Access All Care And Training Solutions Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 29 July 2016. Access All Care had been previously inspected in January 2014 when they had met all regulations we checked.

Access All Care is a domiciliary care agency that provides personal care and support to disabled children and young people. People who receive a service include children and young people who have autism, cerebral palsy, attention deficit hyperactivity disorder and visual, hearing and speech impairment. The service also provides support to the whole family as well as the child or young person with a disability.

At the time of our inspection, the agency was providing a service to 7 children and young people who were receiving support and help with their personal care needs in their own home. A number of other children were supported to access activities in the local community. The frequency of visits ranged from two to fifteen hours per week to a full twenty four hour care package depending on the needs of the individual child or young person and their family.

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

The feedback we received from people was excellent. Those people who used the service expressed great satisfaction and spoke very highly of the registered manager and the staff team.

The children and young people's safety was taken very seriously. Risk assessments were extremely detailed and there were comprehensive plans in place to make sure that risks to safety and wellbeing were addressed.

The registered manager ensured that staff fully understood people's care needs and matched staff who had the skill, experience and knowledge to meet them.

Families had positive relationships with their care workers and the management team. There was a strong emphasis on positive support and respect for families and any care provided to children and young people was planned to support and enhance the family systems already in place.

Children and young people received a service that was based not only on the wishes of their families but their needs and wishes too. Any changes in need were quickly identified and staff updated support plans to meet those changes in need. Staff worked well with a wide range of professionals to keep the health and wellbeing of children and young people paramount and were supporting some children and young people with multiple or complex needs.

The nominated individual, the registered manager and the care co-ordinator worked as a very cohesive management team who were committed to keeping the child or young person at the centre of everything they did. They used feedback from the children and young people, their families, staff and other professionals to continually review the quality of the service. There were effective quality assurance systems in place and these included systems to understand the experiences of the children, young people and families who used the service. The management team demonstrated strong values and a wealth of knowledge and skill about how to support the people who used the service. Their own personal experiences of trying to find good quality care and support for children and young people with a learning disability in the past had led them to establish a service that had the ethos and standards they would have wanted.

The staff team were young, and this was a deliberate policy to enable them to better reflect the service user group. A high percentage of the staff had siblings who had a learning disability and this experience enabled an understanding of the challenges faced by some families. The staff were supported by the management team and had a programme of training and supervision and appraisal that enabled them to provide a high quality service to children, young people and their families.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Children and young people were protected from harm. Staff worked with a wide range of professionals to plan best care around the child and this included contributing to statutory children in need meetings.

Staff had knowledge, skill, experience and time to provide safe care and support. There were recruitment and induction procedures to ensure that children and young people were supported safely. There were sufficient staff to meet their assessed needs.

Systems were in place to ensure that children and young people received their medicines safely.

Is the service effective?

Good

The service was effective.

Children and young people experienced positive outcomes as the result of the care provided.

Staff received effective training and support to ensure they had the skill and knowledge required to support children and young people effectively.

Staff knew how to support children and young people with their dietary needs.

Is the service caring?

Good

The service was caring.

The management team and staff were committed to a person centred service. The service principles of supportive, compassionate care to families was reflected by the staff.

People expressed a high level of satisfaction with the care they received and valued the relationships they built with the staff and management team.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff quickly recognised changes in the needs of children and young people and took prompt, appropriate action involving external professionals when needed.

When people had requested changes in care packages these had been made quickly and in line with their preferences and needs.

People were actively encouraged to give their views and raise concerns or complaints because the service saw these as a way to continually develop and improve the service. When issues were raised they were dealt with in an open and honest way.

Is the service well-led?

Good ●

The service was well-led.

The registered manager, the nominated individual and the care co-ordinator had strong values and a strong commitment to person centred care.

There was an emphasis on continuous improvement and best practice which benefited children, young people and their families and the staff team.

There were robust systems in place to assure quality and identify potential for improvement. Children, young people and their families were kept at the heart of the service and benefitted from the service commitment to driving forward standards and knowledge.

Access All Care And Training Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made judgements in this report. The service had tried to rectify the technical problem but had not been able to resolve this in time for the inspection.

During the inspection, we spoke with the registered manager and a team leader. We were not able to speak with any children or young people who used the service on the day of the inspection but we were able to speak to a relative. After the inspection, we spoke with three staff and two relatives. We also spoke to a social work professional.

We looked at a range of records about people's care and how the service was managed. These included care records for three children. We looked at three staff files and saw training and supervision records. We looked at minutes of management meetings, minutes of staff meetings and questionnaires that the service had sent out to children, young people and their families and to staff. We saw reports about the findings from the questionnaires and actions taken and planned. We looked at a range of policy and procedure documents.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the care provided. One parent told us, "My relative is quite safe, I have no worries at all. My relative has quite challenging behaviour and they have come out very quickly to assist when I have needed help. The staff seem to take it all in their stride. It is more like having friends" Another parent told us, "I trust them implicitly, at the drop of a hat staff have come with me to sort out a problem, they knew how to help. They know my relative as well as I do." One professional told us, "They are most definitely safe and they tend to be the best agency to use with challenging behaviour."

Children and young people were safeguarded from harm because appropriate guidance was followed. Care workers gave us many examples about how they kept children and young people safe. Care workers were knowledgeable about recognising signs that would need to be investigated. For example, one care worker noticed some bruising on a young person's legs and realised that this had been caused by the use of a new sling when they had used equipment and acted promptly to resolve this. One care worker told us, "If I thought a child was in direct harm I would escalate immediately." Care workers told us, "There is always someone from the management team at the end of a phone, I can always contact them. There is an on call number to ring at any time." One relative told us, "If the staff are unsure they will always ask and that gives me extra confidence in them, they don't just guess."

Assessments were made by the management team to assess any risks to children and young people referred to them. This included environmental risks both in the person's home and outside. When the management team carried out risk assessments in people's homes they had been able to make suggestions about minimising the risk of hazards by using window and fridge locks and other appropriate safety measures. Some of the children and young people had restricted mobility and we saw that there were very detailed assessments of how care workers should provide support. There were detailed moving and handling assessments about using a hoist which included regular checks of the slings, the lifting tape and the mechanism. There was an accompanying health and safety executive information sheet about how to hoist people safely. There were clear instructions in the records that staff could only help with moving and handling if they had completed a moving and handling training course and had been authorised by an experienced member of staff. Some of the children and young people had epilepsy and there were detailed plans about the lead up to the seizure, what the seizures looked like, how the child looked in the recovery stage and what to do if the tonic clonic seizure was prolonged. The risks assessments looked at risk of aspiration for children who were nil by mouth and who needed to be fed through specialist techniques. There were clear instructions that staff could not use the feeding equipment if they had not been trained and assessed as competent to do so. There were risk assessments for food intolerance and nutrition. These looked at risks of weight loss, constipation, dehydration and needs on hot days. The risk assessments looked at hazards, who might be harmed, what was already being done and what else was needed to manage the risks. Risks were rated and reviewed every month or sooner if required.

There were enough staff to meet people's needs. The service only took on new work when they had the right number of experienced staff to do so. The registered managed told us they had to refuse work because of this as it was an important part of the vision and values of the service not to compromise professional

standards. Part of the risk assessment carried out by the management team included the number of staff needed to safely support a child or young person and where they were clear that if two staff were needed they would not supply a service unless this had been agreed by the funding agency. The registered manager told us, "We don't ever over extend ourselves."

The service recruited young people as part of their ethos of providing age appropriate care and support. The service regularly attended job fairs at the University of East London to attract students who were studying relevant degree subjects. This meant that they were recruiting staff who understood the social model of disability, enabling independence and how to put these into practice. The service also had a policy of recruiting people who had grown up in families with siblings who had a learning disability as this meant they had a good understanding of both the positive and negative impact of caring for a child or young person with a learning disability within a family. One relative told us, "That's what I like about them, it's not just a job to them, they often have siblings with a learning disability and they know what it's like." Another relative told us, "Because they are all quite young they get on well with my relative and my relative responds well to them." Recruitment checks were completed to ensure care workers were safe and competent to support people and these included taking up references and carrying out criminal records checks.

The management team had talked to care workers about the whistleblowing policy and the importance of challenging poor practice and this had enabled them to raise a concern about a service they were co working with. The managers supported the care workers throughout the investigations and attended safeguarding meetings with them as they understood the courage it had taken for them to raise their concerns about a service they had been working with.

Relatives told us they had never had a missed visit from the service. They gave us a number of examples of where the service had responded to emergency situations. One relative told us, " My relative kicked off with me and members of staff so the agency switched people about so it doesn't become one person. The managers always respond. She [Nominated individual] came out of the blue once to support me at a meeting with the child and adolescent mental health service. They have gone out of their way to help me when I am in dire straits." Another relative told us, "My relative has got quite challenging behaviour and they have come out quickly to assist when I have needed help in the past."

There were up to date policies about the safe administration of medicines but at the time of our inspection there were no children or young people receiving medicines from staff as this was done by parents and relatives. Some staff had been trained in how to give emergency medicines for seizures if this was needed and would have followed protocols prepared by the school nurse or another health professional. If it had been identified that the child or young person had been prescribed this medicine on an as needed basis a full risk assessment and staff competency check would have been completed.

Care workers understood the importance of preventing and controlling infections. They used protective clothing when carrying out personal care tasks. They were given gloves, aprons, a first aid box and a radar key for accessing toilets for people who have disabilities at their induction and collected more supplies as necessary. They were asked to carry wet wipes when they were supporting children and young people outside their homes and asked to plan for those who were known to be car sick and this was all written up into care plans. They were aware of the yellow bag system for disposal of soiled waste that was used in people's homes.

Good

Is the service effective?

Our findings

People that we spoke with said that care workers were well trained and competent in their work. The relatives we spoke with all gave a number of examples of how managers and staff went out of their way to support them and their children. One relative told us, "Sometimes I can feel so alone so it's good to know they are there. I have phoned [the registered manager] in the early hours of the morning and she's helped me get [my relative] to school." One relative told us, "You won't get another agency like this one, my relative needs a lot of boundaries and they suggest things to me when I am unsure. They know what to do and what to say." One professional told us, "I do think policy, procedure, training wise and staff support are a cut above other agencies and that shows in the way the children and young people respond."

When care workers applied to work for the service they were asked to complete a values statement with their application form and one new care worker told us, "I found it good, it made me really think about myself and my values." New care workers completed the 15 care standards of the nationally recognised care certificate as part of their induction. The care certificate was designed to help new care workers develop and demonstrate key skills, values and behaviours that help them provide children and young people with high quality care. One care worker told us, "The management support we get is above and beyond. I didn't expect it to be this supportive. They are always on call at any point and always pick up the phone. You don't feel silly or uncomfortable to ask for help."

New care workers underwent a comprehensive induction and never worked with a child until they had first shadowed experienced staff who knew the child and their family well. If new staff felt they needed to shadow for longer before visiting alone they were supported with this. Before staff were introduced to a new family, they were given comprehensive details about the child or young person's background, history, care plan and risk assessments and a briefing about their role within the family so they could be fully prepared and ready to work effectively and safely with them. Once a new staff member had been introduced an assessment was made about how the child or young person had reacted and feedback sought from family. Staff understood that their role was to build effective working relationships with both the child and their family. More recently recruited care workers explained the induction and 3 month probation process to us and told us how the managers had been clear that they would be observed through that period. They told us how helpful the shadow shifts had been where they had observed experienced workers with each family before they worked with the family. Shadow shifts were also used by experienced staff to identify any training needs the new care workers might have had and to identify their strengths. New care workers also told us how they had been given time to read the care plans and risk assessments to ensure that they fully understood the support they were required to give to each family. They told us they had supervision which was supportive and one care worker told us, "I was pleasantly surprised as it was good to have the opportunity to talk over things I am finding difficult and [the manager] was so supportive, really helpful. She put someone with me again to help to build my confidence."

There were regular formal supervision meetings for care workers and an annual appraisal for regular care workers and staff. The annual appraisal helped staff identify their achievements in a formal setting and enabled them to identify ongoing training and development needs and goals that would help them improve

the quality of the care provided. The registered manager told us, "As it is a young staff team we explain what supervision is and the need for best practice and reflective practice." Regular staff meetings were held. The registered manager carried out spot check visits to families to provide support to staff and families for example when there had been a bereavement in a family.

One relative told us, "The staff are brilliant, so knowledgeable." The care workers and care coordinator all told us they had sufficient training to enable them to do their work well. There was a training programme for all staff and this enabled the registered manager to make certain that all staff had up to date skill and knowledge to work with the individual needs of each child and young person. All staff had completed Team Teach training, which was a programme for positive handling and behaviour management with children and young people whose behaviour could challenge. The programme included proactive techniques to reduce the likelihood of behaviour that challenges, active techniques and reactive techniques if some form of restraint was needed. This was used when a child or young person had a positive handling guideline in place. We saw positive handling checklists in care plans. The care coordinator told us, "We keep a book, if restraint is used this is recorded and the reasons given. The book is used as part of the team teach approach and the managers have to sign off the recordings and review the records regularly to review patterns." This enabled the management team to have a clear understanding of any patterns emerging and could help them identify triggers which would require changes in approach or the involvement of other professionals. This also meant that they could address any issues for staff training and development. The service paid externally for team teach training held at a specialist school. Care workers could log on to an online facility at any time to refresh their knowledge.

Mandatory training included first aid, health and safety, moving and handling, challenging behaviour, autism awareness and how to work effectively with families. We saw that the training matrix for staff included training in safeguarding children, infection control, food hygiene, deprivation of liberty safeguards, fire safety, risk assessment, record keeping and the safe administration of medicines. The service invited families to train staff on a child or young person's individual needs and to talk to staff about what it was like for a family to have them coming into their homes to provide a service. The service also worked with a local school for staff to have specialist training in supporting children and young people with visual impairment and some staff were learning braille.

We checked whether the service was working within the principles of the MCA with younger adults as most of the Act applies to people aged sixteen years and over. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. There is an overlap with the Children Act 1989. For the Act to apply to a young person, they must lack capacity to make a particular decision in line with the Act's definition of lack of capacity. In such situations either this Act or the Children Act 1989 may apply, depending upon the particular circumstances. Staff understood the importance of establishing consent when providing care and support and gave us a number of examples of how they ensured that young people exercised their right to make choices. One care worker told us, "Everything we do they choose throughout the time we are together. We do this through taking time, building trust, letting them get to know us and picking up on their personality and likes and dislikes." Another care worker told us, "We are constantly asking what do you want to do where do you want to go and involving them in decisions." Care workers used pictorial images and other accessible formats when they helped young people make a decision and tried to give them as many choices as possible such as taking young people to visit different clubs in order to help them decide which ones they wanted to attend.

When care workers made a decision on behalf of a young person they chose the least restrictive option in line with the principles of the Act. Throughout all the care files we viewed we could see that gaining the child or young persons consent was embedded in practice and meaningful to each individual. We saw constant reminders in care plans for care workers to explain what they were doing before starting tasks.

The child or young person's family were responsible for their nutrition and hydration requirements and care workers provided them with support. Care workers had the use of comprehensive care plans to ensure they did this safely. They were aware of food intolerances and the signals that children and young people would give when hungry or thirsty. Care plans also noted when a child or young person was likely to refuse food and what support should be given in those circumstances. One relative told us about a time when their relative went off their food and had to be taken to hospital on a number of occasions and how staff went with them to help get the problem resolved. They told us, "They rearranged rotas in order to help at the hospital, I have never known anything like this."

The service had managers and care workers who were experienced and able to signpost children and young people and their families to other services and support. The service had been involved in attending child in need meetings and supporting families at medical appointments and appointments with psychologists. The service had developed a grab and go form for each child and young person. This described in detail the information that healthcare professionals would need if they were taken to hospital. This enabled hospital staff to quickly understand how best to support the child or young person in a hospital setting. The managers and care workers had knowledge of different resources and provided examples about how they helped families trial epilepsy alarm equipment and play resources. Care workers were supporting one young person who was visually impaired and were working with a local specialist school to obtain some new equipment for them.

Good

Is the service caring?

Our findings

People said the service was very caring. One relative told us, "The staff all have got a very good understanding of children with learning disabilities, they have understanding and empathy. They understand why parents might be upset and they are never judgemental. They have been life savers for me." One relative told us, "They bend over backwards to support me if I have problems. I trust them implicitly."

The registered manager and nominated individual were passionate about the service and about making positive relationships with children, young people and their families. This was reflected by the care workers we spoke with. They told us their role was not to judge any relative but to provide caring and sensitive support. The management team and many of the care workers had personal experience of having a family member with a learning disability which meant there was a natural understanding of the significance and value of families, carers and networks in planning and providing care and support to them. For example the service involvement had enabled some families in difficult situations to stay together. The managers and care workers understood how important it was to support each child and young person within the context of their own family situation and other people in their social network. They knew how to support children and young adults to develop new relationships and provided extensive support with finding local clubs and resources. For example they spent time in researching local groups and arranging supported visits to the groups with the child or young person. They would work with the groups around how best to involve the child or young person and then gradually withdraw their support once the child or young person had settled. The management team and care workers understood aspects of personal care support that would likely be encountered by a young person during puberty. An example was given by the registered manager about explaining to a young person that care workers could not be someone's girlfriend and why. Staff knew the importance of giving children and young people privacy and treating them with dignity and respect.

One care worker told us, "I always find ways to involve them in telling me what they want. It is really important especially with children who cannot say verbally." Some care workers used Makaton to communicate with the children and young people. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. The managers and care workers all used observation skills to learn more about each child and young person in order to understand what they were communicating through their behaviours and gestures. There was a real understanding throughout the service that behaviour was a form of communication and meaningful to each child and that each child and young person with a learning disability would have unique ways of communicating. Care workers used their understanding of behaviour to know how a child or young person would express preferences. For example, a child would not always want the same care worker and some children would only want the same care worker. This was taken into account when rotas were drawn up. One relative told us, "My relative gets excited when they are coming round and waits to get washed rather than me helping. [My relative] hugs them and seems to have a very good relationship with them and knows them from other schemes, that familiarity really helps." One care worker told us, "I always think it is important to give a child choices, involve them in choosing clothes and shoes."

One person told us, ""We are so privileged to get this service. You won't get another agency like this one." Staff were motivated and inspired to offer care that was kind, compassionate and creative. We saw from care files how the service had been able to develop creative solutions to make lives better for children, young people and their families. Care workers gave us examples of how they did this and how they balanced needs and risks with safe practice. For example, one care worker told us how they had been working with one young person on gaining independence, enabling them to plan a menu, going to shops with them to buy ingredients to cook and helping them gain awareness about kitchen hazards such as knives and heat. The care worker explained how the young person chose what they wanted to cook and chose what ingredients to use and how they were supported in this even if some of the ingredients were not conventional and balanced this with food safety standards. Some care workers researched different activities and suggested using their skills to support children and young people. For example, one care worker had studied art and suggested making a sculpture with a visually impaired child to enhance their experience and this was supported by the management team.

Outstanding ☆

Is the service responsive?

Our findings

People told us that the responsiveness of the service was consistently good. One relative told us, "They ask how I am, always involve me and check with me." Another relative told us, "The care coordinator is wonderful, very efficient, there is nothing ever lacking."

The service was responsive to understanding people's needs. We looked at care files to see how the management team involved each child or young person in planning their care. We looked in particular at how they had carried out a social story assessment with a young person by visiting every morning and afternoon for a month. The management team used picture exchange communication systems (PECS) as part of their assessment and care planning approach. We saw the sheets of pictorial images they had used with one young person to fully involve them in care planning. This included having photographs of potential care workers for the young person to see. There was an agreement from the young person about what the care workers could do if the young person behaved in a way that might be difficult to support and explanations were elicited from them about why they got angry. This social story assessment included the significant people in the young person's life with photographs of them. The care and time taken over this assessment meant that the support provided was completely personal. During the assessment the management and care workers attended multi disciplinary meetings with social services, school staff and educational and clinical psychologists to discuss concerns and issues identified through the process. This careful, responsive and very detailed approach to drawing up care plans had been replicated in the other care files we read. One professional told us, "The SEND (special education needs and disability) reforms saw a shift in care planning to achieving outcomes and Access All Care have really embraced that. It is very much part of the ethos of the service not to just give a child care but to help them progress."

The steps taken to understand the needs of children and young people were detailed. The managers and care workers took time to fully understand the complex needs of each child and young person and that included picking up cues from their behaviour. An example in one care plan was that the child would change their facial expression when their mood was changing and we saw a detailed description of the behaviours that might follow and how staff should deal with these. The registered manager explained, "Children need to trust you before you can build up care and behaviour plans and fully assess risk." Once the plan had been formulated the managers sent the same care workers each day for the initial period of care to understand the needs and risks. The care plans fully reflected the child or young person and were developed as the relationship with the service developed and as their needs developed and changed. Care workers also went with the child or young person to their school to observe them in that environment to help them understand them better and plan how best to respond to their needs. The care workers were chosen according to their experience and their level of skill and knowledge to provide the best response to each child or young person. Because many of the care workers had grown up with siblings who had behaviour that could be challenging to support they were able to draw on their own experiences to respond effectively to different behaviours. An example was how one care worker made an innovative suggestion based on their own experience to remove plugs from sinks and baths to prevent flooding in a family home.

Children and young people had a choice about who provided their personal care and were empowered by

staff to make choices and have as much control and independence as possible. The management team took account of the child or young person's reaction and response to the care workers and also how well they fitted with the family. Feedback from relatives was very important as staff had to build sound working relationships with them.

Some families had support from a dedicated team around the child or young person, especially where the service was an alternative to residential care. This approach made it easier to cover unexpected staff absences as the service would never send a care worker who hadn't previously met the child or young person. Care workers working in those teams had a coordinator to manage the service. The coordinator's role involved drawing up the rota, seeking constant feedback from the staff team and holding regular team meetings. The coordinator provided informal supervision, facilitated the exchange of information and encouraged problem solving. A phone line was used for these small teams and this was also used by relatives. Relatives were encouraged to use a voice notes system on their phones to ensure any new information was shared with the staff team. This was a secure phone system that people can use to leave meeting notes, summaries, instructions to staff and to set follow-up tasks. Care workers were encouraged to ring into the office with any updates about the family situation, such as a bereavement in the family, so this information could be shared with the relevant staff. This ensured that all staff involved in supporting a family would be aware of any changes that would impact on the child or young person and were equipped to provide an effective response.

One professional told us, "Access All Care take advice from a psychologist to support them appropriately and change their approach as needs change." All care plans were reviewed every three months or sooner. Any changes in the child or young person's behaviour or health were responded to immediately. The service had responded promptly to family situations as they changed. An example of this was the service response to a family in need of more support than had been allocated. The service requested urgent meetings with social workers and other professionals and had been able to highlight the risks. The number of hours was increased and the service also changed the care worker allocation to the family as the child responded better to having different staff. As a result of this responsive and flexible intervention the child was able to receive more dedicated time that calmed their behaviour and allowed the family time to establish new routines.

We saw evidence that the service was able to work across services and organisations to meet the needs of children and young people with complex medical conditions. We found that care workers had reported new behaviours immediately to the relevant professionals involved in supporting the child or young person. Care folders contained reminders to care workers to complete incident forms if they witnessed particular behaviours or patterns that could indicate changes in the child or young person, in order to keep an active record. The incident records were regularly reviewed and we saw evidence where a pattern was noticed about a child's behaviour which the registered manager pulled into a written report for multi disciplinary meetings. The meetings enabled a full and open discussion to achieve best outcomes for the child.

One relative told us, "They always keep in touch I can get hold of them very easily. I have never had to make a complaint. The managers are brilliant." The management team viewed concerns and complaints as part of the ongoing process of improving the service. There had been no complaints made in the year prior to this inspection and the registered manager said this was because of having such an open exchange with the families who used the service. Families had been able to discuss any issues before they reached the level of making a complaint and relatives told us they would feel comfortable in raising any concerns with the management team."

One relative told us, " I would definitely recommend them I had heard good reports about them and asked

for this agency when other agencies couldn't cope." The service had been asked to take over the care from other providers in some circumstances and had planned this transition carefully and with great attention to detail. This had involved working alongside the exiting agency in order to make the change over as least disruptive as possible for the child and their family.

Good

Is the service well-led?

Our findings

Access All Care was managed by a nominated individual, the registered manager and a care coordinator. The management team understood the importance of demonstrating leadership in delivering compassionate and person centred care. One professional told us, "They are very well led and they have very good staff which is a credit to their stringent interview policy and stringent training policy. Staff are well supported. The wealth of experience they [nominated individual and registered manager] have enhance the work of the agency." The service paid for external supervision for the registered manager in order for them to continue with their own professional development. The registered manager told us, "I am always reading up on new things, this is more than just a job." The nominated individual was a member of Barts Health NHS Trust learning disability steering group and had raised awareness about learning disability training and best practice in general hospitals and was currently working on an autism strategy.

Both the nominated individual and the registered manager had developed and promoted a positive and professional culture in the service and cared about providing a holistic service. The statement of purpose clearly described the service commitment to supporting the whole family as well as the young person with a disability and we heard a number of examples from families how this was achieved. One relative told us, "You won't get another agency like this one. They know what to do and what to say. Without them my relative would be back in a home." They clearly understood the importance of co-production with children and young people who have a learning disability and their families. One care worker told us, "It is so important to build relationships with the children and their families, I feel like mum really trusts me." One relative told us, "The registered manager is very approachable, such a nice, warm lady."

The management team sent out a family satisfaction survey every six months and this included a survey for children and young people. They had developed simple forms for families as they knew how busy families were. When families hadn't completed them the staff would pick up the phone to get feedback that way. We saw that where families had made suggestions these had been acted on. For instance, one family said they would prefer different hours and the office changed the hours accordingly. The management team evaluated the findings from the surveys and discussed any emerging themes for service improvement. We looked at the questionnaires that had been completed this year by relatives and saw comments such as, "We are really pleased with the care, all the care workers we have met are extremely polite and professional and quickly built up a rapport. We are happy to leave [relative] in their care." We saw that children and young people had been helped to complete a pictorial questionnaire and saw that one young person had written, " I really like [staff X] and [staff Y] looking after me." The management team had agreed to conduct quality assurance phone calls and develop other ways of gaining formal feedback that would be more inclusive for people who didn't have English as their first language.

Positive feedback from families and from social workers and other professionals was always passed on to staff. The management team were keen to recognise excellence and gave an example of a phone call from a member of the public who had observed staff dealing well with a situation in a local shop and this was passed on to the staff member. We saw emails from families thanking staff and making positive observations about how well they supported their relatives. We saw positive feedback from a social worker

and noted that the service had been approached by a care manager in Eastbourne to provide a service in that area as they had heard such good reports about the service. The care manager had written, "I was very impressed by your approach and the proposed plan put in place for the family following your first few weeks providing support. I need a very skilled person and agency structure to ensure that quality and standards of bespoke care can be put in place."

Staff told us they were very well supported. One care worker told us, "I think [registered manager] and [nominated individual] are the most approachable people, they are so professional and know so much. As an employee I would say they are the best people you could work for." Another care worker told us, "I can always contact the managers, someone is always at the end of the phone. At the start of shift and at the end I always text them and they always text back and often ask if all is okay." Staff were kept up to date with policies and procedures and had received updated policies.

Care workers working with young adults who had sexualised behaviour were given training in safe practices and advice about appropriate clothing and boundary setting when they used social media. The management team were very much aware that younger staff required guidance and support around this.

Care workers were encouraged to speak up about any concerns and management gave due consideration to them. The management team asked staff to complete a six monthly survey to involve them in the continuous improvement of the service. Staff also had regular meetings and the management team responded to suggestions made. An example of this was about the twenty four hour support of a child. Care workers made suggestions about how best to manage the shift patterns in order to improve the quality of care. The management team changed the shift patterns accordingly. Care workers regularly phoned in to the office to suggest that play resources were needed in some children's homes and the management team had bought these in.

The management team promoted the commonly agreed human rights principles of fairness, respect, equality, dignity and autonomy in order to underpin all the work carried out by the service. There was a good understanding of the roles and responsibilities of different agencies involved in learning disability care and support locally and with hospitals such as Great Ormond Street. There was evidence of collaborative working in their provision of care and support for children and young people with a learning disability in order to achieve personalised care for each individual. The service had worked with the local police and transport for London to carry out a robust risk assessment and plan to use if a child or young person went missing.

The service supported a local charity and were commissioned to safely recruit staff and volunteers to run a specialist summer play scheme for children with a disability. Their role included making sure that the charity's policies and procedures were up to date in line with current statutory requirements. The registered manager attended a number of local sixth forms to talk about the work of the charity and to recruit volunteers. The registered manager also had been a member of the planning committee for a disability rocks festival in 2013.