

Wakefield MDC

Home based breaks

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

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

The inspection was announced and carried out on 8 July 2014. The previous inspection took place in September 2013 and there were no concerns.

Home Based Breaks Service provides personal care for children with disabilities in their own homes or in the

community. There were five children using the service that fall in the remit of our inspection. 190 children receive a service from the Home Based Breaks Service overall.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Children's safety was given paramount importance and their awareness of safety was actively encouraged. Staffing levels were good and these were determined

Summary of findings

based upon the individual needs of each child. The service carefully assessed individual risks to children, whilst not being risk averse, and staff empowered children to be independent and develop life skills.

Staff were experienced and knowledgeable to support children safely, with their skills closely matched to the individual needs of each child. Key staff who supported each child were consistent in order to form secure relationships and provide reliable, effective person-centred care. Staff's close links with other professionals involved in children's care meant children's day to day health needs were met and referrals made when their needs changed.

Staff we spoke with were caring and passionate about their work with the children and there was a clear

emphasis on children and children's rights being at the centre of the service. Children's care records reflected a strong ethos of caring for children and the people that mattered to them, such as their family.

Children were encouraged to express their views about their own care and about the service through daily discussion and in surveys and these were listened to and acted upon. Children's family members were consulted about their child's care and they spoke positively about the service and its impact upon their lives.

Home Based Breaks Service was well led, person-centred and based upon sound values that were embedded in practice. Staff were supported well and as a result, offered high quality support to children and families.

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 clear risk assessments based upon children's individual needs with plans to respond to any emergencies and these were well known by staff.

Staff understood their responsibilities in safeguarding children and there were high staffing levels in place to ensure children's safety.

Good



Is the service effective?

The service was effective. Staff had received up to date specialist training and were confident, experienced and skilled to provide effective individualised care for the children they supported.

Staff had a clear understanding of children's health needs and worked closely with other professionals to ensure these were met.

Good



Is the service caring?

The service was caring. Children were at the heart of staff's work and staff had a good knowledge of their particular likes and dislikes as well as understanding their needs. Children were supported by close and caring relationships with staff who knew them well.

Children and their families were encouraged to make their views known and these were respected.

Good



Is the service responsive?

The service was responsive. Children's individual needs were regularly reviewed and they were consulted and involved in the process, along with those involved in helping them make decisions.

Feedback from children and their families was regularly sought and used to make improvements to the service.

Good



Is the service well-led?

The service was well-led. There was robust quality assurance and staff were well supported, motivated, caring and open. The values of the service were clearly embedded in practice.

Staff had a clear focus on children's rights for dignity, respect, independence, equality and safety.

Good



Home based breaks

Detailed findings

Background to this inspection

The inspection team consisted of one inspector and a specialist professional advisor, who was a clinical psychologist. Before the inspection we reviewed all the information we held about the home, contacted the local authority and Healthwatch. The provider completed a Provider Information Return (PIR) and this was returned before the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We were unable to directly observe care provided as there were only five children in receipt of the service that fall in the remit of our inspection (190 children receive a service from Home Based Breaks overall) and none of whom received care on the day of the inspection. We spoke with five staff comprising the manager, co-ordinator and three support workers. We looked at three children's care

records, one staff file, the training matrix and other records relating to the management of the service. We spoke with three family members who represented three children who used the service. We contacted three allied professionals who had involvement with the service.

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

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

Is the service safe?

Our findings

Although we were unable to observe children's care in their own homes, we spoke with three families who were available to speak with us and reviewed documentation. We had discussions with staff and the registered manager.

All staff we spoke with told us they had received training to ensure the children they supported were safe. For example, training included safeguarding, first aid, epilepsy, use of oxygen, Therapeutic Crisis Intervention (TCI) training and regular refreshers of this training to ensure staff skills were up to date. We saw documented evidence to show staff had received such training.

The manager explained all staff were required to complete mandatory training in safeguarding disabled children, first aid, safe handling of medicines, moving and handling people, and TCI. We saw there was planned refresher training to ensure all staff's knowledge remained up to date.

Staff we spoke with had a secure knowledge of how to identify the signs of abuse or neglect and what to do in order to act upon their concerns. Children's safety and well being was of paramount importance to the staff we spoke with. We saw systems that encouraged children to report any worries or concerns to key staff or refer to an advocate. We saw an easy read pictorial poster for children that gave guidance on what to do if they had a worry or complaint. We saw in reviews of children's care their wishes and feelings were recorded along with clear plans and consultation with them to develop their awareness of how to stay safe. For example we saw an action point for staff to encourage children's awareness of 'stranger danger' and road safety with children's views on how this could be achieved. Staff were very aware of local safeguarding protocols and provided examples of how they had used these. We found the registered manager was approachable to all within the service and had an open door policy for staff to be able to discuss any aspects of children's safety. The registered manager told us there were on call arrangements in place to support staff in the event of incidents or events that could put children at risk and staff we spoke with were fully aware of this.

We looked at the key policies and procedures which included safeguarding children. We saw this gave clear guidance to staff about what to do when working in a

group and when working alone to safeguard children. This document reminded staff of three key principles to use in order to ensure children were safe: pass on; record and keep alert. We saw there were emergency contact details for staff to refer any concerns out of hours.

We found there were high staffing levels for children supported by the service. The registered manager told us the assessment of individual children's needs determined the level of staff required. For example, where an individual child required support with their behavioural or physical needs two staff were deployed when the family was not present. This ensured children's physical and health needs were well managed. When we asked the families that we spoke with they did not express any concerns about the staffing levels in place.

We discussed the recruitment procedures for the service. The registered manager told us they followed the Wakefield MDC policies and procedures for recruiting new staff and we found these were robust. For example, all staff had been vetted before commencing employment by means of Disclosure and Barring Service (DBS) checks and two suitable references. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. We saw evidence of how suitability checks were stored on the organisation's computer system and the registered manager explained these computer files were organised centrally and overseen by the organisation to ensure recruitment procedures had been followed safely and consistently.

We looked at three children's care records and saw individual risks were clearly identified with detailed instructions for staff to know how to manage these and how to respond in the event of an emergency. For example, in one file we saw there were clear safety instructions for staff to follow around the child's eating plan and how staff had to ensure they were positioned safely when eating. We saw a protocol for rescue medication in one file and individual crisis management plans. We found risk assessments focused on children's abilities and how they could be empowered rather than restricted, with evidence of regular family reviews of children's care and support. Staff we spoke with told us they carried care plans at all times when working with children, in order to have immediate access to all relevant information and support

Is the service safe?

their care safely. They told us that anything pertinent to the children they supported was carried with them in a locked rucksack, along with work phones containing emergency contact details.

Staff who we spoke with had a sound value base and were committed to empowering the children they supported, to maximise opportunities for them whilst minimising restrictions on their freedom.

We saw information to show individual safety checks had been carried out in each child's home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support the children at home and in the community.

All the family members we spoke with told us they trusted staff to care for their children safely. One family member said: "I trust [my child] is safe with the staff". Another said: "I never question the safety side of things, I just know".

We spoke with the registered manager about how incidents and accidents were dealt with and how any lessons were learned from these. The registered manager told us all incident and physical intervention reports were signed off by the service manager and the TCI lead officer. The monitoring of incidents and accidents was done as part of a wider management group, referred to as the Critical Incident Monitoring Group. We saw evidence through minutes that this group met quarterly to discuss themes and patterns and to establish learning points to share with the staff.

Is the service effective?

Our findings

We found care records were personalised to the needs of each child. The registered manager told us care plans were formulated and agreed in consultation with young people and families. We saw evidence in children's files that consultation with them was an integral part of practice. Parents contributed to reviews and signed their relevant consent for their child's care and support. We found there was a large amount of information contained within children's care records, much of which was historic and not required on a daily basis. We discussed this with the registered manager, who recognised that although the information was necessary to keep, it could have been more effectively filed.

The families we spoke with told us they were fully involved in discussions about their child's care and they spoke positively about the consistent and reliable support they received. One family member recognised how intrusive such a service could be but said staff were sensitive to this and were always friendly and respectful. They described the service as 'a real lifesaver'. Another family member told us the service was effective because it offered flexibility in the times of care to meet their child's needs. One parent said: "Staff really understand [my child] and this means [my child] gets proper care that's right for them".

We spoke with the registered manager who told us how staff skills and knowledge was matched to the needs of each child to ensure the most effective care was provided. Where children had very specialist needs, staff received individually tailored training to be able to give skilled support. For example, specific training was carried out in relation to feeding, specific seating needs and administration of medication.

All staff we spoke with were positive about their roles and they reported being well supported to be effective in caring for the children. Staff we spoke with were very knowledgeable about the children they supported and how to manage their needs effectively. For example, they discussed examples of highly individualised and creative risk assessments for one child with a propensity to run and careful and sensitive use of restraint to ensure children's safety.

Staff demonstrated knowledge of children's individual health needs and we saw from children's care records their

nutritional needs were well recorded and risk assessed. For example, dietary needs were highly specific and known allergies were recorded along with children's personal preferences, although the service did not have responsibility to provide food and drink. We looked at key policies and procedures which gave emphasis to staff about ensuring children had plenty of access to water and fruit juice and to encourage children to drink more in warm weather.

We saw pertinent matters regarding children's health were detailed clearly for staff in children's care files. Children's health issues, personal care preferences, sleep routine and mobility information was clearly stated. Parents had signed to give permission for staff to seek emergency medical treatment where necessary.

We found clear and consistent evidence through speaking with the registered manager, staff and looking at children's files that the service worked collaboratively with other professionals to promote children's good health. For example, we saw documented evidence of children's involvement with paediatricians, GPs, gastroenterologists, dietitians and ophthalmologists. The registered manager told us a member of the management team attended Jigsaw (multi-disciplinary children's palliative care team) meetings that ensured the sharing of information about children with life limiting conditions.

Staff told us they had regular monthly supervision meetings in which they reviewed individual children's needs and discussed any relevant training that may be required. We saw notes from staff supervision that showed where individual children's needs had been discussed and planned for.

We saw evidence of extensive staff training programmes with new staff shadowing more experienced staff until they were deemed to be confident and competent in their role. We looked at the training matrix which was colour coded to effectively identify training that was done, required or overdue. The registered manager told us all mandatory training was monitored to ensure staff's knowledge and skills were current.

We saw the computer systems that supported the running of the service operated very slowly and this meant staff were unable to retrieve information as effectively and

Is the service effective?

efficiently as they would have liked. This caused inconvenience to staff when trying to access information, although necessary paper records could be accessed in an emergency.

The registered manager told us regular reviews of practice were carried out within staff meetings and we saw these were regular and minuted.

Is the service caring?

Our findings

The registered manager told us there was a person centred approach to children's care and this was very evident in the way the staff spoke about the children. We found from our discussions with the registered manager and staff, the needs of the children and their families were given the utmost priority. Staff spoke with kindness and compassion and were highly committed and positively disposed to the children they supported. Staff clearly knew and understood the individual needs of each child, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions.

One allied professional we spoke with told us: "The majority of children appear to enjoy the time they spend with Home Based Breaks and look forward to the sessions". Another said: "Families appear very happy with the service".

Our discussion with the family of one child showed us staff were very caring and sensitive to their child's needs. For example, the family reported that staff had shown great sensitivity in gradually introducing their child to new staff. One family member said: "There are two staff who come to support my child and [my child] knows them both well, they both really care about [my child]. Another said: "They don't just care about my child, they care about me too. They make me feel as though I am important and that I know what's best for my child. They offer advice but not in a bossy way, they tell me I am doing a great job so I feel valued".

The registered manager told us the service tried to be flexible to meet the needs of the children and offered help with children's appointments or transport if necessary. The

registered manager said the service focused upon children as individuals and what they could do, promoting their independence, their privacy and dignity and enabling them to have fun. We found key staff were consistently matched with children to enable them to develop good relationships.

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of young disabled people. We saw the key policies and procedures contained a statement of the service's values and beliefs, with the principle that disabled children are children first. The statement placed emphasis on other values, such as; inclusion; dignity and respect; equality; independence; rights; listening; development and fulfilment; safeguarding; supporting carers, quality and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with the children.

We saw feedback from children and families was valued and responded to. The registered manager told us annual questionnaires were given to families and children's questionnaires were also used, so that feedback could be obtained. We saw letters and cards with positive comments about the service and we saw there was no evidence of any complaints having been received.

We saw children's care plans were written in a caring way; for example the child's wishes and feelings were sought and recorded, as well as parents' wishes and feelings. Children were supported to make their views known and had access to documents in easy read format where appropriate.

Is the service responsive?

Our findings

We spoke with the registered manager who told us the service was responsive to meet children's individual needs. The registered manager said the initial assessment of children's needs was thoroughly carried out to determine whether the service could meet their needs. This assessment helped to determine which staff had the right skills and knowledge and whether any additional resources would be required, such as increased staffing levels, training or liaison with other professionals. We saw from children's care records their individual needs had been fully assessed prior to the service being provided.

The allied professionals we spoke with told us the service was responsive to the diverse needs of the children and care was individually managed. One professional told us the service was integral to children's care package planning and involved in multi-agency meetings, with age appropriate support responsive to each child's needs. Professionals gave praise for the services flexibility in providing care for children and families and for working collaboratively with others.

We saw care records were regularly reviewed and updated in response to children's changing needs. For example, changes to children's behaviour were recorded, with new strategies discussed and agreed with children and families. Where children's personal individual health needs or care regimes changed, the care plans were updated promptly. We saw clearly written individual plans that showed how children's dignity and privacy would be maintained.

The registered manager told us the service was responsive to children's changing circumstances. For example, if a child needed to be accompanied to an appointment the session times could be rearranged. She also told us that very short notice training was urgently arranged to enable staff to support a child with a specialist feeding regime, in response to the child needing support.

Children's views were responded to and their ideas and suggestions actively sought. For example, children were involved in making decisions about where they wanted to go in the summer holidays and new ideas were planned for based on what children wanted.

The families we spoke with spoke positively about the service and said activities provided were responsive to children's needs and views, were wide ranging and aimed at extending children's independence, skills and life experiences. One family member said staff were usually reliable but on the rare occasion when there were staff absences, backup staff were not always available.

Staff we spoke with gave examples of how they responded to children's changing needs. For example they described how they had effectively engaged social workers to explore and address concerns regarding children's wellbeing. Staff told us where children's needs were such they required two staff to support, the service was able to respond to this. We were told sessions with families were very rarely cancelled and staff reported working flexibly to cover shifts and respond to the changing needs of the service. The registered manager told us that although staff had an allotted amount of time for each family, there was flexibility to extend this based on the family's need.

We saw feedback from children and families was valued and responded to. The registered manager told us annual questionnaires were given to families and children's questionnaires were also used, so that feedback could be obtained. We saw results of the annual questionnaires were analysed and feedback received was highly positive. We saw letters and cards with positive comments about the service and we saw there was no evidence of any complaints having been received. Leaflets about the complaints process were given to families in different formats for children and adults. The registered manager told us the service used the Wakefield MDC policy and procedure for managing complaints and that no complaint had been received. The families we spoke with told us they had no cause to complain but not all families knew how to if necessary. One family member said they had received a leaflet but two other families did not know how to make a complaint. However, they said they would not hesitate to speak with the services manager if they were unhappy with anything and they were confident they would be listened to.

Is the service well-led?

Our findings

The service was led by an experienced registered manager who had managed the service for a number of years. We saw this registered manager was highly organised, put the needs of the families firmly first, but was clearly supportive of the staff and well respected by them. We saw the registered manager was an effective role model for staff and this resulted in high levels of morale and strong teamwork, with a clear focus on working collaboratively. For example, staff told us of a recent team building event, joint working and shadowing arrangements and they reported good communication within the service.

Staff we spoke with described the registered manager's accessibility for support and all felt valued and empowered to do their work with the children. They described clear lines of accountability and quality monitoring in place and they considered the service was very well run. Staff gave us a number of examples of how they had been supported with their health and other personal issues to enable them to work at their best within the service.

The registered manager told us how they highly valued staff and how they recognised the unique skills each staff member brought to the team. Where staff's personal circumstances changed, we saw how the registered manager consulted with staff and made enabling adaptations so as to retain the staff member's skills, experience and knowledge of the children and the service. The registered manager told us staff were encouraged to share any concerns and report to managers so solutions could be discussed together, such as lone working. We saw records of regular staff supervision and these showed children's individual needs and well as staff training needs had been discussed and planned for. One professional we spoke with told us staff were keen to improve and develop their skills.

The registered manager was supported by the service manager and the wider organisation's departments, such as finance and HR. We found the registered manager received regular supervision and annual appraisal; she told us she felt well supported in the role.

We found there was a culture of openness and support for all individuals involves throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they

have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice. For example, the wording in children's care records and daily contact sheets showed staff had a clear focus on children's rights for dignity, respect, independence, equality and safety. We saw the staff handbook contained the statement of the service's values and beliefs and staff meeting minutes showed agenda items had been discussed from a clear values base.

We found children were at the centre of the service and were actively involved in how the service was run. For example, the registered manager told us children were involved in the recruitment of new staff and children were consulted about any proposed changes to the service. We found communication between the service and families who used it to be continuous and effective. For example, there were regular reviews of children's care with the children's and families' involvement clearly documented in care records and contact sheets.

We found the service incorporated best practice and worked with other organisations to this effect. The registered manager told us she was nominated to undertake the IOSH management of health and safety qualification and was waiting for a date to start this. The registered manager and staff we spoke with told us there was strong liaison with other organisations and professionals to ensure information was shared and staff were clear about their responsibilities. We found there were good relationships established with families and other professionals; staff regularly attended and contributed to meetings concerning the children they supported.

The three allied professionals we contacted told us the service was well run and described it as 'fantastic' and 'excellent'. One professional told us waiting lists were very lengthy due to the service being popular and beneficial to young people, although when there has been an urgent request the service has tried to accommodate children's needs.

We found there were robust quality assurance systems in place so managers were aware of any concerns. We saw case file audits were regularly carried out and documented. The registered manager told us a new system had been introduced so coordinators carried out an over and above check of children's case files. The children's files we looked at contained clear information and evidence of quality

Is the service well-led?

audits. We found care files were updated every twelve months as a minimum, but more frequently as children's needs changed. We saw the report on the latest quality survey questionnaires and there were positive responses received.

We looked at Critical Incident Management Group (CIMG) quarterly meeting minutes and saw such discussions aimed to establish themes and patterns arising from incidents, with notifiable events reviewed for learning points which were then discussed with staff.

We looked at how the service reflected on practice and made improvements based upon lessons learned. We saw staff meeting minutes which showed information from incidents was discussed within the whole team. We saw how the service had established more corporate and robust supervision arrangements following a recent incident.