Care In Mind Limited

Ashurst

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

Summary of findings

Overall summary

This inspection took place on 18 August 2016 and was unannounced. This was the first inspection of the service.

Ashurst is a detached property near Marple. It provides support and therapeutic input to young people between the ages of 16 and 25. The home is registered to provide accommodation for up to four young people. Each young person had their own bedroom and access to a range of communal facilities. There is access to a substantial garden and local community facilities.

The home had a registered manager in place and our records showed he had been formally registered with the Care Quality Commission (CQC) since February 2015. A registered manager is a person who has registered with the CQC 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.

Young people said they felt safe living at the home and said the staff treated them well. Staff had received training with regard safeguarding issues and demonstrated an understanding of potential abuse or vulnerability. They told us they would report any concerns to the registered manager. A range of risk assessments were in place both in relation to the environment of the home and the support offered to young people. Young people were supported in positive risk taking. Accidents and incidents were monitored and reflected upon to learn lessons for the future.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support young people at the home. Staff and young people told us there were sufficient staff to meet their needs. Medicines were handled safely and effectively and stored securely. The home was generally clean and tidy and young people were encouraged to be involved in the upkeep of the home.

Young people told us they were happy with the standard and range of food and drink provided at the home and were actively involved in developing menus and shopping for food.

Young people felt the staff had the right skills to support them. Staff confirmed they had access to a range of training and the registered manager maintained a small library of up to date articles for staff to refer to and conducted training sessions within the team. Staff told us, and records confirmed that regular supervision took place and there were regular reflective practice meetings to allow staff to consider their actions and roles within the home.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us no one at the home was subject to a DoLS. One young person was subject to an alternative restriction and this was fully monitored. All the young

people had capacity to make decisions about their care.

Young people's health and wellbeing was monitored, with regular access to general practitioners and other specialist health or social care staff. They also had access to a range of mental health professionals for support and therapeutic input.

Young people told us they were happy with the care provided and the approach of staff. We noted there were good relationships between staff and young people and that appropriate boundaries were maintained. Staff demonstrated an understanding of people's particular needs. Young people said they were treated well and their dignity and individuality were respected.

Care plans reflected young people's individual needs and were reviewed to support changes in their care. Activities were available for young people to participate in including; trips out, visits to musical events and also support to attend education. Young people could also spend time pursuing their own interests. The provider had dealt appropriately with formal complaints and young people told us they could speak to the registered manager if they had any concerns.

The registered manager carried out regular checks on young people's care and the environment of the home. The provider also maintained an oversight of the quality of care provided at the home. Staff were positive about the registered manager and the positive nature of the service. They said management were approachable and supportive. Young people told us there were regular meetings at which they could express their views or make suggestions to improve their care. Records were well maintained and up to date.

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.

Young people said they felt safe living at the home. Staff had received training in relation to safeguarding and said they would report any concerns.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Accidents and incidents were recorded, monitored and reflected upon to learn lessons.

Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. Young people said staffing levels were sufficient to provide the required support. Medicines were managed and stored appropriately and safely.

Is the service effective?

Good

The service was effective.

Records confirmed a range of training had been provided and staff said they access additional training. They confirmed they received regular supervision and access to a range of reflective practice meetings.

The registered manager was aware of the Mental Capacity Act (2005) and confirmed no young people were subject to restrictions in relation to Deprivation of Liberty Safeguards (DoLS) applications. Staff supported young people to make choices about their care and daily living activities.

Young people were happy with the range of food available at the home and actively participated in deciding menus and shopping for food. Their health and wellbeing was supported and there was regular contact with health professionals.

Is the service caring?

Good

The service was caring.

Young people told us they were well supported by staff. We saw good relationships, with young people and staff sharing jokes and sitting together around the meal table engaged in conversations.

Young people told us they were involved in their care and records showed there were regular meetings and reviews. Staff advocated for young people in meetings and there was access to an independent advocacy service, if required.

Young people's dignity was protected and they were treated with respect. They were supported to develop and maintain skills to support their future independence.

Is the service responsive?

Good

The home was responsive.

Young people had detailed and wide ranging assessments of their needs and detailed care plans. Professional advice and guidance was incorporated into plans and actively put into practice. Young people were actively involved in reviewing their care and had access to a range of therapeutic interventions.

Activities were provided to support young people's development including; trips out, attending musical events and access to education.

The provider had in place a complaints policy and had dealt appropriately with formal complaints. Young people told us they could raise concerns with the registered manager.

Is the service well-led?

Good

The service was well led.

A range of checks and audits were undertaken to ensure young people's care and the environment of the home were effectively monitored. Quality monitoring by the provider's quality department further scrutinised the work of the home.

Staff and young people talked positively about the support and leadership of the registered manager, who they described as approachable and willing to offer advice. Staff said they were happy working at the home and that there was a good staff team.

Regular staff meetings took place and staff told us that management listened to and acted on their suggestions. Records

were up to date and contained good detail.

Ashurst

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 18 August 2016. The inspection was unannounced. This meant the provider was not aware the inspection was due to take place.

The inspection team consisted of an adult social care inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with two young people who used the service to obtain their views on the care and support they received. We also talked with the registered manager, the deputy manager, a team leader, an acting team leader and the provider's nominated individual.

We reviewed a range of documents and records including; two care records for people who used the service and four medicine administration records. Additionally, we examined electronic staff records and training records, complaints and compliment records and accidents and incident records. We also looked at records of staff and residents' meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

Young people we spoke with told us they felt safe living at the home. They said there were sometimes disputes between people, but the staff tried to sort these out. One person told us, "I feel safe here; it's just sometimes the others upset me. But I can talk to staff if I have any problems." The provider had in place a safeguarding policy and we noted any safeguarding issues were noted and responded to. Staff told us they had received training in relation to safeguarding issues and records confirmed this. They were able to describe what action they would take if they were concerned that young people were at risk of exploitation or abuse. We saw that where any such risks were noted then care plans were reviewed and revised to try and limit the risks to individuals.

Risk assessments and safety checks were in place for the home. We saw checks and safety certificates were in place for areas such as gas and electrical safety, legionella risks, boilers and the swimming pool at the service. Portable appliance testing (PAT) checks had been undertaken on small electrical items. The home had been subject to a full independent health and safety audit in 2014, with an action plan drawn up following this review. We saw action had been taken to address the areas high-lighted as a risk. We noted that, although the provider had responded to an action to improve the strength of window restrictors at the home, and bring them into line with recommendations at the time, they currently fell short of the guidance provided by the Health and Safety Executive. General risk assessments regarding windows were available but none specific to people using the service. The registered manager and nominated individual told us they would address this immediately and contacted the provider's estates department.

The registered manager told us that like all young people, those living at the home were sometimes involved in risk taking type behaviours. He said the aim of the service was to support young people to take positive risks, which developed them, rather than negative risks. The service also tried to support young people to take responsibility for their actions. Young people's care plans contained detailed risk assessment documents which covered a range of issues important to their care. We saw these assessments and documents were reviewed and revised regularly and following any significant changes in need. Young people also had particular care plans related to vulnerability. This meant the provider had in place a range of processes to monitor and limit the risk of harm at the home.

Accidents and incidents were reviewed, recorded and monitored by both the home and the wider organisation. Analysis of these incidents looked at both the actual incident and also considered any triggers. The registered manager also added any mitigating factors that may account for changes in the number of incidents and accidents. There had been a previous rise in events, which the registered manager felt had been exacerbated by some staff departures and a recent influx of trainee staff. On the day of the inspection the most recent analysis was forwarded from the corporate team. These showed a marked decrease in such events. The registered manager felt the more settled atmosphere at the home had contributed to this. The registered manager also showed us a range of flowcharts and pathways developed for staff to follow in certain situations. For example, there was flow chart detailing the action staff should take if a young person went missing from the home or other concerning events. This meant the provider had in place effective systems to deal with, record, monitor and learn from accidents and incidents.

The registered manager told us there were usually three care workers on each shift, although this could sometimes drop to two if the deputy manager or registered manager were also on duty. He also told us the home had a number of bank staff they could call on, so there was no use of agency staff, who would be unfamiliar with the young people. The deputy manager said they tried to give bank staff occasional shifts to maintain their knowledge. Staff told us they felt there were enough staff on duty, although said that recent months had been tiring, as they had been picking up additional shifts due to some staff departures. Night shifts were covered by a waking care worker and a sleep in member of staff. The deputy manager told us she worked three nine to five shifts and two ordinary day shifts, as worked by care staff, to maintain an oversight of the home. Young people we spoke with told us they felt there were enough staff to support them. This meant people felt there were enough staff available to meet their care needs.

Staff recruitment records were held centrally by the provider's Human Resources department. Staff we spoke with told us they had been subject to a full and proper application and interview process before being offered a post with the provider. The manager showed us the provider's central staff recruitment database. This included a check list that indicated appropriate references had been received and an appropriate Disclosure and Barring Service (DBS) check had been undertaken and returned. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. During the inspection the deputy manager was organising interviews for care staff posts that were to take place the following day. We noted she was arranging a suitable set of questions for the candidates. She told us a young person from one of the provider's other services would also be part of the interview process and would be participating in the questioning of candidates and offering a view on their suitability. This meant the provider had in place an effective system to ensure new staff were appropriately skilled and qualified to support young people at the home.

We looked at how medicines were managed at the home. Each young person had an individual locked cabinet located in the main staff office of the home where their medicines were kept. All the young people had signed consent forms to say they agreed to staff dealing with the medicines. In one person's locked cupboard we found two envelopes that contained some unidentified tablets, but with no indication as to why they were there and what they were. The registered manager told us they were over the counter medicines that had been handed in and should have been returned to the pharmacy. He said he would ensure they were disposed of as soon as possible.

We saw medicine administration records (MARs) were up to date and there were no gaps in administration. Each medicine had been signed for by two care workers to confirm that it had been administered. Some people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. As required medicines were written on a separate MAR to ensure staff could fully monitor their use. Information about the medicines prescribed was also available to staff. One person was prescribed a controlled medicine. Controlled medicines are particular items that are required to be managed within certain legal guidelines. We saw these medicines were stored effectively and checked the number recorded as being in stock matched the medicine available. This meant the provider had in place effective systems to administer and manage medicines at the home.

The home was generally clean and tidy. Staff told us they tried to encourage the young people to take responsibility and participate in the cleaning, to help build life skills and develop responsibilities. Young people confirmed staff supported them to be involved in the upkeep of the home. The kitchen area was clean and there was access to colour coded chopping boards to limit the risk of cross infection when preparing food. We noted there was one bathroom to support the four individuals and, whilst it was maintained in a manner in keeping with the homely nature of the service, it was overcrowded with individual products and required some cleaning and tidying. We spoke to the registered manager about this, who said

he would look to freshen up the area, with the help of the young people.

Good

Is the service effective?

Our findings

Young people told us they felt staff had the right skills and attitudes to support them. Staff told us they were able to access a range of training and development opportunities. They said they had undertaken a range of mandatory training, such as safeguarding, food hygiene, first aid and fire safety. They also told us they were able to access a significant level of training related to mental health, which was very helpful for them in the current roles. One staff member told us they were currently undertaking a National Vocational Qualification level three, with a particular focus on mental health. They told us, "It's very specific to what we are doing, I really enjoy that." The registered manager showed us the home's training matrix, which highlighted when people had completed training and when update training was due. Staff and the registered manager spoke about a specific approach they had been training in, to support young people, called 'Safewards for Safehomes.' This was a specific evidence based model used to help manage behaviour and de-escalate concerning situations. The model looked at understanding why young people may display certain behaviours and how staff can positively handle such situations. Staff told us they thought the training had been very good.

Staff confirmed they received regular monthly supervision sessions and the deputy manager showed us the supervision matrix used to ensure everyone received appropriate support. Staff also said they could request 'mini supervisions' if there was something they wanted to particularly discuss or seek guidance on. Staff and the registered manager also talked about reflective staff meetings which took place once a month. These were open sessions when staff could raise issues about situations they had encountered and discuss how events had affected their own feelings. They could also use the sessions to analyse events and consider how they could be dealt with better in the future. We saw staff had discussed including how to counter negative atmospheres at the home and how tension between young people made them feel personally. Staff also told us that after any individual incident there was often opportunity for reflection about how it had affected them personally and how they could work differently in the future. Staff told us they could also contact a range of mental health professionals and clinicians within the organisation for advice and support. This meant the provider had in place a range of training and development opportunities to support staff and help them develop skills for the future.

The registered manager told us about how he tried to develop and support best practice at the home. He showed us his small library of articles that he regularly updated and added to. There were two very full files of articles on a range of subjects. He said when he added any additional information to the file or placed a new article in he would send a memo round to all staff. Staff told us they were aware of the library as a resource and knew where to find it. They said they found some of the articles very helpful. The manager also conducted "in house" training and update sessions as part of team meetings or team events. This meant the registered manager had instigated a system to support best practice and ensure staff had access to up to date thinking in key areas.

Young people were able to seek information or clarifications from staff at any time. A dedicated policy folder, specifically for the young people, had been placed in the main hall area. This contained copies of information on how to raise a complaint, the fire procedure for the home, information on access to records,

information about rights and details of other local services. Young people were fully aware the information was available for them. The hall also contained two boxes. One related to positive comments about young people and one related to staff. Young people and staff were encouraged through these boxes to make positive and encouraging comments about people and also highlight positive approaches from staff. Additionally, pen pictures of staff were available to allow young people to get to know the staff who supported them better; although the registered manager said these needed updating. This meant there were a range of systems to encourage information exchange in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us no one living at the home was subject to a DoLS. One young person was subject to a court order which limited their unsupervised access to the community. We saw this was detailed in their care records and appropriate action taken to manage this. All the young people had capacity to make decisions for themselves on a day to day basis. We saw they had signed consent and care documents, as appropriate.

The registered manager told us staff that the home did not regularly use physical restraint and they had been trained in appropriate techniques which involved minimal holding. He said young people and young people were free to come and go as they wished, unless there were legal restrictions. He told us the 'Safewards' training was specifically designed to support young people and de-escalate situations without the need for restraint. We were aware of an incident towards the end of our inspection and noted that staff managed the event appropriately and tactfully.

Young people told us they were supported to have meals they liked. They said they were able to discuss future meals with staff and plan a menu for the forthcoming week. They said this was not set and could be altered if necessary. They said shopping was then bought from local supermarkets to provide the menu. Staff said one person living at the home was vegetarian and they were supported to make their own meals or variation of planned meals. We shared lunch with some of the young people and staff, which the young people had helped to prepare. The meal consisted of pasta dishes and salad. People seemed to enjoy the meal and it was a good social occasion, allowing staff and young people to interact in a relaxed and friendly manner. Some of the young people had indicated, as part of their health care planning, that they would like to increase opportunities for healthy eating and staff were supporting this. This meant appropriate arrangements were in place to support young people have an appropriate and individual diet.

Good

Is the service caring?

Our findings

The young people told us they felt staff were very supportive and caring. Comments included, "The staff are alright; some will get a bit bossy. Actually they are lovely really, but it's how I take it sometimes" and "I get on with the staff; you can go to anyone with a problem." We observed relationships during the inspection and saw there were good interactions between care staff and the young people. Staff and young people were relaxed in each other's company and there were various bright exchanges and sharing of jokes. However, we also saw that, where necessary, staff drew appropriate boundaries for the young people, to support them managing their behaviour. One young person told us, "It's difficult, but it teaches you to be independent." This demonstrated there were caring and supportive relationships at the home.

Staff told us no one at the home had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied namely; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff stated one person living at the home was a vegetarian and was supported to maintain this approach to life.

Young people told us they felt involved with their care. Records showed they were frequently involved in care meetings or reviews and encouraged to put forward their views. Young people told us, "They go through the care plan in core group meetings with you; (clinical nurse specialist) and staff from here are there as well. You get to have a say" and "Someone sits down and talks about care plans with you." We noted some of the care plans contained a significant amount of technical or medical jargon. We spoke to the registered manager about this and discussed how plans could perhaps be made more accessible for young people, by making them simpler and less technical in style. One care worker told us how they had recently developed specific care plans regarding young people's physical health. She described how she had sat down with each young person and explored what they wanted to help manage or improve their physical health. We saw from this that young people were supported to have health checks at local GP practices. This meant people were involved in determining and reviewing their care and support to achieve the outcomes they had identified.

Some young people had care managers or social workers who visited them at the home to review their care and progress and ensure they were able to express their views. We also saw in notes from review meetings that staff from the service would express the views of the young people, if they were unable to attend, to ensure their voice was heard during the discussion. We noted in one review document a young person had been asked if they would like an advocate or befriender to support them. We noted there had been difficulty arranging this. The registered manager told us this had been because the advocate service had not been able to progress the request as quickly as would have been liked. However, the young person was being supported by a children's rights representative and was waiting for a suitable individual through a befriending service to be identified. This meant young people had access to people who would support their views and advocate on their behalf.

Staff understood about confidentiality and personal records were kept securely. When young people came

into the office to speak with staff they were also reminded about confidentiality and privacy and prompted about the boundaries and rules in place to ensure other people's information was kept private. Staff also respected people's privacy. Each young person was asked if we could look in their rooms as part of the inspection. One young person did not want strangers in their personal space and so staff asked us not to go in their room. This meant young people's privacy and dignity were respected and staff and young people understood about the importance of confidentiality.

Young people were encouraged and supported to develop their independence. Staff and managers told us the whole purpose of the service was to help young people develop life skills, so they could move on and live more independently. On the day of the inspection one young person was away spending a few days with a friend. Another young person told us how staff supported them to go to the local shop because they found it quite daunting. We saw the young person had a detailed care plan around this issue with clear instructions about how staff should encourage and support the young person. We also saw some of the young people were supported to go to college, not only to obtain qualifications, but to develop skills and interest that may lead to future job opportunities. This meant the home had a strong ethos in supporting young people to develop life skills and support their independence as young adults.

Good

Is the service responsive?

Our findings

Young people told us staff were responsive to their needs. One young person told us, "You can speak to staff if you have a problem; any problem." Young people talked about the various ways staff supported them, both staff at the home and others who visited the service, or they went to see. They said they had regular meetings with the clinical nurse specialist. They could speak with her about anything and said they talked about how they were progressing. One young person commented, "You sit down with (clinical nurse specialist) once a month. You talk about things; just like I'm talking to you now. You can talk about things that you are finding difficult and then make plans than can help you." Another young person told us, "They meet with you once a week, sit down and have a chat; sort things out for you." Young people also told us they visited one of the provider's other locations on a regular basis to meet with other mental health professionals.

Each young person had an individualised care plan. Prior to them moving to the home there was evidence that a detailed assessments of their needs had taken place to ensure the home could support them and meet their needs.

Care records were detailed and person centred, with care plans that identified the goals each young person wanted to achieve. Areas covered in care plans included, supporting young people to have independent time, mutual expectations between the young person and the service, therapeutic support and support to manage any behavioural issues. Each care plan stipulated an identified need, what the aims and objectives of the care plan were, short and long terms goals and the intervention required to achieve the goals set. Most care plans were signed by a staff member and the young person to say they agreed with the actions set out in the plan. Interventions were detailed to ensure staff had clear instructions to follow. For example, if a young person was going out on their own then there was guidance about how they should keep in touch with the home and action staff should take if they became concerned. In another care plan there were clear steps for staff to take if a young person decided they did not wish to take their medicines at a particular time. Young people said their overall wellbeing had improved since being at the home.

Staff and young people told us care plans were reviewed regularly. Young people said they had regular meetings with the clinical nurse specialist and could talk about their care plans in these meetings. They also told us there were more formal multi-disciplinary meetings, where a range of professionals and carers would discuss progress with them and make changes to care plans as necessary. Care records contained a fully documented monthly report on the progress each young person was making. The documents highlighted improvements made and any obstacles the young person had faced. The document also showed any changes or additions that needed to be made to the care plans. We saw in one review that the care plans related to mutual expectations and also the action staff should take if the young person left the home required updating and noted this action had been completed. Risk assessments were also updated following multi-disciplinary meetings, if this was thought necessary.

We saw staff were aware of, and followed, the guidance outlined in care plans. For example, one young person was allowed limited time in the staff office, to support social contact. We saw all parties were aware

of this and good negotiations took place between the young person and staff about when and how they could utilise their allotted time. This meant young people had clear programmes of care, which both they and staff were aware of. Care plans and interventions were regularly reviewed and updated, as necessary, and care plans were followed during day to day events.

The registered manager explained about the model of care employed at the home. He told us about the 'boundary see-saw model', which was a way of supporting staff to provide a consistent approach for young people. The model highlighted the various roles staff could find themselves in when caring for the young people and identified how staff could take a balanced approach, to provide the most effective care. The model also gave example behaviours to prompt staff to examine their approach and ensure they maintained effective therapeutic relationships with the young people. The home had also produced a set of mutual expectations negotiated between staff and the young people. This included young people being involved in developing their own care plans, listening to one another and young people being able to make suggestions. The expectations also made it clear that drugs and alcohol were not permitted at the home. This meant there was clear guidance for staff and clear expectation for both staff and young people when at the home.

Young people told us they were able to participate in a range of events and activities at the home. One young person told us, "We do loads of things; we go out and go to places. We do things like go and visit friends." Young people also told us they went to, or were in the process of preparing to go to local colleges. One young person told us they had tutors who came to the home to help them with course work. Another young person had recently started a volunteer role. Staff and young people told us about a music event they had recently been to. The registered manager said that the young people went into the venue on their own, but staff were available immediately outside, if they needed support or assistance. The home had a large garden and staff and young people told us about a past "sports" event where staff had participated in obstacle races. The home had its own swimming pool, although the registered manager told us the health and safety requirements, plus the need for staff to be trained as life guards meant that it was not used as frequently as perhaps they would like. He said they hoped to utilise it at weekends or perhaps have special events based around the pool use. This meant there were a range of events and activities support the young people's treatment and aid their social development.

The provider had in place a complaints policy, a copy of which was available to the young people. There had been three matters that had been logged as formal complaints, mainly from visiting services raising issues about a young person's progress. We saw these were dealt with appropriately and investigations undertaken, if necessary, with a response sent to the complainant. Any actions required as a result of the complaint were also detailed. Young people told us they had not made formal complaints. They told us they could speak with staff if they had any concerns or would speak with the registered manager. They also told us there were house meetings when they could discuss anything that concerned them. This meant the provider dealt with formal complaints in an appropriate manner and supported the young people to raise issues or concerns.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. Our records showed he had been formally registered with the Commission since February 2015. We were supported during the inspection by the registered manager, the deputy manager and the provider's nominated individual.

The registered manager demonstrated a number of checks and audits were carried out at the home. We saw there were regular audits of care files to ensure they were in good order and up to date. Medication management meetings also took place to review the medicines that young people were taking and whether they were still appropriate. We also saw the provider carried out a clinical audit visit and produced a clinical audit report, with action plans for the registered manager to follow up. We saw that it was from one of these reports that revisions and updates had been made to young people's health needs care plans. The registered manager told us there were also regular meetings between the managers of services within the region. He said this meeting was used to ensure there were comparative systems across services and also to learn lessons from events or inspections.

The registered manager told us about a new audits system that had only recently been introduced. He told us senior care staff at the home had been given responsibility for CQC domains; Safe, Effective, Responsive, Caring and Well Led. He said each lead worker took responsibility for ensuring areas that fell under each domain were reviewed and updated. We saw there had been meetings around the Responsive area and a number of items had been covered including ensuring there were regular young person's meetings and the placing of a suggestion box to allow young people an additional avenue to put forward ideas. The deputy manager told us she had taken on a specific role around health and safety at the home and had been working with staff to develop a better audit system and health and safety culture. The registered manager and the nominated individual told us there was also regular oversight of the home's activities by the provider's board. This meant the provider had in place a range of system to check and audit the service and the delivery of care.

Staff told us there were regular staff meetings where they could raise issues and discuss matters. They said there were quarterly team meetings when they were given time and space to review issues and put forward any ideas or suggestions. The registered manager talked about a recent event where staff had been given time to re-assess the approach of the home. They had spent time defining a 'perfect shift' and what this would look like. They then considered what positive moves they could make to move towards the 'perfect shift.' The registered manager said the aim of the event was to look at improvement, rather than focussing of deficits or things that were wrong. This meant there were systems in place to support staff to engage in developing the service and participate in the management of the service.

Staff and young people told us they felt the registered manager was good and had a supportive approach. Comments from staff included, "(Name) is a good manager. He gives us a lot of responsibility and freedom to make decisions. This expands people and gives them confidence" and "(Name) is very knowledgeable and he likes to build people's knowledge. " Young people told us, "(Name) is good. I like him and you can talk to him" and "(name) is okay. He's good to get on with." The registered manager spoke about having

moved the home's administrative office into a more central area of the home. He said they had debated considerably about this as the area had previously been a dining room, but felt that having the office area in the hub of the home made him more accessible and the office operation more visible to the young people. We also noted a number of staff were in acting roles, partly to help cover for absences, but also to give staff experience in more responsible roles as part of their development. We saw the registered manager asked other staff to take on responsibility for certain areas or outcomes, again to help develop skills. This meant there was a clear management structure, but staff were supported to take on additional responsibilities to develop additional skills and experience.

Records at the home were stored appropriately and maintained effectively. Daily records contained good detail and were completed throughout the day to give a full account of activities undertaken or young people's presentation.