

Support Education And Respite Care For Children

Smile Support & Care - Eastleigh

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 19th November 2015 and was announced. The last inspection was in January 2014, and the service was compliant in all areas apart from consent to care and recruitment. We found that changes had been made and there are now appropriate assessments to show consent had been sought. There were also robust recruitment records on file, showing those working for Smile Support and Care services, had the appropriate checks and were suitable to have worked there.

Smile Support and Care services is a Domiciliary Care Agency which provides daily support and respite care for children and young adults. At the time of the inspection they were providing support for 24 children with a variety of care needs, including people with physical disabilities as well as mental health needs who required support with their personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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 family's members was mostly positive. They felt their children were safe with the care and support provided by the staff from Smile. The registered manager and staff were aware of their responsibility to provide the care and support to the child. There were systems in place to ensure the risks to the children's safety and wellbeing were identified and addressed.

The registered manager ensured that staff had a full understanding of the children they were to be supporting, prior to them starting work with them. They knew the child's care needs and ensured the staff had the appropriate skills and knowledge to be able to support them. Families felt safe and secure with the support they were currently receiving.

Parents said their children had positive relationships with the support workers and had 'chosen' the support worker

for their child by looking at a matched portfolio. Parents felt their children were treated with respect and dignity and the staff were mindful of the child and families privacy.

Children received a service which was based on their personal needs and their family's wishes. Changes in their care needs were identified and amended as required. The service was flexible to changes if they were requested.

The registered manager demonstrated the importance of effective quality assurance systems. They were part of a quality assurance team, which met every 5-6 weeks to look at different areas such as support plans and reviews and policies and procedures. The service was committed to continuous improvement and feedback from people whether it was positive or negative. This feedback would then be used and actions taken.

Staff were motivated and proud of the role they had. They said they felt fully supported by the registered manager and had received a full induction with training and supervision. Staff raised concerns that training was now online and struggled to find the time to complete this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet the children's needs and recruiting practices ensured that all appropriate checks had been completed.

Parents felt their children were safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

Children's health risks were always identified and managed effectively. Staff supported them to take their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff received an appropriate induction, on-going training was available to staff online.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) for the young adults they support and always sought consent.

Families were involved in decisions about their child's care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Good



Is the service caring?

The service was caring.

Parents and staff had positive relationships. Privacy was protected and their dignity respected.

Children experienced support that was caring and compassionate.

Staff treated people as individuals and ensured that confidential information was kept securely.

Good



Is the service responsive?

The service was responsive.

Children were treated as individuals and were supported to engage in activities they were interested in.

Children's needs were reviewed regularly. Support plans reflected the individual's needs and how these should be met.

Families knew how to complain and said they would raise issues if the need arose. No complaints had been made.

Good



Is the service well-led?

The service was well-led.

Parents and staff reported that the service was run well and was transparent about the decisions and actions taken.

Good



Summary of findings

There was a registered manager in post, who held regular supervision with staff and gathered feedback from the people who used the service.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

Smile Support & Care - Eastleigh

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 the 19 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with me.

Before the inspection, the provider completed 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. We reviewed the information in the PIR, along with other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three parents, three care staff and the registered manager. We looked at the support plans and risk assessments for four children as well as other associated documentation such as training records, staff recruitment files.

Is the service safe?

Our findings

At the previous inspection concerns were raised about the staffing levels due to calls being missed. We also found the service wasn't meeting the requirements relating to the recruitment of workers. We found a Criminal Records Bureau (CRB) check had been completed. This had shown a member of staff was not suitable to work with children but had been employed. This inspection found these concerns had been addressed.

A parent said they felt, "Recruitment was an issue for the care agency. The agency struggled to recruit and retain the staff needed to provide sufficient care and support". At the time of the inspection there were sufficient staff to meet the current needs of the children. Staffing levels were determined by the individual's needs. The hours the staff work were dependent on the individual they were supporting and what their needs were for that day. There was a duty roster system, which detailed the planned cover for the child. Short term absences were managed through the use of overtime or agency staff employed by the provider. Temporary staff used, were ones who had been pre-agreed by the parents of the child they would be supporting. The registered manager said they were currently undergoing a recruitment drive due to the high demand for their service.

Staff recruitment files showed that appropriate checks had been carried out. Staff had undergone a check with the Disclosure and Barring Service [DBS] and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Application forms showed staff had previous experience within a caring role as well as a full employment history.

Parent's said they felt their children were safe with the care and support they received from the support staff from Smile Care and Support. One parent said, "the staff only met [the child] once. We had seen a portfolio on them, and knew all checks had been carried out to make sure they were suitable". Another parent said they had no concerns with the current support their child was receiving.

Staff were all required to undertake safeguarding training and training records confirmed they had received this

training. Staff were knowledgeable about signs of abuse and how to report concerns. They said they were able to report anything to the registered manager or the provider, who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. Staff were able to explain different types of abuse and knew about the whistleblowing policy. Where incidents had occurred, the registered manager had taken appropriate action to safeguard the child.

There were assessments in place to manage risks. These were personalised, identifying risks associated with the delivery of care. They gave staff guidance on how to reduce the risk and how to respond to emergency situations. This also included environment risks, such as the use of equipment and also when they took the person out into the community. Some of the children had very complex needs and required specific equipment, for which the staff required additional training and a clear understanding of the risks. Staff were clear about what to do in an emergency and knew who to contact for support. Staff had also undertaken first aid training and were able to deal with emergencies of this kind. Incidents and accidents were recorded and a process was in place to learn from them and improve practice.

Parent's said the staff used protective clothing such as gloves and aprons, whenever they provided personal care and support to their child, and staff would not visit if they were unwell due to the risks this could pose to the child. Staff had received appropriate training on infection controls and knew how to minimise the risks.

Children were supported to take their medicines as per their support plans. Parents said they knew when their child's medicines were due and staff would be available to support them to take them. Training records showed that all staff had received training and were competency assessed by senior staff members, before being allowed to dispense the medicines and all the staff we spoke with, confirmed this. Some staff had been trained to administer specific medicines for certain medical conditions. There were policies and procedures in place to ensure that all medicines were managed in accordance with regulations and guidelines.

Is the service effective?

Our findings

Parents were confident the current care staff had the skills to care for their children effectively. Parents told us the staff carried out all the care and support they were supposed to during their visit. One parent told us they were, “Very happy with the staff and if that member of staff was on leave, we won’t have the support hours until they return”. Another parent said “They firstly show you a portfolio of the staff member before they meet us. If we don’t think the person is going to be right, then they don’t meet us or our child”.

Parents were able to say who they would like to support their child. Staff rotas were written according to the parent’s preference. One parent told us “I tell the manager if I am not happy with the member of staff who has been allocated. They manage the rotas so I can have my preferred member of staff who knows us and [the name of the child]”. The parents were given the rota in advance and if they wanted a different staff member to support them, then they could talk to the registered manager. Each staff member had to be approved by the child’s parent before they were allowed to support the child. Staff worked with specific children so there was continuity and people knew who would be supporting them.

We received mixed views on the training staff received. Parents felt the staff were suitably trained to meet the current needs of their children. Staff commented that they preferred the ‘hands on’ training they received rather than the online training, but felt they had sufficient training to meet the needs of the children they were supporting. Additional training was provided to meet the specific needs of the child and no one provided the care to the child without the appropriate training and competency assessment.

All care staff received an induction where they spent one day in the office completing some essential training. They then shadowed a more experienced worker for two or three shifts with the child they were going to be supporting. The shadow shifts were at different times to ensure they were aware of the different tasks that needed to be completed at different times of the day. Staff needed to be competent and confident to work with the child, before they were

allowed to work on their own. If the staff member or the family, did not feel they were ready, then additional support was available. All staff had to complete moving and handling training prior to them being able to provide hands on support. New staff could not administer medicines until they had completed training in medicine administration and been assessed as competent to give medicines safely.

Children were supported at mealtimes to access food and drink of their choice as per their care plans and parents’ wishes. The support they received varied depending on their individual circumstances. Some of the children require feeding via a tube into their stomach. Staff who supported them had received appropriate training to carry out this task. Other children had their meals prepared for them by their family and the care staff supported with reheating these as required.

Staff received support to understand their roles and responsibilities through supervision and annual appraisals. Supervisions and appraisals are systems which offer support, assurance and learning to help staff development. Supervisions consisted of a one to one with a more senior member of staff, which they had twice a year along with one observation of practice and a development needs assessment which was their appraisal.

Care staff were available to support the children to access healthcare appointments if needed and liaised with health and social care professionals involved in their care as required. The care records included information about those professionals who were involved with the children.

Parents confirmed the care staff spoke with their child before undertaking any task. One parent felt their child had no understanding about what care they required and would not be able to consent to the care they were receiving. The parent went on to explain that their child was still too young to require a capacity assessment, however knew that at some point one would be needed. The registered manager was able to explain when they needed to use the Mental Capacity Act 2005 (MCA) and was able to show a copy of one that had been used for a young adult who they were providing care for.

Is the service caring?

Our findings

Relatives were positive about the care and support they received from the staff. Family members told us all the care staff were caring and spoke to their child in a kind and respectful way. One family member said the staff had a “good bond” with their child. Another said how impressed they were with a particular staff member and rearranged the support to ensure this staff member was available”.

Positive, caring relationships had been developed with the children and their families. Family members said “We always choose our support staff; we read their portfolios before we meet them”. Staff explained, “We always go and meet the families and introduce ourselves before starting their visits. We shadow their current support workers and go through the care plans”.

Parents confirmed they had regular workers and they never used external agency workers. One family member said “we have regular carers who are very good, we know them and they know [the child]”.

Staff knew about the children’s lives, families and interests. Information about this was recorded in their support plans

and staff used the knowledge to interact with child and communicate effectively using both verbal and non-verbal methods. This helped staff get to know them as individuals and built positive relationships. They spoke with a caring manner to the children they were supporting, as well as other staff members. Staff told us how rewarding their role was and how their input had provided positive support for both the child and their families.

Families were involved in developing their child’s support plans, which were centred on the child as an individual. The child and their families preferences and views were reflected in their plans, such as, what they needed support with, what time they wanted to get up, get washed and dressed and in what order. Changes to these could be made as and when required.

The child and their families were treated with respect and consideration. Staff respected people’s privacy, they always knocked and waited for a response before entering anyone’s home. Staff said they always respected people’s dignity, they assisted with as little or as much support as the individual needed.

Is the service responsive?

Our findings

Parents said the service they received was personalised and met their needs, choices and preferences. Staff understood the support the children and their families needed and were given time to provide it in a safe, effective and dignified way.

Families received individualised care which was responsive to their needs. When their needs changed this was identified and prompt, appropriate action was taken to ensure that the child's well-being was protected. Support plans were reviewed annually by the senior members of staff. Parents and staff said that if someone's needs changed, then the plans would be reviewed and updated to meet the change in needs. This was evident in the files we saw. Families were involved in making decisions about what support they and their child required. This was reflected in their support plan which showed a summary of the child's abilities and stated what the child could do, before identifying what support they needed. This ensured staff were aware of child's abilities and could provide support to maximise the child's independence. The registered manager told us they felt consistency of care was an important aspect of the service, as it helped ensure children and their families received their care from staff they were familiar and comfortable with. Staff told us that they were able to build relationships with the children and their families who used the service and increased understanding of their needs. Staff also told us that the support plans were reviewed regularly to meet the changing needs of the children.

Staff were knowledgeable about the children they supported and were able to tell us in detail about their preferences, backgrounds, and medical conditions and how these may impact on the way they react towards staff. Staff knew what person-centred care meant and could

explain how they provided it. One staff member said that they were there to support the individuals to live a "fulfilled life as they can"; another said it was about "supporting them as individuals".

Children were supported to access activities that were important to them. The registered manager explained that the children went out most days, and their families chose what they wanted to do and their support was arranged around this. They were able to do as much or as little as they wanted. Families told us that their support times were changed to meet their child's needs. Staff supported some of the children to attend school and other activities in the community.

Family members were encouraged to give feedback to the service, whether it was positive or negative. The registered manager explained about their 'Touchpoint' service, which they use to record both positive and negative comments. 'Touchpoint' were calls made by the area managers or office staff to families who were receiving support. These were done every three months and provided the opportunity for families to raise any concerns or identify any changes needed. The introduction of this had resulted in any concerns being identified early on and prevented situations from deteriorating. Families said the service was mostly flexible and responsive to their needs, though rotas weren't always able to be changed when people requested. The registered manager told us that the door to the service was always open, and if anyone wasn't happy about anything, they knew they could speak to them.

Families said they knew how to complain and felt confident to approach the registered manager or any of the staff if they weren't happy about something. The registered manager had not received any formal complaints, but was able to say how they would be managed should they receive any. The service carried out annual satisfaction surveys, which overall provided positive feedback to the service, with 73% saying they would recommend the service to others.

Is the service well-led?

Our findings

The service had a clear management structure including a registered manager. All the people we spoke with knew who the registered manager was and felt they could approach them at any time. One person told us “the office door is always open, if I have any problems I know I can just go to the office, or ring them”.

Staff were positive and proud of the job they did. They told us they felt supported by the registered manager and they could go to them about anything, be it work related or personal. They also said they felt able to approach the service manager, if the registered manager wasn't available. The registered manager told us they were supported by the regional service manager. Team meetings were held, but weren't regularly attended by all staff. This was due to their working pattern and also due to staff not recording when the meetings were. Any important information was sent to the staff members to ensure they were kept up to date with information. Staff spoke of an open and transparent culture within the service, how nothing was hidden from them and things were shared in team meetings.

The service's vision was reported to be providing a service which was person centred, open and inclusive to the children and their families. Staff said it's about “enriching the lives of the children”. Another staff member gave an example of how they carried out their role with regards to the child's independence, dignity and respect. They told us that “you need to allow them time to undertake the activity and encourage them to do as much as they can”

A registered manager from another of the provider's services carried out quarterly quality assurance audits. These audits looked at medicines, health, safety and supervision. As well as these, there was a Quality Monitoring team which consisted of five people, including the registered manager. They met every five to six weeks to go through the audits and identify any issues. If they highlighted any issues, there was evidence to show how the service would manage these issues and what needed to change in order to achieve this. As well as audits, the senior support workers monitored health and safety, medicines, people's well-being and updated to the 'Touchpoint' system. Touchpoint allowed the staff and parents the opportunity to share information and keep everyone updated. This was carried out monthly as well as reviews of risk assessments and support plans.

The registered manager said “the service always looks for ways in which to improve”. Families who used the service were involved in this by providing feedback questionnaires these were sent out annually and out of the 48 sent out, 18 were returned. One staff member said “the service is always evolving”. The service also worked closely with the local authority and healthcare professionals as well as the rehabilitation team, to ensure that the person's needs were being met.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.