

Reach-Out Care Support Network Limited

# Reach Out Support Network Limited

## Inspection report

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Website: [www.reachoutcare.co.uk](http://www.reachoutcare.co.uk)

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 3, 7 and 8 February 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service.

The service is registered with the CQC to provide personal care to up to 25 children and young people in their homes. In order to give parents a short break. The service also takes children and young people aged 0-18 years who require personal care out in the community to take part in activities of their choice.

Reach Out Care Support Network Limited provides different types of services to families, some of those families have children and young people with complex needs; these include a home support service, a sitting and sleep over service, an outreach service and a short break service.

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

We last inspected the service in July 2014 and rated the service as 'Outstanding.' At this inspection we found the service remained 'Outstanding' and met all the fundamental standards we inspected against.

During our inspection we found the organisation was very much child and family-centred, inclusive and underpinned by a genuine desire to offer as high a quality service as possible.

Children and young people who used the service their family members and staff were a pivotal part of the development of the service and were regularly consulted about the quality of the service. The service had been awarded the investing in children status for the high level and quality of the engagement they have with their children, young people and their families.

Children and young people were supported by enough staff to meet their needs safely and in a child centred way.

Accidents and incidents were appropriately recorded and personalised risk assessments were in place for

people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining and verifying references from previous employers to show staff employed were safe to work with children and young people.

Relatives of the children and young people we spoke with told us they felt their children were safe with the service and were aware of procedures to follow if they observed any concerns.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and opportunities for further personal development.

Care records showed that people's needs were assessed before they started using the service, they were supported to transition to the service at their own pace and care plans were written in a child and family centred way and were appropriate in a format suitable for children.

Staff supported people who used the service with their social needs. Parents and families told us that all staff were very caring in their interactions with their children. Parents told us that their children and young people were treated with dignity and respect and felt very comfortable with staff members and had built trust and relationships with them.

Children and young people who used the service and their family members were aware of how to make a complaint if they needed too and complaints were managed appropriately. Children were encouraged to use alternative methods to raise concerns through drawings.

The service had fundraised to provide onsite facilities for staff to access with the children and young people they supported to enable them to take part in learning and fun activities.

We found the registered provider had met the requirements of Article 12 of the UN Convention on Children's Rights and included children and young people's views in their feedback requests. They had also been awarded the Investing in Children Award for engaging children and young people and making changes as a result of that dialogue. Investing in Children is an organisation concerned with children's rights.

Staff told us they felt supported by the registered manager and were comfortable raising any concerns.

The service had a comprehensive range of audits in place to check the quality and safety of the service and actions plans and lessons learnt were part of their on-going quality review of the service.

We saw examples of a continuous drive for improvement in the face to face work carried out with children and young people, their families and carers.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> This service remains safe.	<b>Outstanding</b> ☆
<b>Is the service effective?</b> This service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> This service remains caring.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> This service remains responsive.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> This service remains well led.	<b>Outstanding</b> ☆

# Reach Out Support Network Limited

## **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 registered 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 3 and 7 February 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service. Two Adult Social Care inspectors carried out the inspection at the service and another inspector conducted telephone interviews with relatives and staff members.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We also contacted Healthwatch the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with six parents of people who used the service. We also spoke with the registered manager, two deputy managers, human resources manager and six care staff.

We looked at the records of five children who used the service. We also looked at the personnel files for four

members of staff and records relating to the management of the service, such as quality audits, policies and procedures.



## Our findings

Families we spoke with constantly told us that they felt their relative was safe when they were supported by the service. They told us; "Yes, I know [name] is very safe."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "To protect children from harm and recognise the risks. Safeguarding is everyone's responsibly, when you come into contact with children in any way, it is part of my job and responsibility to safeguard their wellbeing".

Staff told us they would report anything directly to safeguarding if a manager wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep children and young people safe.

We saw records that showed us how the service had supported individual children and young people who are subject to child protection proceedings and this had been carried out to an extremely high standard. We were able to see the high level of detail in planning visits and recording involved when supporting these individuals. The registered manager had ensured there was clear guidance in place for staff to ensure children and young people were safe. We found the registered manager was in close contact with children's care managers and provided a constant overview of children's safety, environment and personal care needs.

The service had in place a policy on "Listening to Children" which gave staff guidance on the need to listen to children. This not only meant that children were listened to in order to help keep them safe, but the registered provider adhered to Article 12 of the UN Convention on Children's Rights which requires children and young people to have a voice. The registered provider had adapted their procedures to ensure the voices of children were heard in the service, for example children had their own feedback sheet and were given the opportunity to draw a picture. They had a doodle page in the service user guide so they could draw their experiences. This meant children and young people were at the centre of the service.

Care plans we looked at contained personalised risk assessments that were regularly reviewed to ensure children and young people were kept safe. These were reviewed regularly by the registered manager. The risk assessments we looked at covered areas such as the potential risks around carrying out personal care. When we spoke with staff they explained to us how they followed these risk assessments one staff member

told us; "I follow the young person`s care plan and risk assessments. I have access to all PPE (personal protective equipment) required for personal care and this can be obtained from the office". We found the service had worked with parents to ensure children's safety in cars. This meant parents had learned the best way of keeping children safe in vehicles.

We saw that there were safe and effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of children and young people. When we looked at the recruitment records we could see that two references were obtained and these were also verified. When we spoke with the human resources manager they told us; "We verify references before offering employment we contact them directly and ask further questions. We have actually decided not to offer employment after carrying out these checks with the referees."

We saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with children and young people.

The human resources manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. New employees had to complete 20 hours of supervised induction before working alone with children and young people. This meant staff were assessed for their suitability and spent time learning about children and young people before they could work on their own.

Children and young people who required care staff to administer their medicine had a separate medicines recording chart that was part of their care plan. These contained every detail required to administer and record medicines in a safe manner. When we asked staff how they maintained safety they told us; "Service users who require medicines, have a medicines profile sheet – which logs which medication they are taking, the doses and which route it is taken by, Any known allergies and parental consent and contacts, GP contact information. A Record sheet – where you log the date and time, dosage and whether this was accepted or refused ( including a section to record any issues like a client spitting the medication out or a spillage ) and staff and the parent have to sign at each administration. All medications are locked in a secure box at each session." This meant that medicines were administered stored and recorded safely.

We found that some children and young people at times required emergency medicines. We saw that they had plans in place for care staff to follow to support them in a medical emergency. These included for example; epilepsy management plans and emergency health care plans. When we asked care staff about handling emergency medicines they told us; "I follow the children's care plan and medicines folders and check prior to the session that the medication is in its correct packaging, checking the labels for expiry dates to ensure it is in date." This meant that staff were well aware of how to keep children and young people safe in emergency situations.

## Our findings

We spoke with relatives who told us they had every confidence in the staff's abilities to provide outstanding care. One relative told us; "The staff are outstanding." and "Yes, can't fault it. I would struggle without them. I wish I could have it full time. I'm Happy with the service it's Outstanding". Another parent told us "Yes, I am confident the care staff are trained and know all about PEG feeding (Specialist feeding) and [Name] medication". (Percutaneous endoscopic gastrostomy (PEG) is to provide a means of feeding when oral intake is not possible.

All staff we spoke with said they had regular supervisions and appraisals. One staff member told us their training was discussed at every supervision. Every staff member we spoke with said they felt able to raise any issues or concerns to the registered manager.

We looked at supervision and appraisal records for four staff members. We saw supervision occurred regularly and people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, people's personal and professional development such as courses were also discussed and actioned. One staff member told us; "Yes I have regular supervisions and a yearly appraisal with manager".

Staff who were new to the service had an induction that consisted of six days of training and then 20 hours shadowing other staff before commencing work unsupervised. The induction training covered a wide variety of courses including; confidentiality, safeguarding children, Medicines, speaking out/Whistleblowing, Managing challenging behaviour, intimate care, Moving and handling and personal Care." when we asked staff about their training and induction they confirmed this was taking place and one staff member told us; "I benefitted from a period of induction when I started working. I was given guidance and information about policies and procedures, I had the opportunity to meet the managers and other staff and to observe and be observed while providing support.

We looked at a training chart (matrix) which detailed training staff had undertaken during the course of the year. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed. The service had sought training in relation to the children using the service to enable staff to support people with more effectively.

When we spoke with the HR manager they told us; "Attendance is really important. We arrange courses during the day and on an evening as some of our care staff are supporting children within school hours so

we aim to fit everyone in."

Staff had also been given the opportunity to develop their skills further with additional education and training including national qualifications up to a level 5 in leadership, or a diploma in health and social care also distance learning by local colleges was taken up by staff.

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. Any DoLS applications must be made to the Court of Protection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no one using the service had a DoLS in place. However we found the majority of children were under the age of 16 and therefore the MCA did not apply to them. The service worked within the frameworks of The Children Act 1989 and subsequent legislation to work with parents who had parental responsibility. A person who had parental responsibility can make decisions about a child's care and upbringing. The service also ensured that the wishes and feelings of children and young people were taken into consideration.

The registered manager told us staff did not generally provide meals for children and young people. However we found staff supported children to learn new skills and eat in cafes and restaurants. The service had in place information on children and young people's preferred eating places and we found children and young people chose where they wanted to eat.

We found the staff in the service worked closely with other professionals. We saw records of 'Team around the Family' meetings where members of the service attended with other professionals from a multi-agency backgrounds We found tasks were allocated and carried out in accordance with the actions by the service We found the provider worked to the guidance published by the Department of Education and Skills on the Common Assessment Framework. Parents told us they were seen as the people who knew their child best and were able to give advice to the staff. This meant parents and staff worked closely together to develop good outcomes for the children and young people.

Parents who used the service had primary care of their children's health needs. In certain circumstances we found staff monitored children's health and well-being. Should a child or young person require urgent medical care the service had in place emergency contacts.

When we spoke to other professionals about the service they told us they thought the service was effective and parents valued the service for the support it gave to their families. One commissioner told us; my feedback would always be very positive. I have worked with them now for around 5 years with some very demanding services. I have always have found them to be an excellent service provider with a high quality and very stable staffing team. Feedback for our service users and operational teams is very good and they constantly work to achieve innovation and improvements in all areas of the service".



## Our findings

We found consistent evidence that all the staff were very caring in how they assisted and spoke with parents and children using the service, and that they respected the dignity, views privacy and choices of people and their children. We looked at feedback about the staff from the children and young people and one example stated; "I like [name or staff members] they make me happy, I would give them 10 stars". They had also drawn a picture of themselves with their two carers.

We spoke with four parents and carers of people who used the service. Who without exception told us that the staff were caring they told us; "[name] gets on so well with the carers." And "The care staff are brilliant." And "[name] can't wait for them to come they dance out to the car when the carers arrive." And "The care that we get is outstanding."

Overwhelming positive comments were also made regarding the staff in the most recent survey and these included; "I wouldn't improve anything." And "The most helpful part about the service is our support worker. Who embraces [names] needs and also the needs of the family"

Children were supported to maintain their independence as much as possible and when we spoke with parents they confirmed this. One parent told us; "The service is supporting [name] to dress their self and to raise his road safety awareness". We saw the service had introduced goals for young people so the care provided by staff included what children and young people in consultation with their parents wanted to achieve. For some children this meant small steps for example being able to move on the floor, for others the goals included visiting places. This showed us the care delivered was purposeful and incorporated children and young people's developmental needs.

When we asked staff how they enabled the children and young people they supported to maintain their independence they were able to share many examples with us. One member of staff told us; "We do lots of learning activities that help. We support children who are visually impaired by helping them to recognise all the different coins; this is a good one for helping them to be independent". Another member of staff told us; "I encourage the children to make decisions regarding their time spent together. Where possible I encourage them to get dressed and undress themselves, wash their hands etc.". This showed us that the children and young people's independence was actively promoted by the service daily.

Some children who used the service had a range of different needs and some required support with their communication for example if they didn't use words. Staff told us how they managed this and how they

supported children to cope and deal with social situations such as sensory overload. One member of staff told us; "To be able to manage sensory needs it works better for the child for us all to be using the same strategies. For example to help [name] communicate better we use a 'now and next' board. This helps to reduce anxiety". A now and next board is a board where the child can use pictures to help them understand and communicate. We also were shown a range of learning materials that staff supported the children and young people to use to help cope with their emotions. We found the service understood children's and young people's needs and using the learning materials had enabled them to communicate.

Children and young people who used the service were treated with dignity and respect when receiving personal care. When we asked parents about this they told us; "Yes, the carers are fantastic". And when we spoke with staff they were each able demonstrate to us how they would achieve this. One member of staff told us; "We always inform the young person of what we are going to do, seek clarity that they are happy for this to happen, talk to them whilst personal care is on going. Attend to their needs with dignity and respect maintained at all times".

We found in keeping with the core values of the service parents, and children and young people were respected. This included involving everyone in the development of care plans using pictures where appropriate to respect each person's views. Parents told us they were seen by the service as a source of vital information about their children and felt listened to by the staff team.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each child or young person they supported.

We could see that staff worked in partnership with other healthcare professionals and would raise issues straight away if they had any concerns about a child or young person's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded particularly with social workers.

At the time of our inspection no one was using Advocacy services. These services help individuals to, be involved in decisions about their lives, explore choices and options and promote their rights. We found that children and young people were actively involved in the service and consulted on a regular basis. Self advocacy was promoted and children were regularly given the opportunity to draw pictures to express their views. The service also advocated on behalf of children and their parents; for example the service approached commissioners to increase staffing levels when a child needed to be kept safe in the community. We found that each person was issued with a welcome pack and this contained information regarding advocacy service if anyone required their support.

We saw evidence that the service regularly carried out activity days onsite where children, young people and their families could attend to engage with the service, receive information, build relationships and enjoy activities together. These activities included; healthy eating, community safety and craft sessions.



## Our findings

We found that children and young people were supported and encouraged by the service to plan for the future and set themselves goals and targets to achieve. We saw evidence of this within the support plans we looked at. When we asked parents how the service had supported their child to set and achieve their goals, they told us; "The service has enabled [name] to mix with children and socially interact in the park". And "It has improved [name] sensory awareness and his ability to hold and touch things. [Name] once threw or dropped his toys now he holds and touches them". This demonstrated the service was having a significant impact on children and young people.

We looked at care plans for five children who used the service. Their needs were assessed and care and support was planned and delivered in line with their preferences and needs. The care plans covered what the children needed and contained detailed directions for staff to follow. When initial assessments were carried out they were done together with the children and their parents and were developed using pictures and simple statements for example; 'To help me at home I need...To support me to access the community, I need....To keep me healthy I need...'. Staff recorded daily interactions in the care plans and these were detailed. We could see that care plans were reviewed regularly, both care staff and parents confirmed this. One parent said; "Our support worker always goes above and beyond to make sure my sons needs are met as often as possible."

When we spoke with staff about support planning and they confirmed that they encouraged the children they supported to achieve their goals. One member of care staff also told us; "I encouraged and supported siblings to have meaningful contact, I talked to them about accepting their differences and have regard to each other's wishes. This resulted in siblings building a relationship and maintaining regular contact without supervision". Parents, children and young people were involved in reviewing the goals and setting new goals.

Specific care plans had been drawn up for children in need of additional protection. The plans were agreed with care managers and the families. Staff were then given tasks to ensure the wellbeing of children was protected. We found following each visit staff recorded the visit and forwarded the record to the office. The registered manager was able to scrutinise the visits and respond to the requests from other professionals for a chronology of events to support decision making in the children's lives.

Children and young people's care plans were regularly reviewed and updated. We saw the service had incorporated in their care planning the outcomes of children's reviews and the views of other professionals

working in the service. This meant the service delivered a high level of consistency in working with other professionals and were members of an integrated approach to families.

The support plans that we looked at were very detailed and child friendly. This meant the plans ensured the child is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the children's likes and dislikes, personalised risk assessments, daily routines and planned activities. These support plans gave an insight into the individual's personality, preferences and choices. We found parents had signed these care plans and endorsed the assessments of their children as accurate.

At the time of our inspection the service had not received any complaints within the last twelve months however we could see that procedures were in place to manage any complaints that may be raised.

We saw there was easy to read information on how to make a complaint. Children were encouraged to make pictures to help explain what they were not happy with. Parents and carers we spoke with said they had no complaints or concerns and would speak to the registered manager if they did. Parents and carers we spoke with said, "Any issues or problems we talk about it," and "I have never needed to complain but I know I can talk to [name, the registered manager if I need to." Staff told us they were confident and knew what to do if someone wished to complain, one member of staff told us; "I listened to what people had to say and where necessary I passed on their information to the relevant people or provided them with advice and information on how they can make a complaint if they wished to do so".

In addition to the complaints we found that the service had received numerous compliments about the staff and the service. The registered manager told us; "We always share any complements with the staff". We saw evidence of compliments from other services for example social workers.

The service had fund raised to provide facilities for carers to use when supporting the children and young people with activities including 'The Cabin' which was used for arts and crafts, table tennis, games and computers and also a training kitchen also with computer equipment. The facilities also provided appropriate changing facilities for children. The deputy manager told us; "Carers were struggling to find free things to do with the children in the winter months and cold weather and now they can come to the cabin. It's warm and the carers can do an activity here. We provide all the materials (games and craft supplies) some parents are on benefits. We listened to our staff and acted on it to provide this."

Children and young people had been involved in developing the cabin and were regularly asked what they wanted to see happen there. Inside there was a notice board that displayed; 'What you asked us for and what we have done' this included a list of requests for games and activities and an equal list of responses to the requests. This meant the service listened to and responded to children and young people's wishes.

Children and young people who used the service were encouraged and supported to take part in activities that were both fun and educational within the local community. One parent we spoke with told us; "Carers take [name] to the Alan Shearer Centre and to the Reach Out activity centre at Newton Aycliffe". Another told us; "The service enables [name] to access the community and visit places they enjoy". We found children and young people were engaged in activities which were not only personal to them but had assisted in their developmental stages.

When we spoke with a commissioner of the service they spoke very highly of the activities that the service had to offer and they told us; "They have raised additional funding to ensure that they offer very family friendly environments in the dedicated contact centre and regularly access additional charitable funds to

provider small extras such as new toys, Easter eggs etc. for the families with whom they work."



## Our findings

Parents and carers of the children and young people who used the service spoke highly of the registered manager. They told us that they thought the service was well led. One parent told us; "The management are always approachable"

When we spoke with staff we were able to establish that good working relationships and good communication took place. Staff we spoke with told us the registered manager was approachable, supportive and they felt listened to. One member of staff told us; "I feel well supported by the management team, I have regular supervision, attend regular team meetings and can telephone managers at any time". At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. When we spoke to the registered manager about working with families in the service we found them to be knowledgeable. They were able to give a good account of the families' needs and actions they had taken to provide the family with a service to meet their needs.

The service had clear values in place that were on display and that were also part of day to day delivery of the service and these included; Integrity, transparency and respect, the rights of children and young people, learning and personal development, listening and consultation, diversity and equality and working together. Care staff we spoke with were able to refer to these values and demonstrated how they were in place in their work. We saw that the values were reflected in staff supervisions, spot checks with staff and when monitoring the quality of the service with children and their parents. This meant the expressed values of the service permeated from the managers and the staff to the families who used the service.

Annual quality questionnaires took place, which asked children, parents and carers a number of questions regarding the quality of the service. We saw that children had filled in questionnaires about the service and these were done in an easy read format. Parents we spoke with told us; "Yes, we get questionnaires two or three times a year" and "Yes there are questionnaires and meetings monthly" This meant that children who used the service, their parents, carers and staff were consulted about the care and support delivered by the registered service.

The service had received an 'Investing in Children' award as a result of true engagement and involvement with children and young people in the development and delivery of the service. Investing in Children is an initiative that promotes the human rights of children and young people. To gain the award service had to demonstrate dialogue with children and young people that leads to change and the children and young

people had to provide the evidence for the award. This meant that the service was well led and truly involved children and young people at the heart of the support it provides. We found the management team had ensured that children and young people were active participants in the service. They showed the service was willing to engage and be influenced by the people who use the service.

We saw records to confirm regular meetings took place with staff. Without exception staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. One staff member told us; "I am able to freely express my view and opinions regarding practice and also make suggestions where I feel things could be done better."

The registered manager carried out a programme of audits and checks regularly. These included health and safety and care plans. We saw records of the audits undertaken. The registered manager visited families at their home to carry out quality checks on records and staff performance. These checks reflected the core values of the service. We saw the registered provider had a system in place where the checks were discussed in a supervision meeting and learning points were addressed by the managers. This meant staff were encouraged to develop their thinking and their practices to support families.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months and also that they passed onto the local authority commissioners. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks. It also reduced the risks of harm being caused to children and young people.

We saw that the service reviewed their policies and procedures regularly and had introduced additional policies and procedures since our last visit including; a listening to children and young people, an Involvement strategy and protecting children and young people from extremism and radicalisation. This showed the service was well led and had responded to new and changing initiatives to protect children and young people.

The law requires that registered providers send notifications of changes, events or incidents at the service to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely within an online system called 'Web-rosta' and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records. We found the records were maintained in a logical sequence and were easily accessible.

The managers in the service had in place a programme to develop their management skills and had support from a consultant to challenge their practices. We found there was a culture of continuous learning and development for the managers who had sought to seek resolutions to issues to meet the needs of families.