

Nestlings Care Ltd

# Higher Tunshill Farm

## Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Higher Tunshill Farm offers accommodation for up to three young people under the age of 18 years. The service specialises in the care and treatment of young people with mental health problems. The property provides spacious accommodation and is located in a rural area of Rochdale.

We last inspected Higher Tunshill Farm in July 2014. At that time we found the provider was in breach of regulations in relation to the management of medication and employment checks required when appointing new staff. The provider sent us an action plan telling us what steps they intended to take to ensure they were compliant. A further inspection was undertaken in September 2014 to check if the provider had addressed the shortfalls. We found the regulations had been met.

This inspection was unannounced and took place on the 31 October 2016. As the service is registered with both the Care Quality Commission and Ofsted, a joint inspection was carried out by an inspector from each of the organisations.

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.

The service had a registered manager who was present during the inspection. 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.

Suitable arrangements were in place to demonstrate that the young people had enough understanding to make up their own mind about the benefits and risks of their care and treatment ('Gillick competence'). Where the mental capacity act applied consent had been sought from the young person.

Staff had been appropriately trained in intervention techniques and management plans were in place to guide staff. This helped to minimise the risk to the young person and prevent harm or injury.

The young people had access to an independent advocate who regularly visited the home and helped to ensure their wishes and feelings were heard.

We found that suitable arrangements were in place to help safeguard the young people from abuse and sexual exploitation. Guidance and training was provided for staff on identifying and responding to signs and allegations of abuse. Staff spoken with were clear about their responsibilities and knew what they should do to ensure the young people were protected.

The young people were involved and consulted with about their needs and wishes. Care records provided good information to direct staff in the support needed and explored their individual preferences, likes and dislikes. Information was stored securely ensuring confidentiality was maintained.

Interactions between staff and the young people who used the service were warm, friendly and relaxed. Staff were polite and patient when offering support. The young people were encouraged and supported to following activities of their choosing as well as meet their educational needs. This helped to promote their independence and community presence.

We found the system for managing medicines was safe. A multi-disciplinary team was actively involved in meeting the emotional, social and health care needs of the young people, ensuring their well-being was maintained. We were told there was good communication between the team and external professionals. Professionals we spoke with said they were kept fully informed about the care and welfare of the young people.

We found the young people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for the young people safely. The staff we spoke with had a good understanding of the care and support that people required.

We saw the young people were provided with a choice of suitable and nutritious food. Young people told us they were involved in planning their weekly menus and shopping.

To help ensure the young people received safe and effective care, systems were in place to monitor the quality of the service provided and deal with any emergencies that could affect the provision of care. Relevant checks were made to the premises and servicing of equipment and suitable arrangements were in place with regards to fire safety so that staff and young people were kept safe.

We saw that systems were in place for receiving, handling and responding appropriately to complaints.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Systems were in place to protect the young people against abuse and sexual exploitation. Risk assessments and management plans were in place to guide staff to help ensure the health and welfare of the young people was protected.

The young people were cared for by sufficient numbers. Relevant recruitment checks were completed prior to new staff commencing work to ensure they were suitable for the position.

The system for the management and administration of medication was safe. Suitable arrangements were in place to ensure the premises and equipment were suitably maintained so that the young people and staff were not placed at risk of harm.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Young people were actively involved in making decisions about their care and support. Staff had been appropriately trained in intervention techniques; this helped to ensure the rights of the young person were safeguarded.

Opportunities for training, development and support were provided enabling staff to develop the knowledge and skills needed to meet the specific needs of young people in a safe and effective way.

The social, emotional and healthcare needs of young people were met by a range of professionals ensuring the health and welfare was maintained.

**Inspected but not rated**

### Is the service caring?

The service was caring.

The young people and those involved in their care spoke positively about their experiences and the care and support offered by staff.

**Inspected but not rated**

Interactions between the young people and staff were polite, friendly and good humoured. Staff spoke sensitively about the young people and demonstrated a good understanding of their individual needs and wishes.

Information about the young people was kept secure in the staff office. This ensured confidentiality was maintained.

### **Is the service responsive?**

The service was responsive.

A comprehensive assessment process was undertaken to ensure the suitability of placements made.

Individualised plans of care were provided clearly directing staff in how the assessed needs of the young people were to be met. Young people were encouraged and supported to follow routines and activities which reflected their needs, wishes and preferences.

Systems were in place to enable the young people to raise any complaints and concerns. Young people told us they would speak with a staff member if they were worried about anything.

**Inspected but not rated**

### **Is the service well-led?**

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. All the people we talked with spoke positively about the manager and staff team in place.

Systems were in place to monitor and review the quality of service provided. Opportunities were provided for young people to comment about their experiences.

The provider had notified the CQC as required by legislation of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

**Inspected but not rated**

# Higher Tunshill Farm

## **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 Care Act 2014.

Prior to the inspection we considered information we held about the service, such as notifications received from the provider. We had also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was provided prior to the inspection.

This inspection was unannounced and took place on the 31 October 2016. As the service is registered with both the Care Quality Commission and Ofsted, a joint inspection was carried out by an inspector from each of the organisations.

During our inspection we had the opportunity to speak with all three of the young people currently living at Higher Tunshill. We also spoke with the responsible individual, one of the directors, the registered manager, a mental health nurse and two support staff.

We looked at two care files, three staff recruitment files and training records, the management and administration of medication as well as information about the management and conduct of the service.

As part of the inspection we also contacted the social workers involved with each of the young people and spoke with the foster carer involved with one young person. Comments received have been added to the report.

# Is the service safe?

## Our findings

As part of the inspection we looked at how the service protected young people from abuse. We were not aware of any safeguarding investigations involving with three young people, which would need to be reported to CQC, Ofsted and the local authority 'Looked after Children' teams.

We asked the young people and those involved with their care if they felt they were safe living at Higher Tunshill. All three of the young people we spoke with told us they felt safe living at the home.

The foster carer involved with for one young person told us they were initially concerned about the mix of young people due to their different needs and behaviours. However they felt things were now more settled as there had been a change in the group. Social workers involved with the young people told us, "The service is safe I have no issues in this regard" and "I feel the service is very safe and have had no concerns about the young person's safety prior to and since being placed there." A staff member also commented, "I feel the children are happy and safe."

We saw that policies and procedures were available to guide staff in safeguarding children and young people from abuse. This was supported by a programme of staff training. Those staff we spoke with told us they had received training in safeguarding and were able to demonstrate their understanding and what they would do if they suspected abuse and who they would report it to. A review of training records confirmed what we had been told. This training is important and helps to ensure staff understand their responsibilities in reporting and acting upon concerns so that children and young people are protected. Staff spoken with were also aware of the company whistleblowing policy. Two staff member said they felt confident they would be supported by the registered manager or on-call if they raised any concerns.

We saw that policies and procedures for the management of medicines were easily accessible for staff. As the team was small, all staff were involved in the administration of the young people's medicines. Relevant training and assessments of competency were completed to ensure staff understood how to safely use the system in place.

We found the arrangements for the receipt, administration and storage of medication was safe. Medicine stocks, including controlled drugs (very strong medicines that may be misused) were stored securely in individuals locked cabinets in the staff office. We looked at the medicine administration records (MARs). The MARs we looked at showed that staff accurately documented when they had given a medicine. Records also showed the dose to be administered and stocks were regularly checked to ensure the young people were given their medicines as prescribed. This helped to ensure their health and well-being was protected. We saw that some of the young people were prescribed PRN 'when required' medication. Whilst protocols were in place to guide staff when they had to administer medicines that had been prescribed in this way, these were not specific in relation to the individual medicines prescribed. We discussed this with the registered manager who said that information would be expanded upon.

We looked at the staffing arrangements in place to support the young people living at Higher Tunshill. The

staff team was small and now stable and comprised of the registered manager and nine support staff. We were told that during the day the registered manager was on duty plus three staff who provided one to one support to each of the young people throughout the day. Night staff was provided by two staff, one wake-in and one sleep-in staff member each night. We were told that 'on-call' assistance was also available if additional advice and support was needed. From our observations we saw the support was well organised and enabled the young people to follow routines of their choosing, both in and away from the home. The foster carer involved with one young person told us, "There's always enough staff to support what they are doing."

We found robust recruitment procedures were in place. A check of staff personnel files showed that all relevant information and checks were carried out prior to new staff commencing work. Information included; an application form including a full employment history, copies of the person's identification and a minimum of two written references. We found that the provider kept copies of interview records which provided evidence of applicants' knowledge and skills. A Disclosure and Barring Service check (DBS) had also been carried out prior to the staff member commencing their employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that risk management plans were in place where areas of concern had been identified, such as self-harm, eating disorders and missing persons. Plans were updated on a monthly basis and discussed during the weekly multi-disciplinary team meetings (MDT). The mental health nurses we spoke with said as part of the risk management plan their role was to provide weekly one to one support to each of the young people. Support also included debriefing sessions with the young people when incidents arose. Debriefs were also available for staff providing an opportunity to review the action taken, check how staff were feeling and if any support additional support was required. This was confirmed by the staff we spoke with. They also told us that additional support was available from 'on call', which was provided by the registered manager and mental health nurse. Further support was also available from the Consultant Psychiatrist when required. Staff told us, "I'm very confident the manager and on-call would deal with anything", "There's good back up" and "They will come out and support staff."

We looked at what systems were in place in the event of an emergency occurring within the home, for example a fire. We saw a contingency plan was in place in the event of an emergency or mains failure. Records we looked at showed that checks had been carried out to the fire alarm and regular fire drills were undertaken. An up to date fire risk assessment was seen as well as personal emergency evacuation plans (PEEPs), detailing the level of support required by each young person. This information also assists the emergency services in the event of an emergency arising, helping to keep people safe.

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 helps to ensure the safety and well-being of everybody living, working and visiting the home.



# Is the service effective?

## Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people over the age of 16 years of age 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. For children under 16 years of age the MCA does not apply. Instead a child needs to be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment; this is termed 'Gillick competence'. The deprivation of liberty safeguards within the MCA do not apply to people under the age of 18 years.

Records we looked at showed that consent had been sought and given by the young person aged 16 years with regards to their care and treatment. Records clearly showed the support and intervention which may be required from staff and the young person understood that this was for their protection. In relation to the two younger people, records showed that an assessment (Gillick competence) had been completed. Both had been assessed as being able to consent to their care and treatment and understood the restrictions in place were to help keep them safe. This meant further authorisation from the High Court or Court of Protection was not required.

We were told the young people living at Higher Tunshill had access to an independent advocate who visited the home on a regular basis. Their role was to ensure the young people had their wishes and feelings heard and that they were involved in making decisions about their lives.

We were told the provider facilitated training for staff in the MCA and Mental Health Act. Those staff we spoke with confirmed what we had been told. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and treatment.

We found the service explored a variety of ways of supporting young people when they showed behaviour that may challenge. Records included detailed guidance for staff on what certain behaviours the young person may display and what the staff needed to do to help them. Records contained information about possible 'triggers' and how staff should respond to help the young person and prevent or diffuse situations. Praise and reward sessions were routinely used to help change behaviours. We saw all incidents were recorded detailing what happened before, during and after the incident. As relationships between staff and the young people have developed the need for staff intervention has reduced when incidents have occurred.

We were told that the registered manager, staff and mental health nurses would reflect on each incident to see if they could improve the support they offered to the young person. Records showed that staff were trained in de-escalation strategies and the reduction of risk and restraint (Team Teach). This helped to ensure the young people were responded to effectively and that they and staff remained safe.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of the young people living at Higher Tunshill. We were told there was a programme of induction, supervision and training provided.

On commencement of their employment, new staff completed an induction book and on-line training. Competency assessments were also completed and signed off during their probationary period. Mandatory training was provided along with training specific to the needs of the young people. Training included; Safeguarding children and child sexual exploitation, team teach (intervention training), first aid, fire safety, medication and food hygiene. Additional specialist training was arranged accordingly to the needs of the young people placed at the home. We were told that two members of the team were trained trainers in Team Teach and facilitated this to other members of the team. A training matrix was in place to monitor the training provided and when refresher training was required. Two staff we spoke with confirmed they completed an induction, a period of shadowing and relevant training.

In addition to this we were told that five staff had completed relevant vocational qualifications and four were currently completing the course. It was confirmed that those staff currently undertaking the level 3 qualification would be completed within the first two year of employment as required by Ofsted.

We asked staff if they felt equipped and supported to carry out their role and responsibilities. Staff spoke positively about their work. They told us; "Training we ask for, we get", "I definitely feel supported", "I love working here, I feel supported and feel the children are happy and safe and their views are listened to" and "In all the services I have ever worked in this is the most supportive and I know my training will be sorted."

The foster carer involved with one young person said in their view there were sufficient numbers of staff available and that staff were well skilled to carry out their duties. Their comments included; "They are good at picking up on signals or behaviours", "They have a good understanding of [young person] needs, which has resulted in them settling well" and "Staff are absolutely brilliant."

During the inspection we spoke with the mental health nurse. They told us that clinical supervisions were held with the staff team each month. Staff spoken with confirmed this and said they found these sessions useful and enabled them to talk about work practice, debrief following any incidents and share ideas so that consistent approaches were offered to the young people. Sessions also included training in areas such as mental health, Asperger's and eating disorders. One staff member suggested further training would be useful in suicide and self-harm. We raised this with the mental health nurse who said this could be explored.

We checked to see if the young people were provided with a nutritious diet. We found the kitchen was large and well equipped. We were told and observed the young people being supported to prepare their meals and drinks and cooking activities such as baking took place. One of the young people we spoke with said that during their weekly meetings, they and the other young people would decide on the menu for that week. We saw another young person go out with staff to do the weekly shop. This helps to promote the involvement and independence of the young people.

We were told, and records showed, staff had also completed training in food hygiene. This helped to ensure safe practice was followed.

Suitable arrangements were in place to meet the health care needs of the young people. We were told that staff supported a young person with an eating disorder. Management plans were in place to guide staff and relevant health care support was provided.

Each of the young people was registered with a GP, dentist and optician. Additional support was provided from mental health nurses, a psychologists and occupational therapist each week; with additional support from a psychiatrist, when needed. This ensured the team were informed of and addressed any issues as they arose. One staff member said it was good to have all health professionals 'under one roof' and that the young people did not have to wait to access specialist support; adding, "Support is on tap."

The young people living at Higher Tunshill were provided with a good standard of accommodation, which was well maintained and decorated. The home is a large detached property situated in a rural area of Rochdale, but within easy reach of the local town by car or on foot. Accommodation comprised of a large lounge/dining room and kitchen. There were three single bedrooms, two of which were en-suite. A large bathroom was also available on the first floor and further toilet on the ground floor. A sensory room was also available; this was used by 'sleep-in' staff during the night time. The young people were encouraged and supported to personalise and decorate their rooms to their own liking. Ample outside garden space and parking was also available.

## Is the service caring?

### Our findings

We asked the young people and those involved in their care and support their views about the service and the support provided by staff. All three of the young people spoke positively about living at the home. One young person said, "I really like it here" and "The best thing about this home is the staff and the manager." Another said, "There is nothing I would change about this home it is all good." The third young person told us, "My key worker and all of the staff are the best thing that has ever happened to me, I get loads of help and support; I love it here."

The foster carer involved with one young person told us, "There's always something going on, either with other young people or doing their own thing", "Relaxing environment, welcoming" and "Always feel very welcome, able to visit at any time." Social workers who responded told us, "I have no issues regarding the young people feeling cared for, they have done well and I've never had any complaints or issues about the staff and how they interact or respond to them" and "Since moving into Tunshill Farm [young person] is like a changed child. [Young person] is thriving in the care of the staff team there and very, very happy."

We were also told that young people were supported to maintain appropriate relationships with family and friends away from the home. Arrangements would be made for staff to drop off and pick up young people to help facilitate visits. We were told by one of the social workers involved that as a result of the service one young person had improved contact with their family.

During our inspection we observed how staff interacted with the young people who used the service and talked with staff about the support they provided. We found staff spoke affectionately and sensitively about the young people and took pride in providing a person centred service, which met their individual needs. One of the social workers commented; "Observations of staff interactions with the child are excellent and they present as very caring, upbeat and motivate and encourage [young person]."

The young people were seen to enjoy a good rapport with staff and interactions were polite, friendly and good humoured. From our observations and discussions we found staff assisted the young people to develop their independent living skills, such as domestic tasks and cooking. They were also encouraged to follow activities of their choosing and were supported to explore activities in the local and wider community. Day trips to various places had also taken place including, Blackpool, Southport, an animal sanctuary, roller skating, and the cinema.

We saw that the home had been decorated for Halloween and a 'spooky walk and trick or treating' was planned for the evening of the inspection. Two of the young people were seen wearing fancy dress. The third young person told us they were spending the evening 'chilling out' and were not going out with others as they were 'too old'. Their decision was respected.

One young person told us they had hosted two charity events over recent months. The first event involved selling donated items for Bleakholt Animal Sanctuary whilst the second was a Macmillan Coffee Morning where the young person baked lots of cakes. This had been a positive experience for the young person and

something they had clearly enjoyed taking part in.

Over the summer two of the young people had been on holiday to Butlin's. This was a new experience for the two young people. We were told that both had participated in activities and enjoyed the social aspects of being in a new environment and making new friends. One of the young people said they had really enjoyed the holiday. The third young person had planned a short break in London the week following the inspection. We were told that the young person and staff were doing 'practice sessions' in using the local trains to help reduce any anxieties felt by the young person. They told us they were excited about going on the trip.

The educational needs of the young people were also met and focused on their individual needs. One young person was initially educated at home with support through Online Education and tutoring and support from the main stream school. They had now progressed to attending school on a full time basis. Another young person was now attending college studying for A levels. The third young person had only been at the home for a short period. They were being tutored at home. An education plan had been put in place with targets to achieve each week. This was to help move away from the institutional routine developed whilst they were in hospital. There was a computer available for the young people, which could be used to complete homework as well as access the internet, where appropriate.

We were told that one of the young people had an independent advocate, who they had known for some time. The advocate also supported the other young people if needed. We were told they visited the home every month to meet with the young people and took part in meetings. Advocacy support can help young people communicate their views, wishes and feelings when decisions are being made about their lives.

Information about the young people was kept secure in the staff office. This ensured confidentiality was maintained.

## Is the service responsive?

### Our findings

We asked the registered manager to tell us how they ensured the young people received safe care and treatment that met their individual needs. Each of the young people, prior to moving into the home had spent a period of time in hospital. We were told that a thorough assessment process was followed to ensure the suitability of any placement made. The registered manager and mental health nurse would carry out an assessment following receipt of any referral. The mental health nurse told us that when carrying out the assessments it was important for them to assess compatibility. They told us assessments were done jointly with them taking the lead on health needs and the registered manager taking the lead on social care. Information from the local authority and other professionals involved was also sought so that an informed decision could be made.

A social worker for one young person also told us, "The placement is very effective and fully able to meet the needs of the young person. Staff went to meet the young person and ensured they were comfortable with them and in addition devised a transition plan to introduce them to the placement sensitively" and "Staff asked for a chronology of events to ensure they had all historical information to allow them to have an holistic understanding of their life, needs and challenges."

We were told that opportunities were made available for the young person to visit the home, stay for a meal and have overnight stays should they wish. This provided them with an opportunity to meet with staff and other young people living at the home before any decision was made. This was confirmed by the foster carer of one young person we spoke with. They also said they had been given an information booklet 'children's guide' and spoke with the registered manager about what to expect.

We were told by one staff member that on admission a 'welcome pack' was prepared for the young person. Staff would gather information during the assessment process about things the young person liked. For example, one young person liked pink towels so these were included. Packs were to help the young person feel more settled when they moved into the home. One young person felt they had settled in well at the home and said they felt it was more like home and not just somewhere to live.

We looked at the care records for two young people. Records included a referral assessment, pre-admission assessment, 'Looked after Children' documents, a placement plan, a care plan and review reports. Further files were in place detailing the young person's treatment, education file and keyworker notes. Care records also contained an 'Who am I' section which included information about the young person, their personal preferences, likes and dislikes, interests and hobbies. This helped staff to provide individualised person centred care.

Each of the young people 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 were told and saw information to show that these records were shared with social workers involved with the young people. This was confirmed by social workers we spoke with. One said, "Staff update the allocated worker weekly with reports and phone calls."

We saw that care plans were kept under constant review during the weekly MDT meeting and updated when needed by the young person's identified keyworker. One staff member spoken with said, "We get a lot of say about the support for the children." The foster carer involved with one young person said they had previously attended the multi-disciplinary team meetings. They said they were aware they could attend at any time but were happy for the staff to feedback about the young person and their progress. Other comments made included; "They are good at working together with families" and "Communication is really good and we're always kept informed."

Staff we spoke with said that 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 felt the team worked well together and were consistent in their approach with each of the young people.

Feedback from the social workers involved with the young people was positive about how staff responded to the young people's needs. One social worker involved with two of the young people told us; "The service is responsive to the two young people's needs. They are happy there and interact and engage with staff well and staff adapt what they are doing to meet their needs" and "The home and staff have offered a high level of supervision, support and therapy to both young people who are very individual and who have significant needs. Their needs are significant and these are not overlooked by the demands of the other children."

We looked at what activities were available for the young people who used the service. Each of the young people were supported to access education either through college, mainstream school or tuition at home.

We were told that a variety of social and leisure activities were also provided. Records for the young people showed that their interests, hobbies and goals were considered. Activities took place both in and outside of the home and included; arts and crafts, playing board games, pamper nights, DVD nights and baking. Community activities such as joining a gym, local walks, horse riding, visiting museums and swimming were also offered.

We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told that each young person and their parent/carer were provided with a copy of the 'children's guide', which explained how to make a complaint and who they could speak to. We also saw complaint forms were available in the home. When spoken with, all three young people told us they felt able to speak with staff or the manager if they were worried about anything. The foster carer involved with one young person said, "If I have any questions or queries, they always respond quickly" and "[Registered manager] would deal with things promptly". A social worker told us, "We have had no real issues with the home" and "When the manager was on leave communication between the home and ourselves appeared to have altered but I addressed this with them and they dealt with everything appropriately and we have not had any issues since."

A review of records showed that no complaints had been made by the three current young people living at the home or people involved with their care. We were told the young people were happy to talk about any minor grumbles as they arose. We found effective systems for the reporting of complaints and concerns were in place and helped to demonstrate issues were taken seriously acted upon, where necessary.

# Is the service well-led?

## Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager was supported in their role by two deputy managers and seven support staff. A number of healthcare professionals were also involved with the service to support staff in meeting the specific needs of the young people. These included a consultant psychiatrist in child and adolescent care, clinical psychologist, psychotherapist, occupational therapist and two registered mental health nurses.

We asked the foster carer of one young person and social workers involved with each of the young people and staff about their views of the management and conduct of the service. People told us, "Yes the service is well led", "The manager is clear about what he is doing and the home is run smoothly when he is around" and "The service is very well led and I would recommend this placement to other colleagues who have children with complex needs."

Staff also spoke positively about working for the service. Their comments included; "I feel they listen to staff", "There's good back-up from the management team", "I feel confident managers will respond", "Close team and think we reflect well on our practice" and "If you voice anything, it's always acted upon."

We looked at what opportunities were made available for the young people who used the service to comment on the service provided. We were told and information showed that the young people were encouraged to take responsibility for their weekly meetings. This enabled them to discuss events within the home or things that were important to them. Two of the young people we talked with spoke about attending the weekly meetings and discussing things such as activities and meals. A staff member commented, "I feel the children have a voice."

The production of a newsletter had also started. This had been developed with the involvement of the young people and provided information about what they had been doing or plans they had made. We were told that this was shared with carers, the local authority and Ofsted.

The service also sent out feedback surveys to seek the views of the young people and staff about the service provided. We were told these had recently been sent out and responses would be looked at by the management team. Where necessary feedback would be provided to the young people and team.

We saw that information was readily available to the young people and visitors, in the reception area. This included information about how to access an independent advocate, information relating to CQC and Ofsted as well as information about staying safe.

We looked at how the senior management team monitored the quality of the service provided. We spoke with the responsible individual about their involvement with staff and young people at the home. They told us they visited at least once a month and offered supervision and support to the registered manager as well as training to staff. They were also involved in management meetings and the monitoring of clinical governance. They said they felt staff valued their knowledge and expertise.



We also spoke with one of the directors. Reflecting on the last two years they told us, "I feel the service is significantly better, in a totally different place." They said that over a period of time the service had learned how to develop, train and retain staff and that the whole team was much better prepared to support the young people in their care. The director told us that robust quality assurance systems were in place to ensure the service was meeting its aims and objectives. Paperwork and policies/procedures had been changed to include a more balanced approach to both the mental health and social care needs of young people. In addition monthly audit reports were submitted, as required, to Ofsted and detailed weekly reports were sent to social workers.

The multi-disciplinary team within the home reviewed all records to see if any patterns or trends could be identified. Monthly management and governance meetings also took place. Invites were being extended to the young people so that they too could bring agenda items to the meeting. Feedback would be provided to the young people at the end of the meeting.

The service had detailed policies and procedures in place to guide staff in all areas of their work. Information had recently been reviewed and updated to ensure information reflected current good practice guidance and legislation. Policies were easily accessible in the staff office and were also discussed at team meetings and supervisions. Staff told us the meetings made them feel valued, part of a team and involved them in the running of the home.

All staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Those staff we spoke with felt confident that any concerns raised would be listened to and dealt with. They also knew they could contact people outside the service. Having a culture of openness where staff feel comfortable in raising concerns helps to keep the young people safe from harm.

We checked our records before the inspection and saw incidents that CQC needed to be informed about had been notified to us. The registered manager told us about two recent incidents which had yet to be reported. 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.