Nestlings Care Ltd

Heaton House

Inspection report

City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Tel: 01619500718
Website: www.nestlingscare.com

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service
Heaton House is a residential therapeutic placement for children aged under 18 with emotional and mental health needs. The primary regulator is Ofsted because Heaton House is categorised as a children's home. However, the provider, Nestlings Care Ltd, is also registered with the Care Quality Commission because they carry out the regulated activity 'Treatment of disease disorder or injury' from this location.

At the time of our inspection there were three children with a range of emotional and mental health needs living at Heaton House. Our inspection focused on the care, support and treatment they received to meet those needs.

People's experience of using this service and what we found
Children told us they felt safe at the home and that staff supported them positively with their behaviour and in the least restrictive way. Children also told us that they received medicines on time and when they needed it. We found that the service had good processes to keep children safe and protected and that they learned from incidents. We have made a recommendation about ensuring each shift has a member of staff on duty with a first aid qualification.

Children, their social workers and their Independent Mental Health Advocate (IMHA) said that the care and treatment provided at Heaton House was effective and that the children had experienced some good outcomes whilst staying there. Children said that they were enabled to provide consent to their care and treatment. We found that the service carried out effective assessments and planned care and treatment to meet children's needs. The service positively supported children with behaviour that challenged.

Children told us that they were treated with dignity, respect and compassion and this was confirmed by their social workers. We found that staff were caring and kept children at the centre of what they did.

Children said that their choices were respected and they were consulted about their treatment plans through regular meetings with the clinical team. We found that care and treatment was person-centred and supported the children positively. However, children said they did not have enough activities to do outside the home because of the Covid restrictions. Social workers said they had limited access to the children because of those restrictions. We have required the provider to make improvements regarding this.

Children liked the manager and the staff and told us that routines were helpful. One child specifically told us that they thought staff cared a great deal about their work and their responsibilities to the children. We found a positive culture at Heaton House with well-motivated staff who were supported by good leadership

and processes.

Choice, control, independence and inclusion
Children were mostly supported to have choice and control of their lives. Two of the children were subject of Court of Protection orders that restricted their behaviour, although staff supported them in the least restrictive way possible. The policies, systems and culture in the service enabled this practice because:
•□The care provided and the setting itself mostly maximised children's choice, control and independence; except that children had limited choices about the activities they could participate in outside the home.
•□The care and treatment was person-centred and promoted children's dignity, privacy and human rights.
•□The ethos, values, attitudes and behaviours of leaders and care staff ensured children living there were mostly enabled to lead confident, inclusive and empowered lives.

Previous inspections and ratings
This service was registered with us on 10 July 2019 and this was their first inspection.

Why we inspected
We carried out this inspection because they had not yet been inspected since their first registration and because we had become worried that the provider was not able to safely meet the needs of the children living there. This was because the provider had told us about several repeated incidents where children had harmed themselves. We wanted to find out if the procedures for managing these risks were working well and if there were enough well-trained staff to meet the emotional and mental health needs of the children living there.

We also looked at infection prevention and control measures. We look at this in all inspections of residential settings, even if no concerns or risks have been identified before. This is to provide assurance that the service can respond effectively to Covid-19 and other infection outbreaks.

You can see what action we have required the provider to take at the end of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe. Staff kept children safe from abuse by using effective systems and processes. Risk assessments were thorough and helped staff support children safely and with minimum restrictions. Staff were safely recruited. Medicines were used safely.

Is the service effective?

Inspected but not rated

The service was effective. Assessments were comprehensive. Care and treatment plans met children's needs and were reviewed regularly by a multi-disciplinary team. Children achieved good outcomes. Staff were well supported to maintain their skills. Consent was sought from children and their advocates according to national guidance. The provider worked well with other health providers.

Is the service caring?

Inspected but not rated

The service was caring. Staff involved people and treated them with compassion, kindness, dignity and respect. Children said they liked living at Heaton House.

Is the service responsive?

Inspected but not rated

The service needed to make improvements to be responsive. Children benefitted from person-centred care plans and positive behaviour support plans. However, the provider's Covid-19 plans had meant that children were unnecessarily restricted from undertaking any activities outside the home. We have required the provider to improve this.

Is the service well-led?

Inspected but not rated

The service was well-led. Staff worked in a positive culture that kept children at the centre of what they did. The provider engaged with children and their advocates effectively to ensure children's needs were met. The provider learned from incidents and promoted a positive learning culture.

Heaton House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors from the Children's Services Inspection Team.

Service and service type
Heaton House is a residential children's home that provides care and treatment to children and young people under the age of 18 who are experiencing poor emotional and mental health. Three children were living there and receiving care and treatment at the time of our inspection.

The service has a manager registered with the Care Quality Commission. Both the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care and treatment provided. Throughout this report we have referred to both the 'registered manager' and 'the provider'.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed all the information we held in our systems about the location and the provider. This included information the provider had sent to us as part of their legal responsibility to notify us of certain types of incidents and events, such as serious injuries and incidents involving the police.

We did not ask the provider to complete a provider information return prior to this inspection as this was their first inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with two of the three children living there about their experience of their care and treatment. We also spoke with four staff members, including a member of the provider's executive team, the registered manager, one of the mental health nurses and a member of the care team.

We reviewed a range of records. This included the care, support and treatment plans of all three children living there as well as their risk management plans. We looked at records in relation to staffing, training and supervision, incident reports and medication records. We also looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection
Following our visit, we spoke with all three of the children's social workers and the independent mental health advocate.

Inspected but not rated

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. Children were safe and protected from avoidable harm.

Systems and processes to safeguard children from the risk of abuse

- The provider had an effective safeguarding policy which was communicated to staff online and through a resource area in the office that had hard copies of key policies.
- The registered manager and staff knew how to deal with safeguarding concerns, including notifying the local authority. When concerns were raised, we saw they were dealt with appropriately and effectively. One child told us, "There was an incident and I hadn't felt safe and I told a member of staff and they sorted it."
- Staff completed relevant safeguarding training that supported them in providing safe care to children. Staff told us they knew who to contact if they had concerns and this was borne out in records of safety concerns that we reviewed.

Assessing risk, safety monitoring and management

- There were thorough, multi-disciplinary, person-centred risk assessments carried out prior to children moving to the home. These were well-documented and supported a safe transition to Heaton House from the children's previous placements.
- The risks arising from children's emotional wellbeing and their behaviour were identified in collaboration with the children, their parents and social workers using a in risk assessment and management plans. Comprehensive and up-to-date plans supported staff to help children stay safe. There were processes that meant that both temporary and permanent staff had sight of updates to these plans.
- Positive behaviour support plans were regularly updated and easily accessed so staff could keep children safe from avoidable harm. One of the children's social workers told us they had been involved in the positive behaviour support planning meetings for their child. They said they were impressed with the provider's approach to supporting children with their behaviour in positive ways. They observed there had been a significant decrease in any use of restraint compared to the child's previous placement.
- The multi-disciplinary team were regularly on site and available on-call to manage and respond to escalating needs. Staff told us that they valued the additional support to meet the children's needs.
- Children told us that they were involved in their planning meetings and that they felt listened to. In our discussions with children it was evident that they understood the concept of risk assessments and that they played an active part in identifying and reducing risks related to their behaviour. They said staff understood how to identify when they were beginning to feel emotionally overwhelmed and supported them quickly and calmly.
- Another social worker told us they had observed a reduction in the frequency that their child engaged in self-harm and an increase in their child's engagement with therapeutic sessions. They said their child had reported feeling much more secure and stable at Heaton House.

Staffing and recruitment

•□Children were protected by safe recruitment and training processes. For example, all new staff experienced a period of shadowing to allow them to feel confident to meet the children's needs.
•□There had been several staffing challenges during the Covid-19 pandemic. However, we did not see evidence that this had led to unsafe care.
•□We reviewed rotas that showed a recent decrease in the use of agency staff. There had also been a recent successful recruitment drive. New management processes across the provider had supported the use of staff from the provider's other locations when available, including cover for management of the home. This meant that children were more likely to experience care from someone that they knew.
•□At the time of our inspection, all the children living there were female. Apart from one occasion recently, there was always a female member of staff on duty. Children told us that it was important to them to have a female member of staff on duty as it helped them to feel safe.
•□Staff accessed regular supervision. This ensured continued learning and reflection about the way they supported children with complex needs. We saw from records that supervision was responsive to meet the needs of staff.

Using medicines safely
•□Medicines were stored safely according to the provider's policy and the Misuse of Drugs Act (Safe Custody) Regulations.
•□Staff completed medicines training during their induction. This was delivered by the registered nurse. This included a teaching session and a period of shadowing and observation before the new staff member was signed-off as competent.
•□The registered manager responded appropriately to medication incidents and learning from incidents was shared across the team. The registered mental health nurse enabled learning from incidents and this also influenced the provider's policies and procedures. However, we identified an incident involving the recording of a controlled drug that showed that staff did not always follow the provider's procedures.
•□Medication stock charts were overwritten in many places and the most recent chart had inaccurate dates. We were assured that there were no discrepancies in medication stock and we checked this by reconciling the stock of a random selection of medicines against the stock chart. However, the overwriting and legibility of the stock chart meant that it would be difficult for the registered manager to identify when an error had occurred.
•□We spoke to the registered manager at the time who took immediate action to address this through staff training and the introduction of e new stock chart. We were assured that the provider had acted quickly to reduce the risk of these incidents being repeated.
•□Children were involved in their care planning, including the use of medicines. They were able to tell us what their medicines were for, including those that were deemed as PRN (as needed). They knew who to go to if they wanted their medication reviewing.

Preventing and controlling infection
•□The provider had a sophisticated Covid-19 plan to reduce the risk of children and staff becoming infected with the virus. This included consideration of staff that might be at risk of infection and arrangements to ensure that children were protected from the risk of infection. The provider's arrangements complied with Government guidance. We have reviewed the provider's Covid-19 arrangements against our assurance framework and are we are assured that the provider was meeting all requirements.
•□The provider's Covid-19 plan included arrangements for hand-washing and sanitising and for the wearing, and regular changing of personal protective equipment (PPE) by all staff and visitors. There was a plentiful supply of hand sanitiser and PPE, including aprons, gloves and masks.
•□All visitors had to complete a screening questionnaire before entering to identify potential risks.
•□There were effective arrangements for ensuring staff were able to isolate and to get access to Covid-19

testing when risks were identified.
•□The physical layout of the location had been revised to support social distancing, such as the removal of some items of furniture and the rearrangement of seating in communal areas.
•□The provider had an up to date infection control policy that was augmented by their Covid-19 plans.
•□All staff had received training in the prevention and control of infection and in the provider's Covid-19 arrangements.
•□The registered manager carried out regular audits to ensure the home was clean and safe and that staff were following procedures.
•□There were effective arrangements in place for the regular cleaning of all areas of the home and our observations were that the home was a safe, clean environment.

Learning lessons when things go wrong
•□Our review of children's records and of incidents that the provider told us about, showed that the provider had a well-established process for recording, investigating and learning from incidents.
•□Lessons were shared at team meetings and through staff supervision. These were well documented and meant that managers were able to demonstrate how learning had been incorporated in to children's plans and the home's procedures.

Inspected but not rated

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. People's outcomes were consistently good, and children's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□Children were involved in their care planning from the earliest point, such as during transition planning before they moved into the home. This meant that children moved in with the most up-to-date care and treatment plan that reflected their needs and ensured continuity of care from their previous placement.
•□All children experienced a regular multi-disciplinary review of their care and treatment plan. This was an opportunity to review outcomes and the effectiveness of their existing plans. For example, risk assessment and management plans that were reviewed and updated weekly reflected their changing needs and their own wishes and feelings.
•□There was good communication with staff to ensure awareness of positive behaviour support plans and risks that arose from these weekly reviews. Staff knew what features of a child's presentation indicated potential harmful behaviour and how to proactively approach de-escalation.
•□Staff followed guidance issued in orders from the Court of Protection in relation to restricting children's liberty but followed good practice in using least restrictive options in every case.
•□We consistently heard and saw that children required fewer numbers of staff to support in de-escalation than had been used previously. This suggests that updated plans, risk reviews and the way that they were communicated, was having a positive impact for children.
•□One of the children's social workers reported to us that their child had told them they felt safe and well-supported in the home. The child had told the social worker they wanted to remain there until they were 18 then move to another of the provider's adult placements

Staff support: induction, training, skills and experience
•□The provider had a positive approach to ensuring staff were well-trained and confident to carry out their role.
•□All staff completed a comprehensive induction programme that included a shadowing period. New staff members were familiarised with the provider's processes, such as risk assessments and procedures for supporting supervising or accompanying children. Staff also received clear guidance on how to deal with specific incidents effectively, such as how to deal with missing from home incidents. This ensured that the staff were trained to meet children's specific needs and perform to expected standards.
•□During the induction, staff completed a mandatory training programme to ensure they had the appropriate knowledge to support their work. This covered a wide range of topics including; legal provisions relating to children's mental health, safeguarding children, medicines management and nutrition.
•□Staff could access additional training sessions relevant to their learning or development needs or arising from their recent experiences. This ensured continuous learning that was relevant to their role.
•□During the Covid-19 pandemic, staff had not accessed first aid training as it was previously delivered face-

to-face by an external provider. This is an important skill for the staff to have because of the nature of injuries experienced by young people when they harmed themselves. Although most staff had current first aid qualifications, we were not assured that that there was always a first-aider on every shift. We recommend that the provider ensure that shift rotas are checked to ensure a first aid trained staff member is always on duty.

Supporting children to eat and drink enough to maintain a balanced diet
•□Children were involved in weekly meal planning. They had individual cupboards to store their own food, which allowed them some independence about food choices. This was important to children with different nutritional needs or preferences.
•□Health promotion guidance was available in the kitchen including pictures and information about healthy foods. This supported children to make positive choices about their nutrition.
•□The kitchen was clean and children were encouraged to take responsibility for keeping it clean. This encouraged them to use the kitchen space and they were motivated by appropriate rewards for keeping spaces clean and tidy.

Staff working with other agencies to provide consistent, effective, timely care
•□Partnership work with external agencies was effective. Support for children from the Independent Mental Health Advocate (IMHA) was actively sought by the staff from the home and children were encouraged to use this service independently.
•□The service had effective working relationships with other health providers such as their GP, dentist and the local hospital.
•□Relationships with social workers was largely positive. Social workers we spoke to told us they were included in multi-disciplinary review meetings, and this was valued and helped them to support their children.

Adapting service, design, decoration to meet children's needs
•□There was evidence the provider responded to feedback from children. We saw a suggestions box that anyone could contribute to and a 'you said we did' board which allowed children to see changes that had been made.
•□At the request of the children, there were painted pictures of young people and staff on the walls. This was an activity that had been led by the children and provided some homely decoration.
•□The provider was responsive to children's request for indoor activities. They had recently installed a gym to support the children with exercise to promote their health. Some of the children liked baking and this activity was facilitated.

Supporting people to live healthier lives, access healthcare services and support
•□Due to the Covid-19 pandemic, access to some of the children's support services had changed, including for example, education and shopping trips. The children told us they looked forward to their education, but it was only for a limited time each week due to the restrictions.
•□Children were supported to access healthcare when they needed it, such as accessing the hospital emergency department and access to homely remedies.

Ensuring consent to care and treatment in line with law and guidance
•□The provider had clear procedures for obtaining consent from children or people with parental responsibility in relation to decision about their carer and treatment.
•□Staff were confident in their application of the test for Gillick competence for children who were under 16 in relation to consent for daily living routines, activities and decisions about their care and treatment. Staff

know when to involve people with parental responsibility in decisions, such as parents or social workers.
• Staff understood the limitations of orders issued by the Court of Protection in respect of children aged 16 and 17. It was clear that when decisions were made about restricting children's liberty, efforts were always made to do so with the consent or co-operation of the child. Staff routinely used the least restrictive option in accordance with children's positive behaviour support plans.

Inspected but not rated

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. Children were supported and treated with dignity and respect; and involved as partners in their care. Children were well respected and involved as partners in the care and treatment by a provider and staff that valued them as individuals.

Ensuring children are treated with kindness and compassion, respecting equality and diversity, and that they are given emotional support when needed

- Children told us they liked living at Heaton House and that they liked the staff.
- Children said that staff were kind, respectful and that they felt valued.
- Children, their social workers and the mental health advocate told us that staff were sensitive to children's emotional needs.
- Staff told us how they took account of children's wishes, feelings and their emotional presentation when providing care and treatment. This was borne out in our review of support and risk management plans that described the different staff responses for different situations.
- Throughout our visit we saw staff interacting in kind and supportive ways with the children. For example, we saw staff patiently supporting one of the children to take their morning medicine in a way that was compassionate, respectful and considered their emotional needs.
- The service employed staff of mixed genders so that children were supported most of the time by staff that met the children's preferences about this.
- Staff had received training in equality and human rights. We saw, and the children told us, that they were treated fairly and equitably.

Supporting children to express their views and be actively involved in making decisions about their care, support and treatment

- Both clinical staff and care staff knew the children well and understood the things they liked and disliked. Staff told us they understood the ways that children preferred to be supported when their emotional needs were escalating and this was evident in their risk management plans.
- Children could have access to an IMHA whenever they wished and staff actively promoted this access to the children. Staff acted upon feedback they received from the advocate about children's care and treatment.
- Children told us that staff listened to them and took account of their wishes. For example, each of the children were aware of the effect of medicines that were deemed PRN (as needed) and of the amount of these medicines that they could take throughout the day. Children knew when they needed these medicines and they were empowered to make decisions about when they could take them.

Respecting and promoting people's privacy, dignity and independence

- Children's personal information was kept confidentially in the office.

•□Staff fully respected and promoted children's privacy and dignity.
•□Therapeutic discussions were provided privately when they were needed and medicines were provided discreetly.
•□Children told us that their privacy was respected, except for those occasions that related to them having access to things with which they could harm themselves. Children said they fully understood, and accepted, that this was in accordance with their risk management plans, and this demonstrated that they had been involved in producing those plans.
•□Staff encouraged the children to do as much as they could for themselves and this supported their emotional well-being and sense of value. One child told us, "They help me to be independent."

Inspected but not rated

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. People's needs were not always met. Children's care and treatment plans were person centred. However, children's autonomy, independence and involvement in the community were not always supported through participation in meaningful activities outside the home in accordance with their wishes.

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

- Each child had a person-centred care and treatment plan, which detailed their preferences about the way they wanted staff to support them. Staff had worked with children, their families and their social workers to find out as much as possible about the children, including what they liked, disliked, what their treatment options and choices were and how their behaviour could be supported. Each child and the provider's multi-disciplinary team reviewed their plans weekly.
- There was documentary evidence of children's involvement in the production of their care and treatment plans and their risk management plans. This was demonstrated in the style and language of the plans which were written in the first person and reflected children's voices. This was particularly strong in children's positive behaviour support plans. These set out, in the child's own words, how staff could recognise different aspects of their behaviour and what support or intervention methods worked well for them.
- Children's records showed each contact with different staff members, including support staff, members of the therapeutic team and the mental health nurse. These records showed how children were able to express their wishes and feelings and we noted that these contributions affected their care and treatment plans.
- Children also told us that staff enabled them to feel valued and to feel that what they had to say was important.
- Children's social workers told us that they were able to contribute to children's plans through regular dialogue with the provider's multi-disciplinary team.

Meeting children's communication needs

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

- Material was made available for one of the children in an easy-read format to enable them to understand their care and treatment options.
- Staff explained that they took time to explain to children what their options were.
- Children told us that staff explained things well, and they understood everything that related to their care and treatment.
- Staff supported the children with their education and had enabled home learning to take place through the restrictions arising from the Covid-19 pandemic.

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

•□Staff supported people to maintain relationships with relatives and friends; most of these contacts had been taking place through video and telephone calls.

•□However, the plans the provider had in place to manage the risk of infection from the Covid-19 pandemic had meant that some of the children's contacts with relatives had to be reduced or restricted. Children said they understood the difficulties in being able to see their families due to the restrictions from Covid-19. They said they had been supported to have visitors, but that their visits were too infrequent and this left them frustrated.

•□There was a range of indoor activities that children could take part in, including an indoor gym, arts and crafts and cooking. At the time of our inspection the children were involved in creating craft ideas for a Halloween competition.

•□However, opportunities for enriching activities outside the home were significantly restricted due to the provider's application of their Covid-19 plans. The children, their social workers and staff told us that these activities were limited to a short, escorted walk around the local public park.

•□Children's records about their preferences set out a range of external activities that they enjoyed participating in. There was no evidence in their records that risk assessments had been carried out that were focused on enabling these external activities to take place; rather, the focus had been on limiting activities due to the Covid-19 plans.

•□The children's social workers we spoke with told us they felt the children would benefit from more external activities. One of the social workers told us that they were pleased that the provider's Covid-19 plans had kept their child safe from infection. However, they felt this had resulted in the child being kept within the home environment more than was necessary and this had had an adverse impact on the child's emotional wellbeing. The social worker said they would have liked to see more trips or outings being enabled through specific risk assessments.

•□Children told us that they were increasingly frustrated at not being allowed out of the home to participate in activities that they had expressed a preference for. One child told us, "I can't do anything outside the home because of Covid". Another child also said, "We just stay in the house on our phone. I would like to be taken out for a drive as a coping strategy but I can't because of Covid". When the children were asked what was good about the home one child told us that before the pandemic the activities had been good but at the time of the inspection they were only allowed to go for an hours' walk.

The limited opportunities for external activities and contact amount to a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because children's autonomy, independence and involvement in the community were not always supported through participation in meaningful activities outside the home in accordance with their wishes.

Improving care quality in response to complaints or concerns

•□The provider had a complaints process in place. Children, their parents or advocates could raise concerns or make a complaint about the service provided.

•□There had been no recent complaints, but we noted that one complaint had been made by a parent in the previous year not long after the service had opened. This had been dealt with swiftly and resolved effectively.

•□The provider's collaborative approach to assessment and planning meant that children, parents and their social workers had opportunities to contribute. Social workers told us that this had enabled any questions about the children's plans to be raised openly and addressed during planning meetings.

•□Children explained that they could raise requests, questions or concerns at any time with staff and these would be responded to quickly.

Inspected but not rated

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us that they shared the vision of the provider's medical director of making sure that children were cared for according to their needs, that good outcomes were sought and that children were not placed in danger.
- The manager and staff told us that this philosophy of care was intrinsic to all team meetings and drove children's care and treatment planning. This was borne out in our review of children's records, all of which had the child at the centre and demonstrated the value of the child's voice.
- Staff worked in a culture of improvement and took part in the manager's monthly programme of audit activity.
- Staff told us that their training was of good quality and that they felt it developed them well as professionals.

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

- Social workers told us that the provider was open and frank in all discussions about the children and sought their views and those of the children.
- Children's records showed that the provider readily identified those things that the children had said had not gone well. The provider involved the children in decisions they made to put things right, such as making changes to care and treatment plans.
- The provider had sent us notifications about concerns and incidents in accordance with their legal duty as a registered service. These notifications showed that the provider had learned and had taken actions to mitigate any future risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's approach to care planning meant that children, their social workers and their parents were involved in decision making about their care and treatment. This collaborative approach was demonstrated in records we reviewed.
- Children's personal characteristics and their likes and dislikes were prominent in their care and treatment plans.

Continuous learning and improving care

- The manager used a monthly programme of audits to develop and improve the service and involved the

rest of the staff team in this process.
• The provider had a proactive approach to identifying, investigating and learning from incidents.
• Incidents involving children or specific areas of concern resulted in modifications being made to their plans. These were communicated to staff at team meetings and through supervision.

Working in partnership with others
• Staff at the home worked well with local services to ensure children remained safe. For example, the provider used plans that related to hospital attendance to support children who needed emergency care. This ensured children received good continuity of care that met their needs and managed risks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider was not supporting the autonomy, independence and involvement in the community of children living there. There were robust plans to keep residents safe from Covid-19 that ensured they mostly remained in the home with minimal contact. This meant that they had not been able to participate in external activities such as shopping or other activities that were enriching, which met their individual needs, or which supported them in transitioning to adulthood and adult services.