Francis House Families Limited

463

Inspection report

463-465 Parrswood Road
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Manchester
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Tel: 01614344118

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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 the 10 January 2016. We announced the inspection 24 hours beforehand as 463 is a small service and we needed to make sure someone was at the property. This is the first inspection for this service.

463 is registered to provide personal care and accommodation with nursing for up to 7 young people who have life limiting or life threatening conditions. At the time of our inspection there were 4 people living at the home.

463 was taken over by the Francis House Families Limited in February 2016. The young people then living at 463 re-located temporarily to the nearby Francis House Children's Hospice while 463 was completely re-furbished and enlarged. The provider notified the Care Quality Commission (CQC) of this temporary move. The four young people moved back to 463 in November 2016 with their own dedicated staff team. People could choose to continue to access the Francis House Children's Hospice for respite care whilst living at 463.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke with said they enjoyed living at 463 and felt safe with the staff support they received. People said staff knew their needs well and there were enough staff on duty to meet their needs.

The registered manager had a clear vision for the service and that the young people's life limiting or life threatening condition should not prevent them from being independent and participating in educational and leisure opportunities. Staff were positive about their role.

People said staff were kind and caring. We observed positive interactions between the young people and staff during our inspection. People told us they got on with most staff, but not all. They had told the registered manager about this. The registered manager was working with the staff and recognised staff needing training and support to change from working in a children's hospice environment where children visited for respite care to an residential adult service supporting the same people over a longer period.

People were active and able to choose what they wanted to do. People were supported to be independent travelling to and participating in their chosen activities. However one person said they would like to go out socially more with staff, which the registered manager was aware of.

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they witnessed or suspected abuse had taken place. They were confident the registered manager would act on their concerns.

Care plans and risk assessments were in place to guide staff on the support people required and the tasks they were able to complete for themselves. The care plans were written in a person centred way. Where required a detailed moving and handling plan was in place. The risk assessments were generic and written for all four people together, although they did cover all the identified risks for each person. The registered manager said individual risk assessments would be written as more people moved in to 463 depending on each person's needs.

People had spoken with staff about their wishes at the end of their lives if they had wanted to. These wishes needed to be part of each person's care file as they were currently kept at the children's hospice.

Staff had received training relevant to their roles and the needs of the people they were supporting. Information and guidelines were available about each person's medical condition and any equipment they used. Staff competency was checked by the use of workbooks and observation for using any equipment.

The recruitment process was robust and all required checks were in place prior to staff commencing work. Nurse's registration with the Nursing and Midwifery Council was checked. The registered manager had introduced regular supervisions. Due to the emotional issues of supporting people with life limiting or life threatening conditions staff were also able to attend group counselling sessions on a regular basis. Staff said they felt well supported by the registered manager.

Medicines were administered as prescribed and were safely managed.

People's health and nutritional needs were met by the service. Detailed care plans were in place and information was available to manage people's medical conditions. Relevant health professionals were involved in people's care when required.

The four people currently living at the service had the capacity to make decisions about their care and treatment. The registered manager was knowledgeable about the provisions of the Mental Capacity Act (MCA) and was aware of the procedures to follow if someone who lacked capacity moved to the service in the future.

The home had been completely refurbished to meet the needs of people with a life limiting or life threatening condition. Cleaning schedules were in place. Regular checks of the fire systems and equipment were made. In the event of an emergency that affected the provision of care at 463 people would be able to access the Francis house Children's Hospice.

Regular residents meetings were held to discuss the care and support at 463, including the food and activities. However these were not minuted. Staff meetings were held every two months which encouraged staff to contribute their ideas and raise any concerns. This meant the registered manager sought the views of people who used the service and the staff team.

A complaints procedure was in place, but one person we spoke with was not aware of it. No formal complaints had been received as the registered manager dealt with any concerns raised verbally with him before the formal system was required.

A system of quality audits was in place, including medicines and the environment.

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.

Risk assessments were in place which included guidance for staff in how to mitigate the identified risk. These were not written individually and covered the risks for all four people living at 463.

Medicines were administered as prescribed. People were supported to be involved in the administration of their own medicines where possible.

A safe system for the recruitment of new staff was in place. Staff had received training in safeguarding vulnerable adults and knew the procedures for reporting any signs of abuse.

Is the service effective?

Good

The service was effective.

Staff received the training and information they needed to support people effectively.

Regular counselling sessions were arranged for staff due to nature of supporting people with life limiting conditions. Supervisions with the registered manager were also being implemented.

People's health and nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and caring in their approach and knew their needs well. During the inspection we observed kind and respectful interventions between staff and people who used the service.

People had the opportunity to be supported with travel training to enable them to become independent whilst accessing the community. Initial support was provided so people were able to make friends at the activity.

People living at 463 had a life limiting or life threatening condition. People were supported to make decisions about their end of life wishes and care.

Is the service responsive?

Good

The service was responsive.

People's care records contained detailed information about the support people required from staff.

People were encouraged and supported to participate in activities of their choice – both educational and leisure activities.

Monthly residents meetings were held so people were able to talk about the things they wanted to do or voice any concerns they had, however we noted these had not been recorded.

Is the service well-led?

Good

The service was well led.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service.

A registered manager was in place as required by the service's registration with CQC.

Staff told us they enjoyed working in the service and found the registered manager to be both approachable and supportive.

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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 10 January 2017. We gave the service 24 hours' notice of the inspection because it is small and we needed to be sure that the manager would be in. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This was when the service was temporarily located at Francis House Children's Hospice during renovations at 463. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we observed interactions between staff and people who used the service. We spoke with three people, the registered manager and three care staff. We observed the way people were supported in communal areas and looked at records relating to the service. This included three care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on medicines, the environment and care plans, accidents and incidents, policies and procedures and quality assurance records.

Following the inspection we contacted two relatives of people living at the service. We also contacted two local authority social service teams, who had no concerns about the service.

This was the first rated inspection of the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and enjoyed living at 463. One person said, "The staff make me feel safe" and another person told us, "It's better now we're back at 463." Relatives we spoke with also thought their loved one was safe living at 463. One said, "I don't lose sleep that [name] isn't safe; the staff will do anything for him."

The training records we reviewed showed staff had received training in safeguarding vulnerable adults. This was confirmed by the staff we spoke with. Staff were clearly able to describe different forms of abuse and explain the correct action they would take if they witnessed or suspected any abuse taking place. They said they would inform the registered manager and were confident they would act on any concerns they raised.

We noted there had been no safeguarding alerts raised by the service. We asked the registered manager about this. They were fully aware of the safeguarding procedures. We saw one incident had been reported when the service had temporarily been located in the Francis House hospice building. This had been fully documented, investigated and the action taken to reduce the risk of a re-occurrence recorded. The CQC had been notified of the incident as required by law. This should help ensure that the people who used the service were protected from abuse.

Staff supported people to manage and budget their own money and claim any benefits they were entitled to. One person told us the staff looked after their money on their behalf. They were happy with this arrangement and said they were able to access their money when they wanted to; however they said they did not sign a record of when they were given their money. Having a record would help ensure the person's money was safely managed.

We saw there was a separate risk assessment file which included information about the risks the people who used the service may experience, for example going out alone and health and safety around the home. This included guidance for staff and any control measures in place to manage the risks. The risk assessments were written for all the people living at 463 and were not written individually. They did cover the risks for each person within the assessment. We spoke with the registered manager about this. They said they were developing individual risk assessments. We will check this at our next inspection. The current people living at 463 did not have any complex behavioural needs and were all able to make their own decisions and choices. This meant people were aware of any risks and told us they asked staff for support when they wanted it so that the risks were managed by the service.

Where appropriate an individual manual handling risk assessment was completed. This contained clear guidance for staff to follow in order to transfer or support people to mobilise safely. Individual risk assessments for pressure sores and nutrition using the Malnutrition Universal Screening Tool (MUST) were in place.

The risk assessment file also contained a sheet for staff to comment on the risk assessments and suggest any changes required. This showed the registered manager involved the staff team in ensuring risks were

identified and mitigated appropriately.

We looked at the recruitment files for four members of staff, two of whom had recently been employed by the service. We found they contained application forms with employment histories, the reasons for any gaps in employment were explained. There were also two references from previous employers and appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. We saw checks were made with the Nursing and Midwifery Council to ensure any nurses employed were appropriately registered. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We saw there were sufficient staff on duty to meet people's needs. This was confirmed by the people we spoke with. Each shift, including waking night shifts, had one qualified nurse and one care staff member on duty. We saw this included weekend shifts. Some days there were two care members of staff on duty as well as the qualified nurse. We were told agency staff were not used and the service was in the process of recruiting additional bank staff to cover annual leave and sickness. We noted that the registered manager was also at the service five days per week and was able to support people as required in addition to the rota staff. The registered manager told us the staffing levels would increase as new people moved to 463, depending on their individual needs.

We looked at how medicines were managed by the service. We saw each person had been assessed for the level of support they required with their medicines. Two people were able to be involved in administering their medicines and needed support to re-order their medicines, open the medicine containers and ensure they were stored safely. They kept their medicines in a locked cabinet in their bedroom. They signed their own medicines administration record (MAR), which a qualified nurse also signed. Two people were assessed as needing staff to administer their medicines. The qualified nurse administered the required medicines and this was witnessed by the care member of staff. Both signed the MAR.

When a person was going out without staff support they were given their medicines in a labelled container. The nurse signed that they had dispensed the medicines and a code was used on the MAR to denote that the person had not been seen to be taking the medicines. Staff checked with the person on their return that they had taken their medicines whilst they were out.

We saw guidelines were in place for any 'as required' medicines such as pain relief. People were able to ask for any 'as required' medicines. We also saw guidelines for staff to follow for one person before administering pain relief as they may request a pain relief tablet when they were upset or anxious about something. This meant staff would be aware of when to provide pain relief and how to check that it was required.

The nurse on duty signed a handover sheet stating that the medicines had been administered and noting that if any had not been given the reason why. This meant the administration of medicines was checked every shift. We saw audits of the MAR sheets were completed every six months by one of the lead nurses. These checked they had been completed and signed correctly. We discussed with them about completing these more frequently so any issues identified could be addressed in a timelier manner.

This meant medicines were safely managed by the service and there was a system in place to monitor and audit medicines administered.

The home was clean and tidy throughout. A cleaner from the Francis House Children's Hospice worked at the home three days a week to complete a deep clean of the kitchen, bathrooms and communal areas. The

staff on duty undertook all other cleaning tasks and a cleaning schedule was in place. The kitchen was new and well appointed. Personal protective equipment (PPE) such as gloves and aprons were available for staff use. Staff had signed an infection control handbook to state they had read the document.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for people who used the service. These plans detailed the support people would need depending if they were in their wheelchair, in bed or on the first floor. The registered manager told us in the event of an emergency situation such as a gas or water leak, heating failure or evacuation of the building people living at 463 would move temporarily to the Francis House Children's Hospice.

463 had recently been fully refurbished so all the equipment was newly installed. A contract was in place for the regular servicing of all equipment such as hoists and the fire alarm system. A fire risk assessment had been completed by an external contractor. They recommended an additional fire door was installed on the first floor to create a safe space within the building. The service was in the process of having their architect draw up plans for this to be completed. We were told after the inspection that the building control officer was satisfied with these plans. We saw weekly checks of the fire alarm, fire door closure and emergency lighting were being completed. This should help to ensure people were kept safe.

Good

Is the service effective?

Our findings

All the people we spoke with said that the staff knew their needs and had the skills to support them effectively. One person said, "The staff know me from Francis House," and another told us, "Staff know me and what support I need."

We looked at the staff training records and found all staff had received training in essential areas such as moving and handling, infection control and fire safety. Observations of competency had been completed for the use the equipment people required, for example the ventilation machine and the use of face masks. We saw this training had been completed when the people now living at 463 were temporarily living at Francis House Children's Hospice while the building was being refurbished and was part of the Francis House training courses. The registered manager explained they were in the process of organising training specifically for the 463 staff team. We saw training had been arranged for the week of our inspection and the following week on positive risk management and promoting independence. A senior nurse told us they were going to complete a 'train the trainer' course in moving and handling so they would be able to train any new staff in safe moving and handling as soon as they joined the 463 staff team.

A file was in place with detailed information and guidance for staff about supporting people with specific conditions or equipment; for example ventilator support and the care of ileostomies. Competency booklets were completed by new staff and signed off by an experienced staff member to ensure they were able to use the equipment correctly.

New staff completed an induction programme when they joined the service. This included shadowing experienced staff and spending time with the people who used the service to get to know them. One new staff member told us, "I was able to read everyone's care plans and spend time with people. I had enough training to support people."

The registered manager told us any new staff who had not worked in care before would be enrolled on the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

This meant the staff had the training and information to meet people's needs.

Due to the emotional nature of working with young people with life limiting or life threatening conditions staff had a group supervision session with a trained counsellor every six weeks. Staff also told us they were able to have a de-brief with colleagues at the daily handovers. This meant the staff had the opportunity to discuss their feelings and emotions about supporting people with life limiting or life threatening conditions. They said this would be more important when a person became ill.

The registered manager had started undertaking individual supervisions with staff and planned to complete them every two months with each staff member. This meant staff were provided with the support to undertake their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The people currently living at 463 all had the capacity to make their own decision to live there. The registered manager was knowledgeable about the requirements of the MCA and was aware of the procedures for applying for DoLS if a person moved to the service in the future who did not have capacity to consent to their care and treatment. They could also utilise support and advice from the deputy chief executive at Francis House Children's hospice if needed, who was a trained lawyer. We observed that staff gained people's consent before providing support.

The staff at 463 cooked the meals at the home. People told us they agreed a menu between them for each week. Some people said they liked to help staff in the kitchen on occasions. We saw any dietary requirements, either for medical or cultural reasons, were noted in each person's care plan. One person said, "The staff know what food I can have; it's never been an issue." We also saw care plans gave guidance for any support required when eating or drinking, for example using a straw to drink fluids. People's weight was monitored monthly. At the time of our inspection no one was at risk of mal-nutrition. This meant people's nutritional needs were met.

We saw each person was registered with their local GP service. People also had appointments with specialists and consultants depending on their medical diagnosis. People said staff would support them to medical appointments if needed. Health professionals such as tissue viability nurses, stoma nurse and district nurses were also involved in peoples care when required. Care plans were in place where required detailing the support people needed with their health, for example for the care of a leg wound. We saw one person had a pressure mattress in place to reduce the risk of developing pressure sores. Their care plan detailed the settings to be used for the mattress. One person had a care plan of action staff had to take if they became acutely ill, for example vomiting, having a high temperature and gave indications of acute illness for staff to look out for. This meant people's health needs were being met by the service.

We were told that there had been no hospital admissions for people who used the service, even though they had complex medical conditions. This showed people were well supported to maintain their health.

463 had been designed and refurbished with the needs of the people who would use the service in mind. We were told the people who used the service had been involved in the design of the building. All areas were accessible for people in wheelchairs, with automatic doors used and a lift available. Track hoists had been installed in each bedroom and bathroom. A computer area had been set up, although some people chose to have their own computer in their rooms. Bathrooms contained specialist bathing facilities to meet people's needs, both for the current people living at the service and also for people who may move to 463 in the future. However one person told us they would like to be able to have an electronic fob so they were able to open the front door to the property themselves.

Good

Is the service caring?

Our findings

All the people we spoke with said the staff were kind and caring. People said, "Staff know what I do for myself and what I need help with. I tell them if I need any help" and "Staff know me from Francis House (Children's Hospice). Sometimes I remind staff the things I do for myself; I like to be independent."

All the interactions we saw between people living at 463 and staff during the inspection were respectful. It was clear that staff knew people well and were able to explain people's needs to us in detail. Care plans included people's family details and a record of people's personal wishes and interests. For example one person wanted to have a job in the future so they had enrolled on a vocational course at college. Another person wanted to see a TV show being filmed, which was still to be arranged.

The people we spoke with all said they had been involved in agreeing their care plans. One said, "I went through my care plans with [two staff names] and agreed them." However they hadn't signed the care plans to evidence this. We were also told people had been involved in drawing up and agreeing 'house rules' for their home.

The registered manager had a clear vision for the service that staff should promote people's independence, both within the home and in the local community. He acknowledged that this was a change for staff and people who used the service, as they had been used to working in a respite environment with children of different ages. Two people had received travel training and were now accessing public transport and local amenities on their own. People were being encouraged to be involved in the running of their home where possible, for example being responsible for their own medicines and money. One person told us they had chosen the colours for their bedroom and had bought pictures to go on the wall.

Staff were able to clearly describe how they maintained people's privacy and dignity when providing care and support. One said, "I ensure doors and curtains are always closed." People were also able to choose if they only wanted support with personal care provided by female staff members. This meant people's privacy and dignity were respected by the service.

All the people living at 463 had a life limiting or life threatening condition. We saw people were supported to maintain relationships with their families, including overnight trips to the family home. Siblings or relatives were able to stay at 463 if people wanted them to, although one relative told us this was not always easy to arrange. The staff were not able to support siblings when they visited the home. This is different from when people lived and had respite at Francis House Children's Hospice as staff there would support siblings as well as the young person using the service.

People said they had been able to discuss their wishes for the end of their life with staff. People still accessed the Francis House Children's Hospice for weekend respite. They said they could speak to specially trained counsellors and staff about their life limiting or life threatening condition and the end of their life when they were at Francis House. We were told the emotional support resource at Francis house was also available to people at 463 if they wanted to access it at other times. One person said they had the

opportunity to do this but did not want to. This choice had been respected by the service. People were able to choose if they wanted to stay at 463 at the end of their lives or if they would prefer to be at the Francis House Children's Hospice. This information was currently kept at Francis House Children's Hospice, a current copy should also be held in people's care files so staff were fully aware of people's wishes.

Staff received training in end of life care. The registered manager recognised that when the time came and a person passed away it would be different than at the Hospice as the staff would have supported people consistently and not on a respite basis. The other people living at 463 would also require additional support as they would have lived together with the person who had passed away. The registered manager said additional counselling support would be available for people and staff when required. We noted the care plans we viewed all stated that people were to be resuscitated if required.

Good

Is the service responsive?

Our findings

We viewed three care files and found they were written in a person centred way. They contained clear information about people's social care needs and preferences. The care plans contained guidance for staff on the support people required and what people could complete for themselves. Guidelines included bathing routines, personal care, and night time support. One care plan clearly stated that the person would direct staff as to the support they wanted. The care plans also contained details of people's medical conditions and history.

The four people who lived at 463 were well known to the service as they had used Francis House Children's Hospice for respite care for many years. The registered manager said most young people who may be referred to 463 will have accessed the respite facilities previously. Therefore initial care plans and support guidance would be compiled with the person and from the existing care plans at Francis House. If anyone was referred to the service directly a full initial pre-assessment would be completed prior to the person moving in.

We saw the care plans were contained in one document but filed in the care files as separate sheets. The front sheet was dated, however it was not possible to ensure all the other sheets of the plan were the current version as each page did not have the date on it. We saw all the care plans had been updated when the young people returned to 463 after temporarily living at Francis
House. We were told they would be reviewed and updated annually or as people's needs changed. This meant the care staff had the information to be able to meet people's needs.

People told us about the activities they enjoyed doing. Two people were attending a local college independently after having initial travel training so they could travel independently. People also accessed local shops and leisure activities. One person told us, "Staff promote independence as much as they can"; however they added that, "Staff won't always go out with me as the manager is pushing independence." We discussed this with the registered manager who explained that the philosophy of the service was to support people to attend activities of their choice, make friends and then for people to be able to go independently after appropriate travel training. They did not want people to build their life and social activities around paid staff. All four young people currently living at the service were able to go out on their own once they knew how to travel to the activity and had settled into the group at the activity. The registered manager said that if someone moved to 463 who was not able to go out independently then staff would support them to access activities and their local community.

We saw detailed daily notes were recorded to inform staff about what support had been provided and what people had done during each shift. A daily information sheet was also completed by staff. This included a checklist of tasks staff signed to say they had completed; for example recording fridge temperatures and completing cleaning tasks. It also recorded the meals people had eaten. We observed the handover between the morning and afternoon shifts. This included brief details of what people had done in the morning and any appointments or plans people had for that afternoon. This meant staff were kept informed about any changes that affected people's health and wellbeing.

Monthly resident meetings were held; however these were not minuted. People were able to raise any topics they wanted to, which had included the food menu, staff accessing people's bedrooms and activities. This meant the views of the young people who used the service were sought.

The service had a complaints procedure in place; however one person said they were not aware of it. The registered manager told us after the inspection complaints booklets were available at the service. No formal complaints had been received, the registered manager dealt with any concerns raised verbally with him meaning they did not progress to the formal procedure.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

All the people and staff we spoke with were complimentary about the registered manager. We were told they were approachable and would listen to, and act upon, any concerns raised. People said, "If I'm not happy I'd speak with [registered manager]; I can trust him" and "I'm happy to go to [registered manager] if I'm concerned about anything."

The registered manager was clear about the values and philosophy of the home. They said they wanted staff and the young people to see 463 as their home and be involved in their community and the activities they wanted to do. The fact that people had life limiting or life threatening conditions should not stop people from being independent and encouraged to learn new skills and have goals they wanted to achieve. They acknowledged that the staff team required some development so that they embraced people taking positive risks. The staff had experience of supporting children and young people during respite visits at Francis House Children's Hospice and the care model differs to what is offered at 463. We saw people were supported to attend activities of their choice and two people were now very active and attending college and leisure opportunities independently.

Two people we spoke with said they did not get on with everyone in the staff team, although they were clear they were happy at 463. One person said, "I get on with most of the staff; 99% of them are lovely." They both said they had talked about this with the registered manager. The registered manager confirmed this and explained that this was in part due to some staff still getting used to working in an adult residential setting as opposed to the children's respite hospice setting. The registered manager said they were working with the individual staff members about the issues raised by people. This meant people felt able to raise concerns with the registered manager who took action to address the concerns. One person said they had not had any feedback from the registered manager about how they had dealt with the verbal concerns they had raised.

All the staff we spoke with were positive about their roles at 463. One commented, "It's wonderful." Staff recognised working at 463 was different to supporting people at the hospice. One said, "We're with people all the time so we have to think about what people can do during the day that's meaningful and try to build up the networks of people they know."

We saw there was a quality monitoring system in place to audit various aspects of the service. This included the signing of the daily information sheet to state all medicines had been administered and six monthly audits of the environment and medicine administration records (MARs). The most recent of these had been completed when the service was temporarily located at Francis House Children's Hospice during the renovation work at 463. Any issues noted had been recorded and actions put in place for improvements to be made.

Staff meetings were held every two months, with discussions about each young person, any house or maintenance issues and any items staff wished to raise. Staff told us the meetings were an opportunity for them to put forward ideas and discuss items with the registered manager and staff team.

We saw a set of policies and procedures were in place for the service. We were told, and saw that they were from the old provider at 463 before Francis House Families Limited were involved with the service and were dated 2014. The chief executive told us the new 463 policies were currently in the process of being signed off by the trustees of the organisation. We will check that these are in place at our next inspection.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records before the inspection and found 463 had not made any notifications to us. We spoke to the registered manager who was aware of what the Care Quality Commission required to be notified about. From records seen we noted there had not been any notifiable incidents at 463.