Oxfordshire County Council

Oxfordshire Children - Young People & Families

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

Summary of findings

Overall summary

We undertook an announced inspection of Oxfordshire Children - Young People & Families on 4 August 2016.

Oxfordshire Children's Services is part of the local authority children's department. The service is providing care and support to 157 children and their families who are assessed as having a physical or learning disability. The agency provides a range of services to assist people in their own homes or out in the community. On the day of our inspection 138 children were using the service.

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

Relative's told us children were safe. Staff understood their responsibilities in relation to safeguarding children. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. Children received their medicine as prescribed.

Children benefitted from caring relationships with the staff. Children and their relatives were involved in their care and children's independence was actively promoted. Relatives told us children's dignity was promoted.

Where risks to children had been identified risk assessments were in place and action had been taken to manage these risks. Staff sought children's consent and involved them in their care where ever possible.

There were sufficient staff to meet children's needs. Staff rotas confirmed planned staffing levels were consistently maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Children had enough to eat and drink. Children could choose what to eat and drink and their preferences were respected. Where children had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured children were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and other meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

Relatives told us the service was friendly, responsive and well managed. Relatives knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

The registered manager's vision was echoed by staff and embedded within the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet children's needs and keep them safe.

Risks to children were identified and risk assessments in place to manage the risks. Staff followed guidance relating to management of risks.

Relatives told us children were safe. Staff knew how to identify potential abuse and raise concerns.

Children had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

Children were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Children had access to healthcare services and children's nutrition was well maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated children with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. Children and their relatives were involved in their care.

The provider and staff promoted children's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support children. Children were supported to engage in hobbies and interests.

Relatives knew how to raise concerns and were confident action would be taken.

Children's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

There was a positive culture and the registered manager shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff in the service. Staff knew how to raise concerns.

Oxfordshire Children - Young People & Families

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 was 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 4 August 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting children who use the service. We needed to be sure that someone would be available. This inspection was carried out by one inspector and a specialist adviser whose specialised area is as a children's learning disabilities nurse.

We spoke with ten relatives and four care staff, the deputy manager and the registered manager. We looked at eight children's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's care route through the service and obtaining their views about their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

Relatives told us children were safe. Relative's comments included; "Yes, I have no worries about safety", "I think [child] is safe, yes", "My daughter is very safe" and "Yes she (child) is safe".

Children were supported by staff who could explain how they would recognise and report potential abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I've had lots of training in this area. I would contact my manager and we have an emergency number to call. I can also call social services and the police" and "I'd phone the office and speak to the manager. I have the contact numbers for the local authorities as well". The service had systems in place to investigate concerns and report them to the appropriate authorities.

Risks to children were managed and reviewed. Where children were identified as being at risk, assessments were in place and action had been taken to manage the risks. Risks were assessed as high, medium or low. For example, one child was at risk of becoming upset when out in public. Staff were provided with guidance on how to manage this risk and included explaining to the child and reassuring them. Another child was at risk of running away whilst out with staff. The risk assessment stated 'encourage me to walk appropriately' and 'give me attention and interaction'. Staff we spoke with told us they followed this guidance which they found effective. Other risks managed included mobility, medicine and eating.

Staff were effectively deployed to meet children's needs. Staff rota's evidenced planned staffing levels were consistently maintained. We spoke with staff about staffing levels. One member of staff said, "I've never found any issues with staffing, we cover all visits. I'm never under pressure to do more (shifts) than I want to do". Another said, "There's enough staff to meet (Children's) needs though it can be tight at times".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with children. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. We spoke with the registered manager about staffing. They said, "I am lucky to have an excellent and stable staff team. Many of my staff have been with us a long time".

Children received their medicine as prescribed. Most children were supported with medicine by their relatives. Where children needed support we saw that medicine records were accurately maintained and up to date and stored securely. Records confirmed staff who assisted children with their medicine had been appropriately trained and their competency had been regularly checked. However, one child's medicine was not recorded on an appropriate medicine administration record (MAR). Medicine administration had been accurately and consistently recorded in the care plan but no MAR was in place. This could put the child at risk of not receiving their medicine as prescribed. The registered manager took action and we saw that an appropriate MAR was immediately put in place. All the other care plans we saw had correct medicine records.

We spoke with staff about medicines. Staff comments included; "I've had medicine training and we get refresher training annually. I've no problems with medicines as my competency is checked by a nurse" and "I'm regularly checked which is reassuring".

Good

Is the service effective?

Our findings

Relatives told us staff were well trained and supported children effectively. Relative's comments included; "The regular carers know them (children) really well and know how to care for them", "Staff are well trained, perfect" and "Yes they have the knowledge. All the staff know exactly what to do and they are all qualified".

Children were supported by staff who were knowledgeable about their needs and interests. For example, one child had difficulty verbalising. The care plan described how the child used alternative methods to communicate such as gestures and expressions. The care plan stated 'I use visual prompts' and 'I will point if I am unable to explain to you what I want'. We spoke with a staff member who supported this person. They said, "The care plans are great. One child I look after has difficulty speaking but their gestures and meanings are in the care plan and we communicate using them". The member of staff had a clear understanding of this child's needs and how they communicated.

Children were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction programme and completed training when they started working at the service. A large proportion of the staff had national qualifications in care. The training included safeguarding, moving and handling, management of medication and infection control. Staff also received training relevant to children's specific needs. For example, training had been provided by physiotherapists, occupational therapists and nurses relating to children's physical and emotional wellbeing. Staff spoke positively about the training they received. One said, "The training has been 100% brilliant. Especially the training around autism".

Staff told us, and records confirmed, they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested further training in 'challenging behaviour' and we saw this training had been completed. We spoke with staff about the support they received. Comments included; "I find supervision meetings useful. I requested work life balance changes to my schedules and it was not a problem" and "I definitely get good support. It's why I have stayed here so long. Supervisions are good for discussing any issues".

Staff were monitored in the work place by senior staff who observed staff providing support. Records of monitoring were maintained and fed back to staff. For example, one record stated '[Staff] demonstrated clear and appropriate communication'. Staff monitoring also fed into staff supervisions enabling staff to develop their practice.

We asked staff about consent and how they ensured children and their relatives had agreed to support being provided. One staff member said, "I always ask for consent. Where children challenge their parent I work with them to find a solution". Relatives we spoke with told us they had given consent to care and records confirmed consent to care had been obtained. One relative said, "The staff know exactly what [child] likes and dislikes but they always ask her first".

Children were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating children's care and treatment. These included GPs, dentists, opticians and physiotherapists. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in care plans. One relative said, "We are supported with the specialists like speech and language therapists (SALT) and occupational therapists. No problem".

Children's changing needs were responded to by the staff. For example, one child's condition could fluctuate. We saw that staff had received specific training relating to this child's condition where specialist equipment was sometimes used to support the child. Staff received guidance on the use of this equipment and were reminded that only 'staff trained by the nurse' could support this child. Where children's conditions changed we saw staff referred children to healthcare professionals for advice and guidance. All referrals were recorded and advice was followed.

Children had enough to eat and drink. Care plans contained information about their dietary preferences and details of how children wanted to be supported. For example, one child had stated 'I like crunchy food'. One care plan highlighted 'I need encouragement with using cutlery as at home I use my fingers to eat'. Any allergies or special nutritional information was highlighted in care plans. Most children were supported to eat by relatives or could eat independently. Where children did need support care plans provided guidance on how they should be supported effectively. A staff member said, "I have no one with eating difficulties but I have no problems supporting my young clients with nutrition". A relative said, "I have no issues with the support we get with eating and drinking".

Children received effective care. Where children had difficulty communicating, care plans contained a 'communication passport'. The passport highlighted headings 'what I say, what I do, what I mean' and 'what I need'. Under each heading were descriptions of actions, behaviours and explanations which provided staff with information on how to support and understand the child. For example, one stated if the child was 'pointing, screaming and hitting out' they were unhappy and needed 'time and space'. Where children had difficulty communicating they could become frustrated and present behaviours that may challenge. Where this was the case care plans listed triggers and warning signs to this behaviour and staff were provided with 'diffusing techniques' to resolve situations. For example, one child would respond to being given time to themselves and being removed from the situation. Staff were also instructed to distract the child and provide reassurance. Each child had their own unique set of support plans for behaviours. 'Behavioural management plans' were used to record any incidents and allowed staff to monitor changes to the child's behaviour.

Good

Is the service caring?

Our findings

Relatives told us children benefitted from caring relationships with the staff. Comments included; "Oh yes they (staff) are very caring", "Very caring, [child] loves her carers" and "[Child] get amazing support. I cannot praise the staff enough".

Staff spoke with us about positive relationships with children and how they enjoyed working at the service. Staff comments included; "I love it, absolutely love it. I love making a difference for the children and their families", "I just love working with the kids" and "I couldn't describe how much I love this work. It is in my heart to do this".

Children's dignity and privacy were respected. When staff spoke about the children or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. One member of staff explained how they promoted children's dignity. They said, "I do this by listening to what they want and need and respecting those choices. I make sure any personal care is private. I treat them how I would expect to be treated myself".

Staff actively encouraged and supported children to be independent. For example, one child's care plan stated 'please help me to develop self-help and independence skills'. The care plan listed what the child could and couldn't do. We spoke with a staff member who supported this child. They said, "I try all the way to promote their independence. I get one young client to choose their own food and what to wear. Small things but it helps their independence". Another staff member said, "I get them (children) to do as much as possible themselves. I give choices on where to go, what to do and what to wear". One relative told us how their child's independence had grown. They said, "They do promote independence. [Child] can now go into a shop herself and choose and buy things. She has really progressed".

Children and their relatives were involved in their care and reviews of their care. We saw care plans had been written with the involvement of children and their relatives who told us they attended regular review meetings. One staff member told us, "They (families) make as many decisions as possible". Relatives commented on being involved. Their comments included; "We attend all the meetings we can", "I am involved and the staff can handle any new situation" and "I am very involved in [Child's] care and my input is sought by staff".

Children and their relatives were provided with schedules of visit times, care being provided and what staff was attending. Where changes to schedules occurred the service contacted the relatives and informed them. For example, if a staff member was sick. Relatives confirmed the service contacted them with any changes to schedules and told us they were provided with regular information updates.

The provider ensured children's care plans and other personal information was kept confidential. Children's information was stored securely at the office and where staff left their desks computer screens were turned off securing information. A 'sharing information' sheet was provided for relatives. This gave details of when and to whom personal information would be shared and why. Family's rights relating to information sharing

were listed along with contact details for families to obtain further information.

Good

Is the service responsive?

Our findings

Children's needs were assessed prior to receiving a service to ensure their needs could be met. Children and their families had been involved in their assessment. Care records contained details of children's personal histories, likes, dislikes and preferences and included their preferred names, interests and hobbies. For example, one child's care plan stated they 'enjoyed photography' and 'music of any kind'. Another child had stated 'I love the computer' and 'I like playing with soft toys'.

Children's care records contained detailed information about their health and social care needs. They reflected how each child wished to receive their care and gave guidance to staff on how best to support children. For example, one child's plan contained guidance on how they wished to be supported with personal hygiene. The care plan stated 'I need assistance when brushing my teeth'. Staff were guided how to support this child to brush their teeth. Another child had expressed their preferences relating to staff. They had stated if they knew the staff member then they needed only one member of staff to support them but two members of staff otherwise. The registered manager and staff rotas confirmed this child's preference was respected.

Care plans were personalised and reflected people's needs and preferences. One child had difficulty verbalising and used signs and body language to communicate. Their care plan described what different signs and gestures meant which assisted staff to respond appropriately. One staff member said, "This child cannot speak but I know how to communicate with them and we do so without trouble". Visit schedules contained details of children's preferences. For example, 'what time I get up' and 'what time I go to school'. This meant children's routines could be consistently maintained to support their wellbeing.

Children were supported by staff that understood, and were committed to delivering personalised care. Staff explained to us how they assisted people with their personal care to suit their individual preferences. Staff comments included; "This is what is in place for that individual child and our support plans reflect this. It's about getting to know them and how they like things done" and "This is about care meeting individual needs as they are all different".

Children were encouraged and supported to engage in activities and maintain community links. Care plans detailed children's interests and hobbies and daily notes evidenced they were supported to pursue them. Relatives confirmed children were supported to pursue their interests and hobbies. One relative said, "[Child] is taken by staff to the day centre. He really looks forward to it". Another relative said, "The staff know what [child] likes. They are amazing with her". Other activities children enjoyed included; bowling, the cinema and going to the park. One relative commented on how the support their child received impacted on their life. They said, "I would not be able to manage in school holidays without them because I have two children with special needs, both needing one to one care".

Children and their relative's opinions were sought. 'Client satisfaction questionnaires' were sent to children and relatives asking questions about all aspects of care and support. The questionnaires were provided in an easy read format that would enable children to participate. All the responses were saw were extremely

positive about the service. Children and their families were informed of the survey results.

Children and their families were provided with details of how to raise a complaint. Details on complaints were held in the 'service user guide' which was given to families when they joined the service. The guide was written in an easy read picture format that children would be able to understand and enable relative's to raise a concern. Contact details for local authority advocacy services were also listed. There had been no complaints recorded for 2016. Historical complaints we saw had been investigated and resolved in line with the provider's complaints policy. Relative's told us they knew how to complain and they were confident action would be taken to resolve any issues. Relative's comments included; "Yes I know how to complain but I've never had to", "I would go to the top manager. She would sort things out. I have an excellent relationship with [registered manager]" and "I'd call the manager and I am confident they would address my complaint".

Good

Is the service well-led?

Our findings

Children's relatives knew the registered manager and spoke with us about how the service was managed. Relative's comments included; "The manager is really fine, it is all good", "Yes she (registered manager) is very good", "The service is well led, I rely on them and they don't let me down" and "The manager is excellent and the service is perfect".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "The manager is 100% supportive, very professional", "I get on with [registered manager] really well. She is supportive and very honest. She has been great for this service and changed things for the better", "[Registered manager] is absolutely amazing. The office staff are brilliant as well, so supportive" and "This is a fantastic service. The manager and colleagues are so supportive. I am blessed to be working here".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager and staff spoke openly and honestly about the service and the challenges they faced.

The registered manager told us about their vision for the service. They said, "I want to establish a stable management team and retain our excellent staff to be able to empower the children and get their voice heard".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends and ways to improve children's care and safety. For example, one child had attempted to leave their secure environment placing themselves at significant risk. The child could present some extremely challenging behaviour and staff ultimately had to restrain the child to keep them safe. Staff supporting this child had been trained in the 'team teach' methods of restraint. Following this incident the child's care was reviewed and as a result, staffing support levels for this child were increased. The registered manager said, "Things have improved but we will closely monitor this situation as the child safety is paramount".

Staff told us that learning from accidents and incidents were shared through staff meetings and briefings. One member of staff said, "Yes we do share learning. We get immediate email updates and regular staff meetings where learning is shared. We also maintain communications books which are useful too". Records evidenced staff meetings were held and learning shared at these meetings. For example, one meeting recorded a health and safety issue was discussed and action was taken to address the issue. Children's care was also discussed and included any family issues that may have affected children.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care including risk assessments, care plans, training and medicine records. Audit results were analysed and resulted in identified actions to improve the service. Visits and visit schedules were audited to look at any late visits and identify patterns and trends. The registered manager used the results to modify schedules to ensure late visits were kept to a

minimum. Audits were also conducted by 'patch managers'. These were senior staff who managed areas within the service. However, the audit systems had not identified our concerns relating medicine records. The registered manager said, "I will take medicines out of the general audit function and create a separate medicines audit". Later, during our visit we saw a medicine audit plan was being put in place.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.