Barnardo's

# Viking House

## Inspection report

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## Ratings

| Overall rating for this service | Inspected but not rated |
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|---|---|
| Is the service safe? | **Inspected but not rated** |
| Is the service effective? | **Inspected but not rated** |
| Is the service caring? | **Inspected but not rated** |
| Is the service responsive? | **Inspected but not rated** |
| Is the service well-led? | **Inspected but not rated** |

# Summary of findings

## Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service

Viking House is provided by Barnardo's and serves as a residential short break centre for children and young people with severe, profound and complex physical and learning disabilities. The resource centre consists of seven bedrooms which provide overnight accommodation for children and young people aged between 5 and 18 years of age.

The centre is a large home which is significantly bigger than most domestic properties. At the time of our inspection it was registered to provide accommodation for a maximum of seven children and young people at any one time. However, the seventh bed is often reserved as an emergency bed to provide emergency care for children referred by the local authority. This may be when there are safeguarding concerns, family break down or for post-operative care, where it is not possible to care for the child in their own home.

During our visit, four children and young people were scheduled to receive respite. The home is situated in a residential area, close to shops and other local amenities.

The home comprises of five activity rooms that include jacuzzi, ball pool room, multi-sensory room, T.V and computer room, art and craft materials, books, musical instruments and a wide range of toys and games that are suitable for all age groups. We noted that in the records of children and young people we reviewed, that many children and young people enjoyed use of the jacuzzi during their stay. However, at the time of our inspection visit, the jacuzzi was out of use and had been for a significant period of time. We were not made of any plans to address this issue at the time of our visit.

The spacious nature of the home and multiple quiet spaces was benefitting children and young people who have sensory processing issues and who become overwhelmed in busy, noisy environments. All quiet spaces were accessible and had overhead hoisting systems.

Managers and staff made conscious efforts to ensure that the home was homely and made attempts where possible to avoid any signs both inside and outside of the home which may indicate the nature and purpose of the building. Staff did not wear uniform, but their own clothing which was appropriate for the nature of their work.

Viking House consistently applied the principles and values that underpin Registering the Right Support and other best practice guidance. Staff strived to ensure that the children and young people who used the service were supported to lead active, meaningful and fulfilling lives whilst also providing support for their

families, parents and carers.

There was a positive, embedded ethos of promoting independence and choice. We found that staff took time to get to know the interests, preferences and aspirations of the children and young people who attended the home for respite and aimed to involve them in a range of activities which further cultivated their interests and personal development. Children and young people who used the centre benefitted from planned and co-ordinated person-centred support that was appropriate for their individual needs.

The centre had been fully adapted to enable children and young people who rely on the use of wheelchairs and other mobility aids, to move around the home autonomously and with ease. The centre had a sensory space and a large garden and patio to the rear. These areas could be accessed by children and young people who had mobility issues independently. The outdoor play equipment in the garden area had been specially adapted so it could be used by residents with a range of physical disabilities. The garden had been thoughtfully planted with a range of fragrant, vividly coloured plants and flowers to meet the sensory needs of children and young people with visual impairments.

Staff were knowledgeable and well trained to provide complex care. They knew the children and young people they were working with well and knew how to keep them safe from abuse and harm. However, clear guidelines were not in place to set out the steps staff should take if a child absconded or went missing from the home

The centre was clean and had been specially adapted to ensure that children and young people could move freely and independently without causing injury to themselves.

There were robust and effective medicines management procedures in place which avoided medicines errors. Medicines were stored safely.

There were a range of comprehensive procedures and policies in place which staff adhered to. However, some of these policies were in need of review.

Staff had not received sepsis training to help them to identify the signs and symptoms of sepsis and identify the risk associated with children and young people's health.

Children and young people with additional vulnerabilities and identified safeguarding risks were well safeguarded.  However, leaders did not ensure that staff were trained in accordance with current inter-collegiate guidance.

There was a blind cord in one of the communal areas which could have been used as a ligature point. The keys to a lockable bathroom cabinet were accessible to older, more able-bodied children who may be curious about the contents of the cabinet.

Care was effective and met the multiple and complex needs of children and young people.

We found evidence of effective partnership working with outside partners and agencies which contributed to effective care.

Leaders and staff were committed, kind and demonstrated caring attitudes to children and young people.

There was an embedded "think family" approach at the centre. Staff provided on going care and support to parents and carers which was valued by the parents we spoke with.

Care was child centred. The needs, feelings and aspirations of children and young people were paramount.

The centre provided an extensive range of activities and excursions that enriched the lives of children and young people.

Leaders and staff were proactive in collating feedback and using such feedback to continually develop and drive improvements.

Staff were innovative and creative in the way that they interacted and communicated with non-verbal children and young people.
Leaders were visible, accessible and staff we spoke with told us that they felt well supported and understood.

Despite ongoing recruitment and retention issues, leaders were flexible and innovatively seeking solutions. Staffing issues were not adversely impacting on safe and effective care being provided.

Processes to monitor quality and performance were effective.

Leaders did not have formalised arrangements and processes in place to ensure that all staff understood how to contact the registered manager or team leads out of hours.

Leaders had successfully embedded a clear culture of transparency and candour. They were open and honest about when things went wrong.

People's experience of using this service and what we found

One young person we spoke with told us "I like it here. It's nice. I like to chill out and I like to eat dinner here."

One parent we spoke with told us "The staff at the home are amazing. They feel like an extension of our family really."

We have identified one breach in relation to safe care and treatment. We have also made seven recommendations in relation to safeguarding training, infection control, governance and policy and guidance.

This service was registered with us on 12/04/2019 and this is the first inspection that we have carried out at this location.

Why we inspected

This was a planned inspection which we are requested to carry out during the 12 months post registration of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Inspected but not rated** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Inspected but not rated** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Inspected but not rated** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Inspected but not rated** |
| **Is the service well-led?**<br>The service was well led.<br>The findings are in our well led findings below. | **Inspected but not rated** |

# Viking House

**Detailed findings**

## Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions on 18 February 2020. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service under the Care Act 2014.

This inspection was not aligned with Ofsted's inspection. A separate Ofsted report is available at http://reports.ofsted.gov.uk

Inspection team

The inspection team consisted of one children's services inspector, and one specialist advisor who has expertise in nursing children who require complex care.

Service and service type

Viking House is a children's residential 'care home' which provides short breaks for children and young people with a range of complex needs and disabilities. Children and young people in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We also looked at information and findings from the last Ofsted inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one young person who used the service. We also spoke with spoke with eight members of staff including the registered manager, team manager, senior care workers, care workers and clinical staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four documents relating to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also spoke with two parents and carers of children and young people who used the service.

Inspected but not rated

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that children and young people could be harmed.

Assessing risk, safety monitoring and management

Risks were not always assessed for children and young people and ways to mitigate them found. When risk assessments were in place they sometimes missed key information to keep children and young people safe. There was no information in the records we reviewed to set out the steps staff should take if a child absconded or went missing from the home. Whilst there was a comprehensive policy in place to support staff should a child become missing, personalised plans for each child or young person were not in place. This information is particularly important to support agency staff who may not have as much detailed knowledge of the children and young people who use the home.

● Staff had not received any training on sepsis to equip them with knowledge of the signs and symptoms of this medical emergency and assess the associated risk to children and young people's health. This is even more prevalent in children and young people with complex needs, such as those who require tube changes.

● During our inspection we noted that the entrance area had been fitted with vertical blinds with a continual metal chain which could have been used as a ligature point. This was pointed out to the registered manager who assured us that immediate action would be taken to address this risk. We were not made aware of any risk assessments that were in place to assess for potential ligature points prior to our visit.

● In one of the communal toilets there was a wall mounted lockable cabinet which contained soap and other toiletries. The cabinet was locked; however, the key was hung on the side of the cabinet and therefore was accessible to older, able bodied young people who may be curious about the contents of the cabinet.

We found no evidence that children and young people had been harmed, however the provider did not assess risk appropriately on children and young people which is necessary in order the service to carry out Treatment of Disease Disorder or Injury in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Fire and environmental risk assessments were all up to date at the time of our inspection. We found there to be evidence of appropriate protective equipment such as fire extinguishers, blankets and evacuation mats on site. All staff were had received fire safety training and new staff received this training as part a standardised induction programme to ensure that staff knew what to do in the event of a fire.

●Every child and young person who attended the centre had a Personal Emergency Evacuation Plan (PEEP) in place. Plans were holistic and clearly set out instructions for staff to follow in the event of an emergency to ensure that children and young people are safely evacuated without causing them harm or undue distress.

●The registered manager and team leader completed quarterly health and safety audits and reported back any concerns or potential hazards to commissioning partners.

● We reviewed daily summary hand overs, the use of body maps to record marks such as bruises and abrasions and the use of the ABC observation tool. The ABC observational tool is used to document any observed changes in behaviour and presentation. These effective processes helped assess risk and monitor safety of children and young people. Leaders had effective oversight of assessment and safety monitoring and would share information with multi-agency partners when appropriate to do so to further ensure the safety of children and young people.

● On the rare occasion that restraint and physical intervention was used by staff, leaders had effective oversight of incidents. Incident reports reviewed, had been subject to prompt managerial review to ensure that staff's use of restrictive techniques and restraint were proportionate and safe. Handovers and team days were used to discuss learning from such incidents.

● Any pertinent safeguarding issues relating to the child or young person was clearly recorded on the front sheet of the child's record. In one record reviewed there was a photograph of adults who were not to have any form of contact with the child. This supported staff to identify adults who may pose a risk to a child in their care..

●Genograms and family trees were included in children's records which supported staff's understanding of complex family compositions.

● The provider had recently installed CCTV monitoring equipment at the front of the premises in response to recent incidents of anti-social behaviour which had occurred in close proximity to the premises. This was a further measure to help keep children and young people safe whilst they were at the home.

Systems and processes to safeguard children and young people from the risk of abuse

● Children and young people who attended the centre for short breaks were consistently well safeguarded.. We found there to be a rigorous, effective and in-date safeguarding policy in place which gave clear guidance to staff about how to identify, respond to and report safeguarding concerns.

● We found the registered manager and team leaders to have effective relationships with social work teams. They frequently used these partnerships to ensure that there was an appropriate, multi-agency response to identified safeguarding risks. However, we were told by leaders that frequent changes in children's social workers sometimes made accessing information a challenge..

● We found there to be a strong culture of safeguarding at the centre, where staff understood that there was a collective responsibility to keep children and young people safe. Staff were able to demonstrate that they had a good understanding of the additional vulnerabilities that children with disabilities and additional needs have.

● Whilst staff had received Barnardo's in-house mandatory safeguarding training, not all staff had attended

the advanced level three training offered by Oxfordshire Safeguarding Children Board (OSCB). Therefore, staff training was not compliant with current updated national guidance. (Safeguarding children and young people: roles and competences for health care staff. Intercollegiate Document 2019). At the time of our inspection, there was no plan in place to ensure that staff were sent on courses as they became available, however the registered manager assured us that action would be taken to address this issue.

We recommend that all relevant staff attend level three safeguarding children's training as soon as practicable to ensure that staff training is compliant with current national guidance.

● Safeguarding was discussed during every staff supervision. Supervision templates were in use to structure supervisory processes and to encourage staff to discuss and reflect upon their safeguarding practice. We saw evidence in records reviewed of detailed and reflective discussions around safeguarding taking place. Managers and leaders had effective systems in place to monitor staff supervision.

● There were a range of comprehensive processes and policies which staff adhered to in order to keep children and young people safe. However, some of the corporate policies we looked at were in need of update and review.

Staffing and recruitment

● There were recruitment and retention challenges identified at the time of our inspection which meant that agency staff were being used on a frequent basis. The registered manager had made attempts to ensure that when the use of agency staff was unavoidable, that the same agency staff were used to ensure consistency in care. One of the members of staff we spoke with told us, "more staff would be helpful". We found no evidence to suggest that staffing levels had adversely impacted on the care provided to children and young people. However, staffing levels did sometimes impact on the number of children and young people who could attend the home for a short break at any one time. Occupancy levels had been discussed with commissioners.

● The registered manager acknowledged the importance and benefit of volunteers and had a plan in place to recruit more volunteers to support service delivery and provide events such as fetes which can be enjoyed by service users and their families..

● Staff rotas were planned in alignment with the booking of children and young people for respite. This meant that there were enough numbers of staff on duty to safely meet the individual needs of children and young people. Children and young people who attended the home for respite were generally supported by a named link worker who knew them well.

● Once a child was allocated a place at Viking House, they and their family were allocated a link worker. Link workers served as a main point of contact for the parents and carers. Parents and carers were able to make direct contact with their link worker to share emerging concerns, health information and to ask for further support. This demonstrated the embedded "think family" culture at the home.

●Recruitment of staff was carried out in line with Barnardo's safer recruitment policy. Newly appointed staff had their start dates delayed until Disclose and Barring Service (DBS) reports had been received. All new staff were provided support and guidance by more experienced members of staff until they felt comfortable and competent in their new working environment. Agency staff were also supported by a more experienced

member of staff.

● We found there to be a formalised induction process in place which all new staff benefitted from when they joined the service.

Using medicines safely

●No medicines or controlled drugs other than those medicines bought in by children and young people were stored at the centre except for paracetamol which was given as required provided consent to administer was obtained. We found effective and safe processes to be in place to store and manage medication.

● There were effective processes in place to oversee medicines which were bought in by children and young people. All medicines were booked in by two members of staff who checked medicine and doses and signed them in. Bottles were also weighed on arrival and before every dose was administered. Weights were clearly recorded. Bottles were also weighed before the child or young person left the site to check for any medicine errors. We found no evidence of medicine errors since the service became registered with CQC.

● Medicines charts were stored in individual folders which included a photograph of the child or young person as well as consent from parents and carers and their emergency contact numbers. Each child or young person had two medicines charts. One was for regular prescriptions and one was for PRN medication. The term PRN refers to medicines which are administered when required, such as some topical creams and pain relief medication. Charts were clearly distinguishable by colour to avoid inaccuracies in recording. Two members of staff checked that the medicine and dose was correct for the child and signed drug charts before administration.

● Medicines were stored in a locked room with a key pad entry system. The room contained an accessible copy of the Barnardo's drug administration protocol which staff could refer to for advice and guidance. Staff we spoke with had all received training on drug administration protocols and were knowledgeable about the safe use and storage of medicines.

● The medicines room contained a locked drug cupboard for medicine storage. Within this there was also a separate cupboard to store controlled drugs. No controlled drugs, other than controlled drugs which were bought into the home by children and young people were stored on the premises. The cupboard was clean and tidy. There was also a medicine fridge in the room which was clean and empty at the time of our inspection. Daily temperature checks were carried out and recorded.

Preventing and controlling infection

● The centre was clean and tidy. Surfaces, toys and equipment were all clean and wipeable to avoid the spread of infection.

● Kitchen fridges were clean and tidy, food was in date and temperature checks were carried out with regularity. However, we did find missing checks on days that the service was closed. Reasons for not carrying out fridge temperature checks need to be clearly recorded so that the records are complete.

We recommend the reasons for not completing daily fridge temperature checks are monitored to ensure

that records are complete.

● Staff had access to suitable personal protective equipment such as gloves and aprons. There were suitable hand washing facilities around the centre. Two of the bedrooms in the home had sinks to facilitate handwashing immediately prior and post the completion of clinical tasks.

● Syringes used for enteral feeding were stored in the kitchen area which was clean and well maintained. Enteral feeding is the process of tube feeding for children and young people who cannot swallow safely or require nutritional supplementation. Syringes were stored separately, away from kitchen equipment and were all in date.

Learning lessons when things go wrong

● There was an ethos of openness, transparency and candour across leadership and front-line teams. Incidents were consistently reported, and staff were supported to reflect and learn things that went wrong.

●Daily hand overs allowed staff to talk to discuss incidents and share learning. Team training days created protected time to focus on incidents and discuss lessons learnt in a supportive environment. Staff had recently attended human factors training which promotes candour, openness and working together to rectify mistakes when things went wrong. Staff we spoke with told us that they had valued this additional training.

Inspected but not rated

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing children and young people's needs and choices; delivering care in line with standards, guidance and the law

● Assessment of children and young people's needs were detailed, holistic, and continuous. Accompanying care plans, individual behaviour management plans and risk assessments were similarly of a good quality. Plans were clearly aligned to ensure that care and practitioner response was consistent.

● There were fixed visual monitors in the children's bedrooms, which can be viewed by the staff to monitor safety and wellbeing. They were commonly used to monitor seizure activity. Individual risk assessments set out arrangements with appropriate consents, but it was not always immediately clear in all records when consent had been granted and what the purpose for visual monitoring was.

● In one record reviewed, we saw good understating of mental capacity and consent. One young person had been asked if they consented to CCTV being used whilst they slept. Their seizure activity had significantly reduced, the record showed a discussion about whether there was a need to continue to video monitor to lessen the impact on the young person's privacy and dignity. The young person had asked for CCTV to be used when they stayed in the home, as they felt safer knowing that they were being monitored through the night.

We recommend that consent and the purpose of utilising visual monitoring devices in children's bedrooms is explicit on the first page of the child's records to ensure that the impact on privacy and dignity has been considered as part of decision making.

Staff support: induction, training, skills and experience

● Staff were skilled and well trained. Whilst Barnardo's mandatory training requirements and topics were limited, leaders had sourced additional training such as Autism awareness training which further supported staff in their roles and with their continual professional development. Staff were also encouraged and supported to identify areas of interest and to develop their expertise in these areas.

● Newly appointed staff benefitted from a through induction process. New staff were also well supported by more experienced members of the team. Staff we spoke with were happy. One staff member told us, "I love working at the centre, the whole team is supportive, and management are accessible."

● Clinical staff had provided high quality training to staff teams enable them to competently and confidently carry out clinical tasks such as tube changes. Records reviewed demonstrated that there was effective monitoring of training and skills to ensure that staff can perform delegated tasks safely. Clinical training had also been sourced by local NHS Children's Community Nursing teams (CCNs), to ensure that staff supporting children and young people with rare and complex conditions were confident in providing care and managing conditions. An example of this was the manager seeking additional training for staff around stoma care from the local specialist bladder and bowl nurse.

Supporting children and young people to eat and drink enough to maintain a balanced diet

● Children and young people were provided with a wide range of freshly cooked, nutritious meals. We met with the onsite cook who was passionate about providing children with balanced, tasty meals which not only met their dietary needs, but also any accompanying sensory needs that children may have. The onsite cook planned menus in accordance with occupancy and made attempts to ensure that children were served their favourite meals and snacks.

● The dietary needs of all children and young people where clearly included in their individual care plans and took into account their cultural needs and preferences.

● Meals were served in a large, bright, spacious communal dining area. Staff used meal times to promote social interaction.

● The cook had a good understanding of allergies, intolerances and the planned meals carefully in accordance with occupancy to ensure that allergens were avoided. Daily handover meetings also involved the cook and she played a vital role in planning and preparation.

Staff working with other agencies to provide consistent, effective, timely care

● Effective care planning and assessment began in advance of the child attending the centre for short breaks. Staff including the registered manager, met with a range of professionals, such as the social workers and health professionals who were providing support to children and young people. This was to ensure that they best understood their presenting needs and complex presentations. A range of tea time visits with the child and their parents and carers meant that children and young people felt happy and comfortable at the home before their first overnight visit.

● We found evidence of multi-agency working with outside agencies. For example, staff would frequently attend meetings with social care and would visit the child's school. These effective partnerships were helping to ensure that staff at the centre remained consistently well-sighted on any changes in the child's circumstances which may impact on their health, wellbeing or behaviour. One parent we spoke with told us, "staff are always at meetings like core groups. That support is amazing."

● At the time of our inspection visit, two children who attended the home for short beaks were Looked After Children (LAC). We were told that information from the child's health assessments were not shared with the home. This meant that the home may not always be aware of all emerging changes in the child's physical and emotional health and wellbeing.

Adapting service, design, decoration to meet children and young people's needs

● At the time of our visit, individual and communal spaces were clean, free of clutter and bright. Children and young people were encouraged to bring personal, meaningful items with them during their stay in order to personalise their bedrooms. Some areas in the home, particularly communal spaces were in need of re-decoration. We were not made aware of any plans to decorate communal spaces at the time of our inspection.

● The centre has a good range of communal and quiet spaces. This means that children and young people who had become overwhelmed were benefitting from easily accessible quiet spaces. There was a sensory room, a ball bit as well as large patio areas and a well-maintained garden to the rear. Staff effectively utilised these spaces to help calm children and young people who became agitated and distressed. This was helping to reduce the number of incidents which required restrictive intervention.

Supporting children and young people to live healthier lives, access healthcare services and support

● The clinical team at the home were skilled to meet the often-complex health needs of children and young people. Clinical staff had also provided effective training to non-clinical staff to enable them to safely perform delegated duties such as gastronomy feeds and tube changes.

● There had been some recent challenges in recruiting clinical staff and the clinical lead was due to go on maternity leave shortly after our inspection visit. This resulted in agency nurses being used to ensure that clinical staffing levels were appropriate to safely meet clinical need. However, every effort was made to ensure the use of consistent agency nurses. Support was also obtained by a nearby Barnado's resource centre, o provide clinical support if required.

● The centre is situated near the local hospital and the registered manager reported that they had good links with medical teams based there. The registered manager told us that children who become medically well and in requirement of hospital treatment benefit from swift transfer to the hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Young people over the age of 16-years 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.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Whilst staff had a sufficient understanding of mental capacity, consent and DoLS, training on this topic was not mandatory. The policy relating to DoLS and MCA was also out of date in need of review. We pointed this out to the registered manager who agreed to follow this up with the provider.

We recommend that staff receive regular training and updates about DoLS, capacity and mental capacity.

● The front doors of the centre remain locked to prevent young people who may not be aware of risk from wandering out of the home. The reasons why the doors were locked had been clearly explained to young people. The kitchen doors were sometimes locked to prevent young people from having access to sharp objects which may be injurious. However, if a young person expressed a wish to go into a kitchen they were granted access provided a member of staff was present.

●We observed a member of staff taking steps to ensure that a young person was able to freely move around the home. One young person entered a room and slammed the door behind him. The member of staff immediately opened the door so that the young person was able to exit the room as soon as he was ready to.

Inspected but not rated

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring children and young people are well treated and supported; respecting equality and diversity; Supporting children and young people to express their views and be involved in making decisions about their care

● Children and young people were supported by compassionate, caring and kind staff who were visibly committed to supporting children and young people with complex needs to live happy and fulfilling lives.

●Staff were respectful and valued the voice of the child. Leaders and staff clearly made every attempt to ensure that every intervention and episode of clinical care was child centred.

●Care and treatment was holistic and child-centred. We saw evidence in all records reviewed of the preferences, wishes and aspirations of the child being captured and adhered to. Staff strived to make stays at the home interesting and varied.

●Staff did not view disability as a limitation and aimed to ensure that the children and young people who attend the home were able to benefit from a broad range of excursions and activities. Children and young people were actively encouraged to access amenities in the surrounding community. Trips to cinemas, shops and restaurants were common place and helped to promote inclusivity and independence.

●We observed staff to be kind, patient and respectful in their interactions with children and young people. Children were given praise and encouragement and appeared to be very comfortable and happy in the company of their keyworkers.

●Staff took great pride in their work and enjoyed their time with the children and young people, as much as the children and young people did with their key workers. The children who were present at the home during our inspection appeared to be happy and comfortable.

Respecting and promoting children and young people's privacy, dignity and independence

● The home was spacious and enabled children and young people to move around the home freely and with independence. The home had been specially adapted to ensure that those non-ambulatory children and young people can move around with similar autonomy. Hoists meant that all areas including outdoor spaces were accessible.

● Whilst children and young people were supported and encouraged to socially interact with other residents

during their stay, staff respected their wishes for private time, and allow children to retreat to their bedrooms if they wished to be alone provided if it was safe for them to do so. Bedrooms were bright, well maintained and steps had been made to personalise individual spaces.

● We saw that staff effectively considered dignity. Staff were encouraged to consider dignity when assisting a child and young person to wash or get dressed. Steps were taken to ensure that doors and curtains were closed during episodes of personal care and when clinical procedures were carried out. There was also good exploration of the need to consider a young person's privacy and dignity as they become pubescent. In one record reviewed a young person was supported to be able to safely carry out some of their own clinical care, which helped to them to maintain some privacy and dignity.

Inspected but not rated

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Planning personalised care to ensure children and young people have choice and control and to meet their needs and preferences

● All care plans reviewed captured the voice of the child and were written from the child's perspective. Care plans were detailed yet concise, and the preferences and aspirations of the child were explicit throughout.

● Children and young people were treated as individuals. Staff responded thoughtfully and holistically to children and young people. Parents and careers were consulted to gain their views and the wishes and feelings of parents were captured in care plans. In one plan reviewed, a parent of a child with autism had requested that staff discouraged their child from certain activities. This request was clearly documented and there was a plan in place to encourage the child to engage in alternative games and tasks.

● Monitoring and assessment was detailed and ongoing. Staff used a range of observational tools to report changes and patterns in behaviour. This information was used to produce individual behaviour support plans which set out clear strategies to use with the child or young person if they became distressed. Clear, thoughtful planning had helped to reduce the number of incidents which involved the use of restrictive measures and restraint.

Meeting children and young people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● There were a number of children and young people who are non-verbal who use the centre Staff recognised that for some children and young people, particularly those who cannot communicate with speech, may communicate their pain, fear and frustrations through challenging behaviour. We found evidence of changes in exhibited behaviours being consistently recorded and staff used this information to establish triggers and tailor interactions to best meet children's needs.

● Visual aids, Picture Exchange Communication Systems (PECs) and Makaton, a language programme that uses signs and symbols to enable communication, were used to communicate with children and young people with speech, language and communication needs. Other communication aids such as iPads where also used to enable communication and interaction when required.

●Staff used visual aids and charts to enable non-verbal children and young people to communicate how they felt after a clinical intervention had taken place. This was helping to ensure that clinicians could tailor their approach to ensue that children and young people felt comfortable and safe when clinical procedures

were being carried out.

Supporting children and young people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● A range of activities and excursions were made available to children and young people who attended the centre. Staff had a good understanding of children's interests, hobbies and planned activities which aligned with children's aspirations and wishes.

● Staff aimed to promote inclusion and social interaction for every child and young person. Occupancy was well considered and thoughtfully planned to ensure that children had opportunity to enjoy short breaks at the same time as other peers who they identified as their friends.

● Activities and trips were fully funded by the centre and therefore parents and carers did not incur any additional costs. This meant that all children and young people were able to enjoy the same range of activities as their peers.

●The jacuzzi was broken and not in use at the time of our inspection visit and had been for some time. The jacuzzi was popular with children and young people and jacuzzi time featured in a number of the care plans we reviewed. This means that for those children they are not receiving all cares as stated in their plan. We were not informed of any plans in place to repair the jacuzzi facility.

We were told that Education and Health Care Plans (EHCPs) are not always being received by staff at Viking House. This limits the opportunity for staff to put interventions in place which support the young person to achieve the outcomes documented in their plans.

We recommend that the registered manager liaises with the local authority to ensure that all finalised EHCPs are received by Viking House and are included in children's records.

Improving care quality in response to complaints or concerns

● The number of complaints received were very low. However, leaders were receptive and responsive when complaints or concerns were raised.

● Leaders were proactively seeking feedback from staff teams, parents and carers and children and young people. Great emphasis was placed on the participation of children and young people to ensure that the service consistently meets need.

End of life care and support
● At the time of our inspection, there were no children or young people receiving end of life care, nor had there been any recent child deaths.

● We heard that staff collate a journal which details the children and young people's learning and achievements whilst at the home. In the event of a child leaving the home or a child death, this was provided to the family as a keepsake or a memory.

Inspected but not rated

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The home was effectively led by an experienced registered manager who is in turn supported by two experienced team leaders, senior project workers and a clinical lead. The leadership team was stable, which meant that staff benefitted from consistent leadership.

● We found evidence of staff receiving regular supervision which provided staff with the time and space to reflect their practice. Leaders had taken recent steps to improve their oversight of staff supervision and had a supervision tracker in place to ensure that all staff were benefiting from supervisory sessions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The leadership team promote a positive culture of openness and learning. Staff we spoke with shared that they felt able to approach the leadership team for support, advice and guidance.

●Leaders we spoke with were open and honest about challenges they face and were candid about areas of performance that were weaker.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Leaders had effective processes in place to monitor quality and performance. There was a management structure in place and the registered manager and leaders were clear on their roles and responsibilities.

● The service is registered with CQC for the purpose of the Treatment of Disease Disorder and Injury (TDDI) in April 2019. The registered manager openly shared that whilst she had full understanding of Ofsted's regulatory requirements, she is less knowledgeable of the regulatory requirements of the CQC and requires additional learning and support.

We recommend that registered managers and leaders should take steps to ensure that they are have a sufficient understanding of CQC's regulatory processes.

● Whilst there were a range of comprehensive policies to provide leaders and staff with clear guidance about their roles and responsibilities, we found some of these policies such as the policy relating to MCA and DoLs to be in need of update and review.

We recommend Barnardo's should make certain that policies are reviewed in accordance with review dates. Leaders should ensure that policies in files which are accessible and utilised by staff are the most recent versions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Leaders value feedback and regularly consulted with staff, children, young people and their parents and carers. We viewed a compliments and complaints folders. Whilst there were very few complaints, we saw a large volume of compliments from parents, carers and professionals who had been supported by the home. One compliment from a parent stated, "[My child] had a lovely time at the fete, thank you. His face lit up as we walked down the path to Viking House."

●Leaders placed a great emphasis on the importance of participation of children and young people. Every child and young person who attended the centre was encouraged to feedback their views on how the centre could be further improved.

● Whilst the registered manager did not work out of hours or provide night cover, staff we spoke with told us that managers and team leaders were accessible and available on the phone out of hours. However, there was no formalised, agreed out of hours contact arrangement and therefore current arrangements may mean that newer, less experienced members of staff may not know who to contact in the event of an emergency.

We advise that the provider reviews and formalises arrangements for out of hours emergency contact.

●We saw evidence which demonstrated that practitioners respected the lived experiences, opinions and views of service users. Children and young people were consulted and involved in recruitment. Staff also ensured that children were involved in planning events and activities which were appropriate and accessible for all children from a range of cultures and faiths.

Continuous learning and improving care

● The registered manager was regularly carrying out audits to identify areas of practice and service delivery which would benefit from improvement. We found safeguarding and health and safety to be areas which were subject to regular audit and scrutiny. Findings from audit were shared with commissioners via detailed quarterly reporting.

● Leaders were passionate about continuous learning and improvement. Monthly team days provided staff with an opportunity for group reflection, learning and discussion. Team day discussions were clearly documented, which gave a written record of actions for follow up by leaders and staff. For example, we saw that staff had requested additional training on autism awareness and attachment. This training was promptly sought and delivered during team day meetings.

● The leadership team had effective oversight of incidents such incidents of escalating challenging

behaviour and those which involved the use of restrictive interventions. We found there to be clear learning from incidents which was swiftly disseminated across staff teams. This learning was also clearly underpinning the scheduling of short breaks to ensure that service users were accommodated with children and young people with whom they were compatible and likely to have positive social interactions with.

Working in partnership with others

●Leaders have established effective links and partnerships with the local authority and health partners. We saw evidence of how leaders have had regular liaison with the local Children and adolescent mental health services (CAMHS) team. This has had a positive impact on children with disabilities and complex health needs who have co-existing mental health needs. Staff also regularly attended review meetings at children's schools. This ensured that activities children and young people undertake at the home complement and align with existing care plans.

●Leaders also worked in close collaboration and partnership with parents and carers to ensure that the interventions and activities provided at the home complimented the aspirations and wishes parents and carers had for their child.