

Reach Out Care Support Network Limited

Reach Out Care Support Network Limited

Inspection report

Hope House, Burnhope, Newton Aycliffe, County
Durham DL5 7ER
Tel:01325 310009
Website: www.reachoutcare.co.uk

Date of inspection visit: 29 July 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

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 is registered with the CQC to provide personal care to children and young people in their homes. In order to give parents a short break Reach Out Care also takes children and young people aged 0-18 years who

Summary of findings

require personal care out in the community to do activities. Parent's comments on the personal care service they have received in their own home and in the community have been included in this report.

This inspection was unannounced. At our last inspection in January 2014 we found the service was meeting all the regulatory requirements in the areas we looked at.

This service had a Registered Manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Everything we saw and heard indicated that 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.

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.

We found consistent evidence that all the staff were 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 found the provider 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 having a dialogue with children and young people and making changes as a result of that dialogue. Investing in Children is an organisation concerned with children's rights.

The provider had raised additional funds to develop alternative activities for children and young people to enable them to get out more and meet their goals identified in a recently adopted assessment tool. We found every child and young person had a personalised care plan and risk assessment in place. Staff were aware of risks and worked on a multi-agency basis to minimise those risks.

The provider had invested in the development of the management team to ensure the service was consistently well led.

We found regular quality monitoring of the service had been undertaken and issues had been promptly and appropriately addressed.

Summary of findings

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

We found the service worked on a multi-agency basis to ensure children and young people were given consistent safe care.

We found the provider recorded critical incidents and sought the expertise of other professionals to reduce the risks to children and young people.

Staff had access to out of office hours services if the need should arise. This meant they were able to contact other professionals for help and advice

We saw the provider had robust recruitment procedures in place to ensure people who they recruited were safe to work with children and young people. This meant the provider met the requirements of the 'Short Breaks Statutory Guidance on how to safeguard and promote the welfare of disabled children using short breaks', published by the Department of Children, Schools and Families

Outstanding



Is the service effective?

The service was effective

Parents told us they found the service was effective and it had created positive changes in the lives of their children and young people as well as on their family life.

We found the service had developed a new goal setting tool to enable children and young people's goals to be identified. The service had in place activity days which meant children and young people had the opportunity to achieve their goals.

We saw that staff described in their daily notes what had been achieved that day. The notes reflected what was written in the care plan. This enabled the staff to describe how children and young people were meeting their care plan requirements.

Staff received a range of training and told us they were well supported to undertake their role effectively. They demonstrated a good understanding of the needs of the people they cared for, allowing them to deliver effective care.

Outstanding



Is the service caring?

The service was caring

Parents told us how the staff treated their children with care and dignity.

We found the provider was committed to working in partnership with parents to be able to better care for their children.

We saw care records which described children and young people's likes and dislikes in detail.

Parents told us they felt supported by the service which enabled them to give their views at meetings about their children.

Outstanding



Summary of findings

Is the service responsive?

The service was responsive

Family members and professionals told us the service was very responsive to the needs presented to them. A professional told us the service always tries to accommodate the needs of families, children and young people.

Family members gave examples of last minute care arrangements required by them which the service had been able to meet.

We found staff that were willing to be trained in medical procedures and to rearrange their schedules to enable families to get the support they needed.

People told us the referrals to the service were always promptly addressed

Outstanding



Is the service well-led?

The service was well-led.

The provider had supported members of the management team to obtain additional qualifications to support their learning and development.

An external consultant had been brought into the service to work with the management team, and identify their strengths and weaknesses and what each manager brought to the team, so that the leadership of the service could continually improve.

The provider had in place a set of values on which the service is based and had communicated those values to the employees and people who use the service.

Outstanding



Reach Out Care Support Network Limited

Detailed findings

Background to this inspection

The inspection team for this service consisted of one adult social care inspector, a specialist advisor whose specialism was working with people with disabilities. The inspection team also included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service such as notifications, and contacts made with us.

We were not aware of any additional concerns from the local authorities, or from local commissioners. We asked the provider to complete a provider information return [PIR] and used this to inform some of our planning. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We inspected Reach Out Care on the 29 July 2014, 1 August 2014. The provider was given 24 hours notice because the location provides a domiciliary care service as well as other

services across a number of local authorities and we needed to be sure that someone would be in. At the time of our inspection visit there were 23 children and young people receiving personal care. We reviewed people's care documentation, spoke to staff, and spoke to parents and carers. We noted comments made by children and young people. Over the two days of our inspection we spoke with seven parents and carers. We spoke with seven staff including the provider and registered manager. We also spoke to four other professionals who had connections with the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.



Is the service safe?

Our findings

We looked at the care records of seven children and young people. We saw each person had a care plan which described the needs of the children and young people and any other associated risks. We also found there were completed records which detailed the days, times and the nature of care which had been given to people. One parent said, "When it was set up it was all checked with me and the manager explained everything that was in the care plan. The manager was very pleasant and went through it all in detail. We meet up because she comes to multi-agency reviews and we chat there. I also get involved in the risk assessments".

The registered manager told us after receiving a referral, a manager talked to the parent about any risks involved. They told us this was to increase the safety of children and young people. They showed us a referral which had not contained specific information about a child's health and therefore the carer would not have been able to keep the child safe because a medical condition had not been disclosed by the referrer. The registered manager worked with the parent to ensure the provider had the required information and in sufficient detail to keep the child safe. This meant the provider sought to minimise risks to children and young people by ensuring they were in possession of the appropriate information by working with carers and families

We saw the provider had completed risk assessments in place for the child or young person. These covered an extensive range of risk areas so that issues relevant to different age groups were captured for example alcohol abuse which may be relevant to older children. The information then provided the carer with a plan.

Parents described to us the way their children had been risk assessed to avoid accidents. One parent told us, "We've had no accidents but just once a long time ago [the child] ran off but that was just once and we've all learned to just be careful when [the child] gets excited and sees someone or something". We also saw critical incident records which indicated if the carers had any concerns they passed them onto the registered manager, and the registered manager emailed the social workers to let them know. One email we looked at requested an urgent meeting with a social worker to review a young person's care. We also saw other concerns being shared with the social workers, for example

social workers had been informed about children who had missed a meal, which meant professionals were continually updated regarding the health and well-being of children who were supported by the agency.

The provider had safeguarding policies and procedures in place and we saw examples of when these had been followed. This meant the service was aware of safeguarding risks to children and young people. We found the service responded promptly to areas of concern raised by both parents and staff alike. The manager showed us the information system known as 'web-roster' which was used for the young people's records. She showed us an example of their 'personal details' record and noted that workers have access to this part of web-roster so they know who to contact in an emergency. This included which Emergency Duty Team to contact as the service covered a number of local authorities. Staff were aware of the out of hours contacts if they were needed to call for advice or assistance outside of office hours.

Most of the parents we spoke to told us the staff did not assist with medicines, or that no medicines were required. We saw records to indicate staff had received training in medicines administration and where the carer was expected to administer medicines this was recorded in the care file and on a medicine administration record (MAR). We found the provider recorded the type of medicine and there were no gaps on any MAR. One staff member told us about the health needs of one young person and how they monitored them for signs relating to the young person's epilepsy. They also told us how they would respond with prescribed medicines if a serious seizure occurred.

There were robust recruitment procedures in place which included a DBS [Disclosure and Barring Service] check and obtaining two written references previous employer. This helped to ensure new staff were of suitable character for the role. The registered manager told us they were motivated to achieving the best outcomes for children, young people and their families and had recently changed their recruitment process to include competency based questions. We saw that staff had been recruited using these questions. This meant staff competencies were measured and assessed to ensure the staff recruited had the right experience to do the job.



Is the service safe?

The registered manager told us risk information was shared with workers during their induction, this included seeing pertinent documents and shadowing staff before starting work on their own.

The provider told us they do not use restraint as a means of control. We reviewed one care plan where the young person displayed significant behaviours which challenged the service including aggression towards their siblings and their home environment. The behaviour included actions that were a potential risk to the safety of their siblings and a staff member who had been assaulted by the young person. We saw the care plan advised the member of staff to guide the young person to their safe place. The specialist advisor asked the provider to consider the difference between the use of restraint and 'guiding' a young person to safety and discussed with the registered manager the outcomes of this incident.

The provider told us about the actions they had taken including asking for a review meeting and looking at other support options with the parent. A conversation had also taken place regarding safety in the home environment. This meant the provider having identified a significant safety issue had addressed the issue on a multi-agency basis and considered ways of protecting their staff.

The specialist advisor asked the registered manager about the support they provided to other children and young people who may present similar challenging behaviour.

Two other young people were cited, but neither presented the same level of risk. We saw plans were in place to minimise any harm to themselves and others caused by the presenting behaviours.

One social worker told us they thought the service was 'absolutely safe' and Reach Out Care would not put any provision in place unless they could safely care for a child. We found the provider met the requirements of the 'Short Breaks Statutory Guidance on how to safeguard and promote the welfare of disabled children using short breaks', published by the Department of Children, Schools and Families.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of our inspection there was no young person aged sixteen or older who was in receipt of personal care and were subject to DoLS. Following the inspection the regional manager confirmed all of the managers have a level 2 qualification in Mental Health Awareness which covered the Mental Capacity Act and DoLS. We saw the provider worked with other professionals, families and young people using children's planning mechanisms, for example the Common Assessment Framework to make plans and decisions in the best interests of the child or young person.

We found safety to be a key feature of the day to day work of the service in their care planning, risk assessments, staff training and work with parents.



Is the service effective?

Our findings

Parents and carers told us the service was meeting their family's needs. One parent told us about their young person, "[the young person] is becoming a teenager. They help them having a shower and with any personal care. They also provide some activity in the house whilst I'm busy, and, then they go out together."

Family members described to us the benefit of having the support with personal care for their children, "I'm also getting lots of benefit from them and the break is really helping me and even the help in the morning literally lets me have a cup of tea." Another parent told us, "[their child] can let you know if they are happy or not and the carer stays with [the child] and does things they like. The carer is always doing something with [the child], even if they are in the house. The carer really knows [the child] well by now and this is vital for me. It's become very beneficial for the children and it's beneficial for us all."

Parents saw the work of the carers as having a longer term benefit, "The care for [the child] has widened their horizons and they have got used to the presence of others. This has been so important because we are helping them move towards greater independence and one day some home of their own in supported living. I've had to think about this as I cannot care for them forever."

We found the initial information gathering included information on other services involved with the families. The registered manager told us she gathered this information from agencies and professionals involved with a family so as to facilitate partnership working

We saw examples of daily recording sheets detailing the care that had been given to a particular young person. We found the details were clearly recorded and included messages relayed by parents. We also saw daily record sheets which included a section 'Today we have worked towards....' The records were linked to the care plan for each child and included a description of the care undertaken. For example one child was recovering from an operation; their recovery was documented and related to goals set in their care plan. We spoke to the carer who was able to tell us how progress was being made to the identified goals. Staff were able to demonstrate a good understanding of children and young people's care needs to enable them to deliver more effective care.

One parent told us, "Each week they set it all out what they will do to help [the child] in the care plan. It includes who is coming and what they will do. It's written out each week' and one of the reasons its working well is because we know the times and details exactly." Parents consistently said staff were reliable and on time and had not let them down. Another parent in their written feedback to the service said, "I have never been let down and [the child] is happy which is the main concern of my life. I have two carers for [the child] and I can't fault them." We saw a Care Review document in which a parent's comments were recorded: "Reach Out Care is outstanding" and the service has been helpful in "supporting the family as a whole".

The registered manager told us in order to increase the effectiveness of the service the provider had introduced a new innovative assessment tool in addition to existing assessments. Staff worked with families to develop goals with children and young people. One member of staff described several goals for a young person. The goals related to keeping the child happy, engaged, weight bearing and encouraging the child to eat. The staff member told us that for a child with such complex needs, these goals were sufficient. This meant the service was actively seeking to promote the well-being of children and young people

The provider also had introduced and used activity days to enable children and young people to achieve their goals. Children and young people had been invited in to meet Ben and Jet, two police dogs and had also been taken to a fire station. We saw the provider had begun to review the goals and record how the goals had been achieved. In one young person's file we saw they had been diagnosed with autism and their goal was to become more integrated with others. Observations had taken place by the carer who reported the child had not seemed interested in the dogs but had played happily in the playroom with others around him. This meant the provider was going the extra mile to provide opportunities to support children and young people in their development. In accordance with Article 23 the UN Convention on Children's Rights we saw the provider had put in place arrangements to listen to the voice of children with disabilities

Staff confirmed to us they had experienced a thorough induction before starting to support young people, had read care plans and other documents, and had shadowed existing staff. One parent said, "We've had no accidents and



Is the service effective?

the staff have to provide very intense support, they have all been trained to help with [the child's] care." The registered manager told us staff once allocated to a child or young person spend time with the family to ensure the parent can deliver to the staff member information and guidance as to how they want their child supported. We found there was an annual training plan in place and staff had been trained to meet the individual needs of children for example staff were trained to use hoists Staff were also trained in lone working, infection control, mental health and first aid. We saw each member of staff had a personal development plan.

We saw the provider had in place supervision policies, and arranged supervision meetings with their staff. A supervision meeting takes place between a manager and a staff member to discuss any concerns, their training and their progress. We saw the provider had in place an auditing system to monitor if and when supervision took place. In the information provided by Reach Out Care prior to our visit they told us about the frequency of supervision meetings which were subject to how many hours a person worked each week. We found regular auditing of the supervision meetings matched the information given to us by the provider.

We looked at the staff induction training and found staff received a comprehensive induction. Staff told us about

their induction and described it as 'thorough'. They also told us that if they needed any additional training to be able to support a child or young person then this was made available to them. Staff told us they felt supported in their development. A member of the management team showed us a training matrix. The matrix identified when staff last had training and monitored annual updates, for example safeguarding training. Staff had a personal development plan.

We saw records of 'Team Around the Family' meetings where members of Reach Out Care attended. We found tasks were allocated and carried out in accordance with the actions recorded. 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. One parent had feedback to the service, "The carer is great with [the child] and always listens when I gave advice on [the child's] behaviour. [The child] is very happy."

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.



Is the service caring?

Our findings

The parents we spoke to could describe how staff providing personal care also maintained safety along with dignity and choice. One parent told us, "All the care is done carefully and to be honest [the child] enjoys their help more than mine, for instance with showers because they can take more time than I can." Another parent told us their child needed full personal care and [the carer] was always safe when doing this and they ensured [the child's] dignity.

When we spoke to staff by telephone they talked to us with warmth and compassion for the young people they supported and their families. This meant the staff member considered the needs of the young person and supported their wishes.

One staff member told us about the need to involve a parent in how the service would work with her son. The carer had some serious concerns about a child's safety whilst out and the staff member spoke to the parent about supporting the child at home at times when they were unsettled. This family had continued to receive the care but in a way which offered the young person more support when needed.

We saw there was a porta-cabin in the grounds of the provider's office and in the office there was a playroom and a kitchen area. The porta-cabin contained toys to support the development of children in fine motor skills, gym and craft materials. We saw the kitchen had been equipped for cooking and risk assessments were in place. We saw sensory equipment in the playroom. We asked why these had been developed. The provider told us they had raised funds for these items as they were aware families looking after children with complex needs were not always available for work and they could not always afford activities in the community. This meant the provider had raised additional funds to support families with children with complex needs and provided access to equipment that parents might not have been able to afford.

One family member told us their child, "has really benefited from getting out so much and the break from us, and so we can literally recharge our batteries." Another parent said, "The carer does check out with me to find out places that [the child] likes and also lets me know of any others that

they enjoy. This and everything gets noted in the book." We found the provider was committed to working in partnership with parents to be able to better care for their children.

Parents told us they had recollections of reviews involving just them and the agency, but most actually recalled this as part of a multi-disciplinary review where they felt the attendance of the agency managers supported them in how they could represent their feelings and views about the care of their children. One parent said, "They are absolutely fantastic, [the carer] is a rock."

We looked at the responses of children and young people as a measure of their approval of their carers. Parents described how their children could show their likes and dislikes. One parent said their child had very little verbal communication, "but is able to let you know how they are feeling and [the child] is obviously very pleased to see them [the carers]." Another parent told us, "the staff and me are working out how to get [the young person] out, but they are also only just really getting to know [the young person]. It's obvious though that [the child] really likes [the carer] so it's working well." We found the reactions of the children and young people, as described by their parents showed the staff were caring toward them.

Parents told us they had developed confidence in the ability of the service to provide the right care for their family. One parent said, "Lately we have now been able to all go to the park together which is so nice for us as a family, and [the child] really likes this and I can tell [the child] is not bored. [The child] would let me know. It's helping us both because [the child] loves the change and gets on with [the carer] and it's vital for me because I could not go out alone without help."

We found the care plans were tailored to the individual where likes and dislikes were recorded in detail, for example bath time preferences were recorded along with safety notes for the carer. The registered manager told us workers had spent time in the family home so that they could learn from parents. They could develop a relationship with the family and learn about the young person. This was reflected in how staff members told us they had learned about the children and young people. One staff member told us they had learned that a young person showed his recognition of support staff by lifting their arms up to greet them. They gave us other examples of how they utilised the communication to support the



Is the service caring?

development of the young person, for example this included if the young person wanted to stand. We found staff had been given the time to learn about children and young people's needs to be able to provide appropriate care.

We found consistent evidence that all the staff were 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.



Is the service responsive?

Our findings

We spoke to seven parents; all but one of the parents using the service said they felt their daughter or son was safe with care staff. The parent who expressed dissatisfaction stated they had experienced problems that week as the care staff, who they described as 'lovely people' could not in the parents view manage to prevent possible incidents that could arise. When we raised these issues with the service the registered manager had already spoken to the parent to analyse the situation and put arrangements in place to try an alternative approach to keep the child safe. This meant the provider was able to respond to the parent's concerns and work with the parent to address the situation in a timely manner.

One staff member told us how the staff had accommodated a request for a parent to have longer support sessions in the holidays. They told us in term-time, their child had three hours support on several days. She asked for six hour sessions in the holidays. The staff member told us the team 'juggled' their rotas to accommodate this request once a week. One parent told us, "They provide me with the weekly notes and they are easy to contact if I need to change anything and they respond straight away. For example, I was really impressed because the break up from school was really last minute and I'd got the time wrong. When I phoned them in a bit of a rush, they put a plan in for the hols to start straight away." A child's social worker described a similar scenario and said they had asked the service to find three workers at short notice, they said, "They try to respond to meet people's needs." These examples demonstrated Reach Out Care responded quickly to the need of families.

We saw the provider had a complaints policy in place and that people received the information on how to complain in their welcome pack. Family members told us they knew how to make a complaint but felt they had not had any need to make complaints as any issues are dealt with on a regular basis and 'key managers would contact them regularly anyway'. We looked in the complaints file and found no complaints had been made since our last visit.

We spoke with professionals who referred children and young people to the service. One social worker told us the

service worked flexibly with people and tried to accommodate their needs. Another social worker told us if there was a query the registered manager responded immediately.

Another social work professional told us they sometimes got frustrated that there might be no one available immediately for a child or young person, but they understood the reason why. We spoke to the registered manager about this issue and they explained that matching children and carers was very important to them and they would rather not risk a breakdown in providing care if they felt they had not got the right person at the right time. The registered manager told us about a family who had formed a very positive working relationship with their worker and had expressed their sadness when they could no longer offer support to them. The registered manager had told us that they had consulted with this worker to identify a suitable replacement. This ensured continuity of care for the family.

We found one family who required support to be able to carry out the medical catheterisation of one young person. We saw staff had been given specialist training by from a nurse to enable them to do that. The service had sought parental consent to carry out the procedure. This had been made at the request of parents so they did not get 'called back to their home' to carry out this procedure when their child was distressed. This meant that the service was responsive to the needs of the whole family.

We also found the team had responded to a Local Authority request to support a family trip which meant that the whole family were able to go attend a special family event. There was feedback from the parents that the service could deliver care packages from the simplest level to the most complex with staff who were recalled by parents as being 'good' or 'very good' at their work and who would have special training for such issues as epilepsy, special feeding and using catheters' etc. when this was part of the package. We read contact records for support given to children and young people. In one record we saw the staff member was responsive to the child's mood, communication and interests. In this instance the parent had told the staff member their child was tired. The staff member worked with the child to accommodate their feelings.



Is the service responsive?

One professional told us, “Referrals are always progressed promptly when submitted to the service and the coordinator is always available to complete joint home visits.” Another professional told us, “The service is able to respond to requests for emergency or crisis visits.”

We found the provider was responsive to complex scenarios. We looked at records for families where there was more than one child with complex needs living in the household and saw that the children were treated as individuals. We found that where there were challenging behaviours the provider had adapted the care to allow the children to be together but with sufficient support so they could be managed appropriately. We saw in the care plan how different staffing levels were put into place depending on the context of the support, for example in or out of the home. Because of the particular risk issues around this support, the risk was being reviewed at more frequent intervals.

Parents told us staff provided care that was in accordance with the original care plans but was subject to the weekly changes that parents wanted in order to plan different

activities and priorities. One parent said, “This helps us to plan each week for [the child] with the care staff and ourselves fully involved, to make sure [the child] is safe and enjoys what they do”.

We looked at people’s review records and found Reach Out Care staff attended children and young people’s reviews, shared information with other professionals to ensure everyone was working together and made changes to care plans where necessary. This was evident for a young person who had recently had an operation. The registered manager told us the service was keen to attend multi-disciplinary reviews for the young people so that their input could be co-ordinated with that of other services for example respite services. We saw minutes of a meeting in support of this; the minutes included a ‘Positive Engagement Plan’ for a young person written by a nurse with learning disability expertise which detailed strategies. The Reach Out Care team had incorporated the advice into their support plan to guide staff. This meant Reach Out Care contributed to a multi-disciplinary work and provided a consistent approach to a child or young person.



Is the service well-led?

Our findings

We found the provider had introduced a consultant to the management team who had undertaken exercises to look at the strengths of team members. As a result the management team were able to describe to us their strengths and how they fitted together to improve the service. We saw a report from the same consultant detailing an analysis of team leaders and their strengths and weaknesses which was used during a recruitment programme. The provider commissioned external expertise to measure and develop their management team.

We found the provider had in place a set of six core values, these were:-

- Integrity, transparency and respect
- Learning and personal development
- The rights of children and young people
- Listening and consultation
- Working together
- Diversity and equality.

We saw the values were incorporated into the staff induction programme, on the back of the employee handbook and were visible on the office walls and were on the provider's website. We found the service had put those values into practice and communicated them to staff.

In the employee handbook the provider stated, 'We uphold the principle that disabled children and young people are children and young people first'. We saw the service had sought regular feedback including from children and young people whose feedback forms offered them a chance to draw a picture about their experiences if they could not think of the words to write. Article 12 of the UN Convention on Children's Rights requires people to listen to the voice of the child. Reach Out Care had listened to children and what they enjoyed. One child had written they enjoyed going to the fire station and holding the hose. We found the emphasis was on meeting the child's needs first, irrespective of their disability.

The management team told us about their next activity day and wanted to discuss with children and young people about them becoming involved in staff recruitment. The service had also applied for and been awarded an external

the Investing in Children Award for engaging in dialogue with children and young people and making changes as a result of that dialogue. The report written by Investing in Children about Reach Out Care stated, "The children and young people I spoke with and my observations of how workers and carers treated children and young people, provided many examples of how they are involved in decision making on a day to day basis and how this is an integrated value of the organisation."

We found the management team had permeated the values through the organisation. One staff member told us what she thought the values meant in practice, this included to, "give the child as much of a normal and happy childhood as possible; allow them to do what's in their capability and ability to achieve. Give the parents a break because it must be so hard for them." The worker went onto say they had 'lovely job' and "they're a very caring organisation".

We saw the provider regularly sent out questionnaires to family members and other professionals as a part of their quality assurance processes described in their employee handbook. The results of surveys were positive. One parent in their feedback described contacting the service with a concern and said, "it was resolved immediately."

Parents told us the office staff and the managers were easy to contact, friendly and approachable. One parent gave us an example of how a worker asked for advice and support from a manager and got it immediately. One worker told us if they have a problem they can ring their manager 'day or night and is confident they would answer. Another worker told us 'they back you up and give you advice'. One manager told us that they tried to speak to every worker weekly to ask about any particular concerns and that workers would ring her if any concerns arose. Staff confirmed to us this happened. We found staff felt supported by the management team.

We were given examples of how the management team had sought to continually improve the service. For example one manager had designed small laminated cards with Makaton signs which had been put on a key ring and given to staff to improve their communication with children and young people. The registered manager also showed us a 'getting to know me book, which they were adapting after



Is the service well-led?

coming across it in a school. The provider also had in place disciplinary policies. We found that following an allegation the provider had conducted a disciplinary investigation and had come to a balanced conclusion.

We looked at records in relation to standards of work and found the registered manager carried out spot checks. A spot check is an unannounced visit by a supervisor to check on the standard of care being delivered. We saw the

records showed all staff were regularly spot checked and feedback was given to them about their standard of work. One parent told us, "The manager came out after a couple of months and observed how it was working with us."

One professional told us that if the registered manager goes on holiday they are always given a named contact for the service so no one is left wondering who to contact.

During our visit the management team sought feedback from us, responded to our requests to discuss issues and sought solutions to the issues we raised.