Nestlings Care Ltd

# Sonning Drive

## Inspection report

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## Ratings

| Overall rating for this service | Inspected but not rated |
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| 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

We carried out an unannounced inspection on 13 February 2019. This was the home's first inspection following registration with the Care Quality Commmission in May 2018 .

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.

Sonning Drive, part of Nestlings Care Limited, is a children's home in the North West of England that provides specialist treatment and care for up to two children and young people aged between 10 and 18 years with complex needs and mental ill-health who are looked after by the local authority. The provider is registered with the CQC to provide treatment of disease, disorder or injury and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

The service had a registered manager in post. 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.

The children's home is also registered with, and inspected by OFSTED as it provides accommodation for up to two children and young people under the age of 18 who are in care.

The home is a modern detached four bedroom property with private garden in a residential area of Bolton. The ground floor comprises of lounge/dining area, kitchen with dining facilities, cloakroom with toilet and wash basin. On the first floor are two large bedrooms, one of which offers en-suite facilities, and a further two bedrooms which provide space for the staff bedroom and office. There is also a modern bathroom, that is accessed via the main landing. All rooms are tastefully furnished to a high standard, providing television point and computer access points with WIFI available throughout the home.

The provider's vision of 'safety, empowerment and independence achieved by opportunity and choice' was shared and implemented by all staff and evident in all the provider's processes and policies. Young people's characteristics, personality and their wishes and feelings were demonstrated throughout all records that related to them and staff knew each young person well.

The service used person-centred approaches to assessing and meeting the needs of young people who live there. There is a strong focus on co-production and on developing the skills of the young people living there to enable them to transition to independent adult life.

All staff at the home were dedicated to providing a very high standard of care. They strived for excellence through consultation, they were passionate and dedicated to the young people they were

supporting in assisting them to achieve goals and aspirations. The provider's visions and values were understood and shared across the team, and they were fully supportive of development plans. The culture of the service was open and transparent.

Partner agencies also spoke highly of the home; they told us they were very impressed with care provided and the wrap around support for the young people's mental health.

Young people who display behaviour that challenged were supported to manage their anxieties and stressors through positive behaviour support plans. These were co-produced with young people and provided staff with clear guidance on how to support the young people in the least intrusive way.

Risk assessments and management plans were co-produced. Risks included clear guidance to ensure staff were able to help the young people experience safe care and support.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines are managed so that they receive them safely.

There is sufficient staff available to ensure people's wellbeing, safety and security is protected. A robust recruitment and selection process  was in place to ensure that prospective new staff had the right skills and are suitable to work with people living in the home.

Staff were compassionate, kind and caring and developed good relationships with the young people using the service. People were comfortable in the presence of staff. Relatives and partner agencies confirmed the staff were caring and looked after people very well.

Staff worked proactively with the young people to promote their life skills to enable them to transition to independent life as an adult. Staff encouraged and supported the young people to make their own safe choices about every aspect of their daily lives such as what to eat and which activities to take part in.

Young people were supported to make  choices about their personal living space. Both young people had been encouraged to design and decorate their own rooms to reflect their personalities and interests and had been helped with their preferred choice and budgeting skills for decorating materials.

Leaders and staff had a strong, shared duty of candour. This was evident in the open and transparent culture of reporting, investigating, learning and improving from incidents.

## 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.

Young people were protected against the risks of avoidable harm and staff understood how to protect people.

Regular assessments of the risks to people's safety were carried out, where risks were identified these were managed safely and effectively.

Young people were supported by an appropriate number of skilled and experienced staff and safe recruitment procedures were in place.

Young people's medicines were managed appropriately and safely.

Safe infection control practices were in place and equipment was well maintained.

Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

### Is the service effective?

**Inspected but not rated**

The service was effective

Appropriate arrangements were in place to assess whether the young people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Young people's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

Young people were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support. They were supported to make decisions for themselves.

Staff were well trained, received continued professional

development to make sure they had the skills and knowledge to provide effective care and support to people. They had the quality of their performance regularly reviewed.

## Is the service caring?

**Inspected but not rated**

The service was caring.

The young people's care was based around their individual needs and aspirations.

Young people had good, meaningful relationships with the staff. Staff were extremely knowledgeable about the young people's needs, likes and dislikes, interests and preferences.

Regular meetings with staff and other healthcare professionals took place to discuss people's progress and any additional support they required.

Young people were treated with kindness, respect and dignity and staff were very caring and compassionate towards them.

Young people felt able to contribute to decisions about their support needs and always felt staff acted on their wishes.

Young people were supported to develop and maintain relationships with family and friends.

## Is the service responsive?

**Inspected but not rated**

The service was responsive.

Comprehensive care records provided staff with information about the care, support and treatment the young people required.

Young people received person centred support focused on what mattered most to them. They were fully involved with the ongoing development of their support needs.

Young people were encouraged to achieve their goals and to partake in activities that were important to them. Links with the local community helped ensure that young people were not socially isolated.

Young people were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Young people felt able to make a complaint and were confident it would be dealt with appropriately.

## Is the service well-led?

**Inspected but not rated**

The service was well led.

The leadership, management and the governance of the organisation assured the delivery of high-quality and person centred care. The culture of the organisation was open and transparent. Staff spoke positively about working at the home.

The registered manager was regarded as approachable, enthusiastic, experienced and caring.

The provider supported the registered manager by ensuring they had the resources they needed to carry out their role effectively.

The continued development of the skills and performance of the staff was integral to the success of the service.

Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

Staff were well supported through plentiful training opportunities, regular supervision and pastoral support.

There was effective working with other services and agencies, such as social care and local health services.

# Sonning Drive

**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 under the service under the Care Act 2014.

This comprehensive inspection took place on 13 February 2019 and was unannounced which meant the provider did not know we would be visiting the service. The inspection team consisted of one Inspector from the Care Quality Commission Children's Services Inspection Team.

Prior to the inspection visit we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR) on 19 October 2018. The PIR is a form that asks the registered provider for some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law. Those that had been submitted by this service prompted us to examine, during inspection, the provider's arrangements for managing risks to the safety of the young people living there.

At the time of this inspection one young person was receiving in-patient treatment in hospital. During our visit we spoke with one of the two young people who were living at Sonning Drive and their parents. We also spoke with the registered manager and several staff, including the clinical services manager, the psychologist, a mental health nurse and a key worker. Additionally, we spoke with a social worker and an independent reviewing officer visiting the service during our inspection as well as contacting the independent advocate for the young person. The comments of everyone we spoke to have been considered in this report.

We reviewed care files for both young people living at the home, and looked at three staff files and training records. We examined the records in relation to the administration of medicines as well as information about the management of the service and the provider's processes for assuring quality.

Inspected but not rated

# Is the service safe?

## Our findings

The young person we spoke to told us they felt safe and happy living at Sonning Drive. They told us, "I'm happy here; they help, they listen and don't judge, not like the last place I was". Parents also told us they felt the home was a safe place for their child, they spoke of the relief they felt now their child was happy and settled, "For the first time I don't worry, I know they are safe".

We found there were systems, processes and practices in place to ensure the young people were protected from potential abuse. There were clear policies for whistleblowing and safeguarding. The safeguarding policy reflected local procedures and provided guidance to staff on how to report potential abuse. Staff had received level 3 safeguarding children training which met the requirements of intercollegiate guidance. This guidance sets out minimum training requirements relating to children's safeguarding training and is a good indication as to how well the provider responds to safeguarding concerns.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation reported to them. This was evident in the good quality of safeguarding referrals we looked at. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw that previous incidents had been managed well and shared with the Care Quality Commission. This meant that the young people who live there were safeguarded from potential abuse.

Comprehensive recruitment procedures were in place. A check of staff personnel files showed that all relevant information and checks, including references, were carried out prior to new staff commencing work. This included a competency based interview process and a Disclosure and Barring Service (DBS) check. The DBS check identifies people who are barred from working with children and vulnerable adults and informs the service provider if any criminal convictions noted against the applicant make them unsuitable.

There were sufficient numbers of suitably trained staff to support the young people and ensure care was delivered safely. The staff team was small and three recent vacancies were being managed by a recruitment process that was underway at the time of our inspection. The team comprised of the registered manager, three team leaders, two shift leaders and a residential support worker. A manager was on site every week day and on call at weekends, as well as two staff who provided one-to-one support to each of the young people throughout the day. Each night there were two staff in the home; one 'wake-in' and one 'sleep-in'. The wake-in staff member routinely carried out frequent observations according to the young peoples' risk management plans and these were fully documented. 'On-call' managerial and clinical assistance was also available if additional advice and support was needed. We were informed due to current vacancies within the team some of the waking night shifts were being covered by core agency staff, who knew the home and the children well. These staff all had the necessary DBS checks in place, had undergone an induction programme and had a handover at the start of their shift. 'On-call' managerial and clinical assistance was also available if additional advice and support was needed. From our observations we saw that support was well organised, and this enabled the young people to safely follow routines of their choosing, both in and away from the home.

Systems were in place to ensure that young people's medicines were managed consistently and safely by all staff. Staff received a good range of training to equip them to carry out their role, such as a competency based induction programme and certification in the administration of medication. Medicines, including controlled drugs, were obtained, stored, administered and disposed of appropriately. Some young people had been prescribed medicines on an 'as required' (PRN) basis. Protocols were in place to guide staff when they had to administer such medicines that were specific to the individual and the PRN medicines prescribed. This helped to ensure the young people's health and well-being was protected from inappropriate use of medicines.

We saw good systems in place to appropriately assess and manage risks to the young people and monitor their safety. They were supported to stay safe and their freedom was respected. Staff knew each young person's needs well. They had clear strategies for assisting the young people when displaying behaviours that may challenge or cause them distress. Risk assessment and management plans (RAMPs) were comprehensive and unique in relation to the specific risks to each young person. Detailed control measures supported staff to help the young people manage risks and ensured they experienced safe care and support.

In each of the two care plans we reviewed, risk assessment and management plans (RAMPs) were detailed, comprehensive and identified each element of risk that was unique to each of the young people's behaviour or situation. Plans were in place to control the risks with specific measures and contingencies. These plans were co-produced with the young person, reviewed and updated monthly, and discussed during weekly multi-disciplinary team (MDT) meetings. As part of the RAMPs, mental health nurses provided weekly one-to-one support to each of the young people, which also included debriefing sessions with them whenever incidents arose. This ensured that risks that were specific to each young person were properly understood and managed.

The areas we viewed were clean and the toilets, bathroom and kitchen in particular were clean and well equipped. There were effective cleaning schedules which were adhered to and young people used their own toiletries and towels. Thermometers were used to monitor the temperature of refrigerators to ensure the food was fit for consumption. This demonstrated that the risks of infection from daily living were minimised.

Systems were in place in the event of an emergency occurring within the home, such as a fire. We saw contingency plans were in place in the event of an emergency or mains failure. Records we reviewed showed that checks had been carried out to the fire alarm and regular fire drills were undertaken.

Health and safety risk assessments and checks to the premises were also completed. We saw a sample of documents to show equipment and services within the home had been serviced and maintained; these included the testing of small appliances and gas safety. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

Inspected but not rated

# Is the service effective?

## Our findings

The provider was effective in meeting the needs of the young people who lived in the home . One young person's social worker told us "Sonning Drive is working really well for [name of young person], no other placement in the country was able to meet their needs. There is consistent staffing, the young person engages well, everyone is flexible. They have stability here".

Young people living at Sonning Drive received care, support and treatment for their physical, social and mental health needs from a multi-disciplinary staff team consisting of the registered manager, consultant child and adolescent psychiatrist, registered mental health nurses, residential support workers, clinical psychologist, psychodynamic psychotherapist and occupational therapist. Young people are benefiting from ongoing and close monitoring of their care through the weekly multi-disciplinary team (MDT) meetings and monthly clinical case management meetings. Any emerging needs or changes to their presentation are discussed and care plans updated. Young people's care plans were up to date and reflected their emotional health and wellbeing as well as their social needs, they were holistic and considered their physical health needs as well.

Staff were knowledgeable and competent at delivering treatment, care and support to this group of young people. This included appropriately qualified mental health clinicians. The multi-disciplinary team was comprised of staff with a range of skills and competencies. All staff worked together to ensure that children and young people experienced good care. Within the person-centred care plans it was clear how young people had made progress against short term goals from one monthly meeting to the next. However, it was not clear how the long term desired mental health recovery would be measured for each of the young people. Records were not easily navigated, due to a complicated filing system. Records were not integrated into a single file with an overarching care plan. The service was aware of these issues and informed us a review is currently being undertaken by the clinical nurse manager and clinical services manager to address these matters.

We saw staff were proactive in their efforts to liaise with the local authority and had advocated for the young people to help find suitable educational provision. This was an important enabling feature of the work of the staff at the home as it means young people had better opportunities for continuing education in relation to their personal aspirations. For example, a young person who previously did not attend school is now enjoying full-time education.

We found there was a strong focus on preparing young people for adulthood with creative ways of supporting and enabling their transition to independence. For example one young person's pathway plan was coproduced with the young person, their social worker, parent and a Connexions Personal Advisor (PA). A Connexions PA offers support and guidance at key episodes in a young person's life when information, advice and support on educational and vocational issues are necessary to help them make decisions that affect their future. The plan was created to promote gradual and safe progression to support the young person to become increasingly independent over a period of time. The pathway plan was clearly aligned with the overall care plan regarding preparing for transition in to early adulthood.

We saw that staff worked closely with parents and carers to build on protective factors, strengths and potential for improvement within their relationships. Emphasis was placed upon the involvement of family, other carers and significant people in the life of the young person. Key workers established and maintained regular contact with family, carers or any other significant relationships and offered support and psychoeducation with a view to rebuilding their relationships in order for the young person to return home. This was further corroborated by discussions with a social worker who told us they were impressed with the way staff work really well with parents, and copy her in to any email correspondence. An independent reviewing office told us, "there is a good wrap around plan not just for [the young person] but for their parents as well".

Consent to care and treatment was sought appropriately in line with legislation and guidance. All young people coming into the home received a Mental Capacity Assessment (MCA) in relation to providing consent for each aspect of their care. Young people under 16 were also assessed for their competence to provide consent against an established standard known as 'Gillick competence'. A young person is considered 'Gillick competent' to consent to medical treatment or intervention if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options.

Capacity and competence were reviewed regularly as part of the multidisciplinary planning approach. We saw that appropriate consent was gained from each young person and for different activities and types of support. Records we looked at demonstrated that young people were provided with clear explanations and understood what they were providing consent for. This was further supported by access to an independent advocate who visited the home on a regular basis. This meant that young people had their wishes and feelings heard and that they were involved in making decisions about their lives.

Positive behaviour support plans (PBS) were comprehensive and ensured young people were supported to manage their own outward behaviour in the least intrusive way. Staff explored a variety of ways of supporting young people when they showed behaviours that may challenge. Individual positive behaviour support plans included detailed guidance for staff on which behaviours the young person might display and what the staff needed to do to help them. The voice of the child or young person was clearly evident throughout the records we reviewed, demonstrating a strong focus on co-production. Records contained clear information about what happened before, during and after each instance with clear evidence of these strategies being used.

Young people were provided with a nutritious diet. The kitchen was large, clean and well equipped and young people were supported to prepare their meals and drinks. A dietician coproduced a nutritional plan with a young person to meet their individual needs.

The service had good links with the local hospital. In the event of a young person needing to attend hospital, information about the young person was taken with them by the accompanying staff. This meant other professionals were aware of the young people's complexities and were able to respond and interact with them more effectively leading to improved outcomes.

Multi-disciplinary working supported the development of staff. Non-clinical staff told us how well they were supported by their clinical colleagues. This included regular debriefing sessions to enable staff to review action taken, check how staff were feeling and whether they required any additional support.

Staff were supported to develop their knowledge and skills and for clinical professionals to maintain their registration with their professional bodies. Mandatory training included; safeguarding children and child

sexual exploitation, first-aid, fire safety, medicines administration and food hygiene. On commencement of their employment, new staff completed an induction programme and mandatory on-line training. Competency assessments were completed and signed off during a probationary period to ensure that staff were skilled in supporting young people.

Additional specialist training was arranged according to the needs of the young people placed at the home. For example, training in eating disorders and naso gastric tube feeding. This equipped staff with the appropriate skills to work with young people to meet their individual health needs.

Clinical staff participated in a range of professional supervision. For example, mental health nurses received clinical supervision, whilst the psychiatrist and psychologist engaged in regular peer reviews. This was in addition to the monthly case management review meetings which enabled staff to understand the changing needs of the young people and any progress they made.

Inspected but not rated

# Is the service caring?

## Our findings

Staff provided care and treatment in a sensitive and empathetic way and emphasis was placed on involving young people in decisions about their daily lives. During our inspection we observed how staff interacted with the young people using the service. Staff facilitated conversations in a considerate and respectful way, displaying kindness and empathy, and within a happy and positive atmosphere. Young people had developed their confidence because of how staff cared and supported them. This was particularly evident for one person who used the service. Staff described the change in this person as 'significant'.

One young person was in hospital at the time of our visit and staff were in regular contact with them visiting and supporting them during their stay in hospital. Staff told us it was important to this person's wellbeing to ensure continuity of care and provide reassurance.

We talked with staff about the support they provided. Staff spoke affectionately and sensitively about the young people and clearly took pride in providing a person-centred service that met their individual needs. Conversations with young people, staff, and a review of care plans, showed that staff members understood the individual personalities of the young people very well and respected their personal wishes and feelings. This was reflected in the daily diaries and the records of the multi-disciplinary team meetings. Records demonstrated that young people were spoken about with the same degree of insight and respect. One staff member told us "I am so proud of the effort the young people put into the therapy we do. They engage to the best of their ability they can".

Each young person was allocated a key worker and co-key worker on admission to the home. One-to-one sessions took place and records were completed detailing the discussion. We saw that care plans were kept under constant review during the weekly multidisciplinary team (MDT) meeting and updated when needed by the young person's identified keyworker. Any emerging needs were appropriately responded to. This meant that the delivery of support reflected the young person's current needs and wishes.

All plans and records evidenced the voice of the young person and clearly reflected their wishes and feelings. Our review of care plans showed that young people had been involved in identifying their needs, setting goals and planning their care. All of the records were written in the first person and clearly demonstrated the voice of the young person. This level of co-production showed that the provider valued young people and promoted person-centred care.

Staff assisted the young people to develop their independent living skills, such as domestic tasks, cooking and decorating their living space. The young people were encouraged and supported to personalise and decorate their rooms to their own liking. We saw one wall of a bedroom being turned into a giant chalk board at the request of a young person who loved to express themselves through art. This helped to promote their self-esteem, build self-confidence, increase their sense of belonging in the home and add value to their overall therapeutic outcomes.

The educational needs of the young people were also met and plans focused on their individual learning

requirements. Staff worked proactively to support young people with their education and advocated on their behalf to ensure they received the most suitable placements.

One young person told us what makes this home different from others they have lived in is that staff listened and helped them. This view was echoed by the young person's parents and social worker. They were making real progress in their health and well-being as well as in their education, personal relationships and understanding how to manage their feelings and ask for help when necessary. The social worker told us how she had seen the young person grow in confidence and now have aspirations for their future which they were previously unable to consider. Staff break down these aspirations into achievable goals so that the young people can recognise the progress they are making.

Inspected but not rated

# Is the service responsive?

## Our findings

Young people who used the service received care and support that was personalised to their individual needs, wishes and aspirations. Each young person had a comprehensive care plan in place, information included: preferences, activities, family contact details, medical conditions and actions required, daily records including monitoring of peoples emotional state. Care plans were regularly reviewed and updated to reflect the young people's changing needs.

Person centred care planning was clearly evidenced . Young people had been involved with comprehensive, individualised and holistic assessment at referral, pre-admission and on an ongoing basis whilst residing in the home. This included an emphasis on co-production and an understanding of the young person's characteristics and personality. Records demonstrated continuous comprehensive assessments had been carried out . Each of these assessments were individualised, holistic and took account of other professionals who were involved in their life. For example, we saw that plans arising from Looked After Children processes also featured prominently. Assessments also took account of contributions from other services such as social care through 'education, health and care' plans and 'looked after children' plans.

Files and records clearly demonstrated the voice of the young person. These included records detailing the young person's support, treatment, education as well as the notes of the keyworker. Plans had clearly been co-produced with the young person. For example, a section entitled 'Who am I' included information about the young person, their personal preferences, likes and dislikes, interests and hobbies. This pen picture highlighted that any new staff coming into the home would quickly be able to understand each young person's unique characteristics and personality.

One of the young people told us how much they liked living at the service and how their choices were respected. They told us "I'm happy here; they help, they listen and don't judge, not like the last place I was". Parents also told us how they found the home to be non judgemental and appreciated the continuity of care and open communication between them and the staff. They spoke of the relief they felt now their child was happy and settled "For the first time I don't worry. Every county should have a Nestlings Care".

Staff told us communication was good between the team and that any changes in support needs were discussed during the staff handover at each shift change. A communication diary was also used to pass on important information and planned activities for the day such as medical appointments. Each of the staff we spoke with explained the team worked well together and were consistent in their approach with each of the young people.

Young people's care and treatment was co-ordinated through a key-worker and was monitored through the weekly multi-disciplinary team meetings to ensure it reflected their evolving needs. Young peoples wishes and feelings were recorded weekly in the multi disciplinary team document and during weekly residents' meetings.

Weekly residents' meetings enabled young people to play an active, collective role in the way the home was

organised, such as requesting a car for the home and choosing colours for the redecorating of communal areas. We saw good support for enabling the young people to engage in leisure activities, hobbies, interests, new experiences and skills. Young people were encouraged to attend local community activities with encouragement and support from the team, for example, joining in Christmas activities with the school such as bowling and a trip to the cinema. Physical activity and dietary support was incorporated into care plans to promote healthy lifestyles.

Young people were enabled to raise any concerns and complaints about the home and these were positively responded to. We looked at how the registered manager addressed any issues or concerns brought to their attention. Complaint forms were available in the home. We were told the young people were happy to talk about any minor grumbles as they arose and we saw evidence of this in the minutes of the weekly resident's meetings. We found effective systems for reporting formal complaints and concerns were in place and demonstrated issues were taken seriously and acted upon.

Inspected but not rated

# Is the service well-led?

## Our findings

Young people, their relatives and partner agencies told us the service is well-led. We found an overall culture of person-centred, holistic approaches to care, health and well-being. This was a vision that was shared and implemented by all staff and evident in all the provider's processes and policies.

The home benefited from strong leadership on several levels. The registered manager was experienced, highly motivated and had extensive knowledge about the service. The registered manager was supported by a newly appointed clinical nurse manager and clinical services manager. Staff spoken with were complimentary about the involvement and support from the senior management team. Comments from staff included, ["name of registered manager] is a cracking manager, anything you need she will make sure it's done. Now we have an additional layer of management, safe pair of hands" and [Name of consultant psychiatrist) is inspiring".

During the inspection the registered manager and all the staff on duty demonstrated an in-depth knowledge of the people they were supporting. There was a culture of continual reflection by the staff team who were dedicated in striving for continual improvement.

There were clear, integrated governance processes involving clinical and non-clinical leaders. Weekly multi-disciplinary team meetings and monthly case management meetings provided the means to monitor and develop young people's support plans so they met their evolving needs. The contributions of the young people who lived at Sonning Drive were embedded at different levels throughout these processes. This included, resident's meetings, co-production of support plans through regular work with key workers, contributions to multi-disciplinary team meetings and case management meetings.

We saw there was a clear vision and strategy in place. The provider's Statement of Purpose set out this vision. This was to provide, "Safety, empowerment and independence achieved by opportunity and choice, facilitated in a homely environment with excellent standards of care and committed staff team."

During our visit and discussions with leaders and staff we found evidence that this vision was shared by everybody who worked at the home. For example, person-centred care planning was a key theme in the records we checked. Young people and staff told us how they worked hard together to co-produce support plans and this was clear and consistent throughout the range of documents that we looked at. The positive behaviour support plans and their implementation, the arrangements to support transition to independence and the personal choices around living space and activities exemplified this approach.

The multi-disciplinary team meetings were used as a forum for tracking the progress of the young people against outcomes in their care plans. This enabled plans to reflect the evolving clinical and social needs of the young people.

Monthly case management meetings also took place where the young people were invited to contribute items to the agenda. Records showed feedback was provided to the young people at the end of the meeting

confirming that their contributions had been valued, considered and respected.

Regular residents' meetings were held and the young people were encouraged to have a say on the day-to-day running of the home, including what they wanted to eat, how they wanted the home decorated and how they wanted to spend their leisure time.

We found evidence of good partnership working. The service worked well with other agencies such as social care, education and connexions for the benefit of the young people living at the home. For example, we saw good liaison with partners in transition planning regarding the preparation for adulthood.

Leaders fulfilled their duty of candour through an open culture of reporting incidents, comprehensive investigations, learning and improvement. This culture was shared by all staff and managers. We checked our records before the inspection and saw incidents that the Care Quality Commission are legally required to be informed about had been notified to us. This information helps the CQC to monitor the service and check that appropriate action has been taken to ensure the young people are kept safe. During our visit we looked at local records of such incidents and saw that the provider had carried out comprehensive investigations and reached findings that were shared with the rest of the staff team to ensure there was a shared learning at each level of the service. This was emphasised in our discussions with staff who told us that they had been enabled to reflect upon incidents. This demonstrated that there was an open and candid culture toward learning and improvement.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Staff were provided with a variety of training delivered in house, externally and online. Training attendance was well monitored by the provider through the use of a training database. Supervision processes including regular case management and clinical supervision and pastoral support were in place and these processes were well managed.

All staff had access to the whistle-blowing procedure (the reporting of unsafe or poor practice). Those staff we spoke with felt confident that any concerns raised would be listened to and dealt with. This culture of openness where staff feel comfortable in raising concerns helped to keep the young people safe from harm. Duty of candour was evident throughout our interviews with staff, management and review of the records. Duty of candour means services must be open and transparent with service users about their care and treatment, including when it goes wrong.

There were robust quality assurance processes that included monthly audits on all aspects of the home's performance, such as audits of medicines administration and of the way respect and dignity was maintained. We looked at how the senior management team monitored the quality of the service provided. Good quality assurance systems were in place to ensure the service was meeting its aims and objectives and to ensure that the young people were safe, happy and had a positive experience. Systems were in place which continuously assessed and monitored the quality of the service and the application of the provider's policies and procedures. We saw that a variety of audits were carried out on a monthly basis to ensure that all procedures were followed. For example, the monthly medicines audit identified all areas when there had been any errors or omissions. Each reported occurrence was robustly followed up and procedures were modified or strengthened as a result including any identified training needs of staff members. Similarly the privacy and dignity audit examined care plans and records to ensure that they preserved and respected the rights of the young people living at the home. This was further evidence of the young people being at the centre of the provider's approaches.

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