior to inspection 10 support workers left and 10 support workers had started.
- The sickness rate was low. Since January 2016, six staff had 20 days off between them due to sickness.
- There were enough staff so the young person could have one to one time.
- Activities were not cancelled due to short staffing.
- Staff received a mixture of e-learning and face-to-face training and all staff were up to date with all mandatory training except two staff needed to complete their first aid training.

### Assessing and managing risk to patients and staff

- There were two incidents requiring restraint since January 2016 up to the date of inspection. Neither of these restraints were prone (face down).
- We looked at one care and intervention record as there was only one young person in residence at the time of inspection. We saw comprehensive risk assessments had been completed and reviewed regularly.
- The service did not have young people in residence under the Mental Health Act. It does not operate as a hospital and the young people can leave at will. However, if they were deemed too young or they lacked capacity in some way, the staff, in conjunction with the young person's social worker would not allow them to leave, as it would not be in their best interest. This is in line with the Children Act 1989.
- There were up to date policies and procedures in place for searching young people and use of observation.
- We saw records that showed physical restraint was only used as a last resort and the staff we spoke with were able to describe de-escalation techniques they would use in the first instance. Prone restraint was not used.
- Rapid tranquilisation was not used as the service does not operate as a hospital and has no medical cover.
- There was not a seclusion room as the service does not use seclusion.
- The staff were trained in safeguarding children level three. All staff were up to date and could describe to us how they would recognise when and how they would raise a safeguarding alert or concern.

## Is the service safe?

- There was good medicines management practice. We saw records to show all support workers completed an online medicines management module prior to administering medication.

### **Track record on safety**

- There had been no serious incidents during the 12 months prior to inspection.

### **Reporting incidents and learning from when things go wrong**

- All of the staff we spoke with knew how and when to report an incident.
- Staff told us they were open and transparent and explained to the young people when things went wrong.
- Minutes from meetings showed staff received feedback following investigations of incidents or concerns raised. For example, a recent OFSTED Regulation 44 visit highlighted the accident book where staff record any injuries they receive could not be linked to the incident form or the young person's records. They have since developed a system of linking them up.
- Staff told us they were debriefed after incidents. We saw on the incident forms that there was a box to check to confirm if staff had been debriefed.

# Is the service effective?

## Our findings

### Assessment of needs and planning of care

- The service had completed an assessment of the young person's current daily functioning including; mood/mental health, behaviour, level of personal care and independence using their own tools and measures.
- As the service is a residential home, any physical health problems would be treated by the local GP or hospital. The staff would support the young person in attending appointments and with any subsequent treatment.
- One of the recommendations from a recent OFSTED regulation 44 visit was a body map should be completed upon admission. This would show any marks or bruises on the young person's body. The service is looking at how this can be introduced.
- The young person's records included current risk assessments and their version of care plans they called intervention plans and this was also where the support workers would record the young person's daily activity. The intervention plans were holistic, personalised and recovery orientated and often showed the young person's view. However, they were not written in the first person and it was not clear from the records if the young person had a copy. The young person told us their intervention plans were updated regularly and that they felt listened to when agreeing the actions. They said they did not want a copy of their plan. For example, the young person had opted to plan and make their own meals as a way towards independence.
- All records were stored securely and were easily accessible to staff when needed.

### Best practice in treatment and care

- The service does not operate as a hospital and such does not prescribe any medication or provide psychological therapies as recommended by the National Institute for Health and Care Excellence. If the young people in residence required any therapy or treatment, they would access their local Child and Adolescent Mental Health Service (CAMHS) or the service would buy in the appropriate therapy.
- The registered manager and the qualified mental health nurse had completed level one of the essential dialectical behavioural therapy skills training. This enabled them to offer the young people practical interventions around managing emotions more

effectively and choosing positive coping strategies. They shared their skills with the support workers in order to promote a positive environment within the home where the young people feel safe.

- Access to physical healthcare was via the local GP.

### Skilled staff to deliver care

- The service does not operate as a hospital and therefore does not have a range of mental health disciplines. If access to psychology or other discipline was required, it would be via the local CAMHS team or the service would buy the skills in.
- The staff we spoke with were experienced and able to provide a good standard of care as required in a children's home.
- The registered manager was a mental health nurse and there were two other qualified nurses; mental health and learning disability. The learning disability nurse only worked nights. However, being a qualified nurse was not essential to their roles.
- Support workers were supported to complete the National Vocational Qualification Level 3 in Health and Social Care.
- We saw records that showed staff completed appropriate inductions for their role.
- All staff were up to date with their appraisals and received clinical and managerial supervision regularly.
- The manager told us poor staff performance was addressed promptly and effectively.

### Multi-disciplinary and inter-agency team work

- There were weekly staff meetings and staff told us they could call a meeting at any time if they felt it was necessary.
- There were handovers between every shift and we saw from the records that they were comprehensive. The staff we spoke with described feeling part of a good team and felt everyone was equal.
- We heard from other organisations that there were effective working relationships with the home.

### Adherence to the MHA and the MHA Code of Practice

- The staff received electronic learning training on the Mental Health Act but no young people would be placed there while under the Mental Health Act.

### Good practice in applying the MCA

## Is the service effective?

- All staff had received training and had awareness around capacity but no formal mental capacity assessments were carried out. Staff were also able to explain Gillick competence to us for when young people are under 16 years old.
- Staff said they supported the young person to make decisions and discuss with the young person's social worker what decisions can be made in their best interests if the young person is too young or unable to make the decision for themselves.

# Is the service caring?

## Our findings

### Kindness, dignity, respect and support

- We saw staff interacting with the young person in a respectful and kind way. They showed warmth and used humour with the young person when in conversation and communicated at an age appropriate level.
- The young person told us the staff were kind and caring and they felt supported.
- The staff appeared to have a good understanding of the young person's needs, as they were able to describe them to us.
- The young person told us they felt safe and listened to by the staff. They felt they had made progress and it was one of the best placements they had. Their Youth

Offending Support worker agreed. She said the staff were able to manage the young person's challenging behaviour well and encouraged the young person to develop independent living skills.

### The involvement of people in the care they receive

- Staff told us they would orientate a young person prior to moving in by offering visits and overnight stays.
- The young person told us they felt they were very active in their intervention planning and there was appropriate involvement of the young person's social worker and family.
- There was a weekly young people's house meeting where the young people could bring up any issues or concerns. We saw minutes of meetings and the young person we spoke with confirmed this.

# Is the service responsive?

## Our findings

Is the service responsive to people's needs?

### Access and discharge

- There has been one young person in residence since April 2016.
- The home accepts referrals nationally from children's services. All young people placed at the home have a social worker and are on a care order.
- The young people move on to semi or full independent living, secure accommodation, psychiatric hospital or adult services. The average length of stay is approximately six months.

### The facilities promote recovery, comfort, dignity and confidentiality

- The service is not a hospital and is a residential home in a residential street. Downstairs the home consisted of a kitchen, a living room, a games room and front and back garden. Upstairs there were three young peoples' bedrooms, one bathroom and one shower room each with a toilet, staff sleep in room and the staff office.
- The young person could make phone calls in private.
- The young person could make hot drinks and snacks at any time.
- We saw the young person could personalise their bedroom as they wished and there was access to activities as per the young person's wishes.

### Meeting the needs of all people who use the service

- The home would not be able to accommodate young people with mobility problems as there was not a lift and all bedrooms were upstairs.
- If a young person required advocacy this would be accessed via their social worker.
- There was information about how young people complain in the house meeting file which was kept in a place accessible to all.
- We did not see evidence of whether there was access to appropriate spiritual support but staff said if this was required they would be able to facilitate it.
- The young person could choose which food they would like and any dietary requirements for religious or allergy need could be catered for. The staff cooked the food unless the young person wanted to.

### Listening to and learning from concerns and complaints

- There had been one formal complaint in the 12 months prior to inspection. This was being investigated at the time of inspection. The staff we spoke with and the young person all knew how to raise a complaint and would feel confident doing so.

# Is the service well-led?

## Our findings

### Vision and values

- The staff were aware of the services philosophy and they knew who the senior staff were as the registered manager and the qualified nurse who was one of the directors was on duty most days.

### Good governance

- We saw minutes from directors meetings that showed issues raised in the staff meetings were escalated to the directors if appropriate.
- The staff we spoke with were very positive about the leadership and felt valued and supported in their roles.
- The registered manager explained they do not use key performance indicators, as they have not felt it was necessary because it is a small home. However, they use recognised outcome measures to measure the progress of the young people, record incidents and any drug errors.
- The registered manager said she felt she had enough authority to do her job.

### Leadership, morale and staff engagement

- It was a small staff team and the staff we spoke to said it felt like a family and everyone supported one another. The recent introduction of the on call rota of senior support staff was introduced as staff were already contacting senior support workers for advice while they were off duty so the service decided to introduce it formally and pay the senior staff for being on call.
- The staff we spoke with felt they could contribute to the development of the service and felt supported in their professional development.
- The registered manager had devised a questionnaire to send round to local residents to find out their views of the home. She had sent out 14 but only two had been returned at the time of inspection; one was positive and thought that staff were considerate around parking and thought the young people were polite and one was concerned about the speed of the cars driving up to the home.
- OFSTED rated the home as good during their last full inspection in May 2015.