Barnardo's

Barnardo's Disability and Inclusion Support Service

Inspection report

20 Bewick Road
Gateshead
Tyne and Wear
NE8 4DP

Tel: 01914784667
Website: www.barnardos.org.uk

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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

This inspection took place on 8 and 10 November 2016 and was announced. We had previously carried out an inspection of Barnardo's Disability and Inclusion Support Service in January 2015 and found breaches of legal requirements. We then inspected the service in November 2015 and found the provider had taken action to meet the legal requirements in relation to staff training and the governance of the service.

At this inspection we judged that the necessary improvements had been sustained and have changed our rating of the service.

Barnardo's Disability and Inclusion Support Service provides short and longer term services which include provision of personal care to children and young people with disabilities and support to their families. At the time of our inspection services were being provided to 13 children under 18 years old.

The service had a registered manager. 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.

We found the care and support of the young people was well-planned to protect their personal safety and welfare. The service took steps to reduce risks and make sure that care was safely provided both in and outside of the home. Established processes were in place for preventing abuse and reporting any safeguarding concerns.

A thorough recruitment process was undertaken to ensure new staff were properly checked and vetted before they were employed. There was enough staffing capacity to deliver and co-ordinate the care services. Each person and their family had their own allocated sessional and project workers for continuity of care and communication.

The staff were supervised and given appropriate training to enable them to provide effective care. Staff worked closely with families and other professionals in supporting young people, where required, with their health needs. Suitable arrangements were made for managing medicines.

Wherever possible, services were provided flexibly to accommodate individual needs and requests. A proactive approach had been adopted in monitoring staff performance and obtaining feedback about people's care experiences. There was a good level of satisfaction with the service and no complaints had been received.

Staff were given sufficient time and information to provide the support needed. Supportive relationships had been developed and we were told workers were caring and respectful. Care was taken to offer choices and promote the young people's dignity and independent skills.

Care plans were personalised, agreed in consultation with the family and regularly reviewed. The service supported many of the young people to participate in social activities and access the community.

The management team provided leadership to staff and worked in partnership with the young people, their families, and other stakeholders. Structured methods to continuously assure and improve the quality of the service had been developed.

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.

Appropriate systems were in place to prevent young people using the service from being harmed or abused.

There were sufficient staff employed to deliver safe and consistent care.

Suitable arrangements were made for providing support with medicines.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to carry out their caring roles.

Care was given with parental consent, where relevant. Staff were trained and had guidance on upholding young people's rights under mental capacity and children act law.

The service worked collaboratively in supporting young people with their health care needs.

Is the service caring?

Good

The service was caring.

Caring relationships had been formed between staff, the young people they supported and their families.

Staff were respectful and provided dignified care.

Young people and their families received information about the service and were fully involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care planning was centred on meeting the needs and preferences of the individual.

Staff supported many of the young people to take part in activities they enjoyed.

The service informed people about the complaints procedure. No concerns had been raised.

Is the service well-led?

Good

The service was well-led.

There was good governance and the service was well-co-ordinated.

Management and staff were committed to working inclusively to develop the service.

A range of checks were carried out to ensure the standards of the service were maintained.

Barnardo's Disability and Inclusion Support Service

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. We checked if improvements to meet legal requirements had been sustained following our last inspection in November 2015.

The inspection was announced and took place on 8 and 10 November 2016. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider had 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 PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted commissioners of the service.

During the inspection we met and talked with the assistant director, the registered manager, two project workers, the administrative team and a social work student. We spoke with a parent, a guardian and two sessional workers by telephone to obtain their views about their service. We looked at three care records, staff training and recruitment documents and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

A parent and guardian told us their young people had dedicated sessional workers who they felt safe and comfortable with. Their comments included, "[Name] gets two-to-one support", "We've never had any issues with the way they talk to or treat [name]" and, "[Name] needs some help with moving and handling and it's done safely."

Information given to families by the service included a child protection statement and an easy read, pictorial policy about young people's rights to be safeguarded from abuse. At times, the service supported children and young people who had been identified as being at risk of harm or abuse. The registered manager told us in these instances the service worked to the local safeguarding authority process and had regular two way contact with social workers. They said the service was open with families about the duty of the staff to prevent harm and report any safety concerns.

Staff were introduced to the provider's procedures for safeguarding and whistle-blowing (exposing poor practice) during their induction. They were made aware of professional boundaries, the safeguarding code of conduct and safeguarding posters were displayed within the service for reference. A 'duty of candour' policy had been developed and details had been shared in the staff newsletter. The duty of candour regulation requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

There had been no safeguarding alerts raised about the service in the period since our last comprehensive inspection. The staff we talked with confirmed they had received safeguarding training and understood their responsibilities in escalating any concerns. A procedure was followed on those occasions when staff handled people's money, which included recording transactions and ensuring receipts were obtained.

Steps were taken to ensure the personal safety of the young people supported by the service. Each person's care plan included assessments of the risks associated with their vulnerabilities and care delivery. These addressed support with moving and handling, safe use of equipment, environmental factors, behaviours, and each of the activities undertaken outside of the home. Parents or guardians had signed risk assessments to confirm they agreed with the measures to reduce risks. Risk management was reviewed every three months to ensure all necessary measures were in place.

Staff rarely needed to routinely provide support with the handling of medicines. However, they received medicines training every two years and methods were used to assess their competency, including observing practice and testing their knowledge. Care plans prompted any support with medicines to be stated and charts were available to record the administration of medicines. The registered manager told us they had a system for returning medicines charts to the office for auditing purposes. At present, the only support required was in the event of emergency rescue medicines being needed. Staff were provided with specific guidance on how to administer these medicines. Appropriate arrangements were made for the medicines to be carried securely when supporting the person in the community.

Sessional staff were trained in safe systems of work, supplied with work mobile telephones and carried small first aid kits. Any accidents and incidents that happened, including staff intervening to prevent or manage potentially harmful behaviour, were fully reported. These were recorded in detail with a body map to highlight any injuries sustained. The registered manager reviewed and followed up on all incidents and a format for analysis had been introduced.

The service was assessed annually, using a thorough, evidence-based tool to check compliance with health and safety requirements. The last audit had rated the service 'very good', with three areas of remedial action, which had since been completed.

There was on-going recruitment to meet the demand for services. A project worker told us four new sessional staff had recently been appointed. We found that all necessary pre-employment checks had been conducted to ensure the suitability of new staff. These included completion of an application form, obtaining proof of identity, references and a Disclosure and Barring Service (DBS) check which was updated every three years. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

At the time of the inspection there were around 100 hours of weekly service provision which were co-ordinated and provided on a sessional basis. The registered manager told us staffing capacity was constantly checked against the availability of sessional workers, as some had other employment or were in further education. There was sufficient capacity to deliver the service and at times to increase staffing, for example in response to a young person requiring additional support.

Each person and their family had one or more dedicated sessional workers. In the event of absence, they had been asked whether they wanted a suitably skilled replacement worker. We received positive comments about the reliability of sessional workers. These included, "The workers have always turned up and I know in advance who is coming. Two workers are needed to support [name] in the community" and "There's been no sessions missed. They're very punctual and reliable."

No missed sessions had been reported and a system was now in place for staff to send texts to the office to verify the start and end times of each session. An on-call system was operated that enabled families and sessional staff to contact the service in the evenings and at weekends. This included a line manager being on duty to support with any emergencies, queries or changes to the service's arrangements.

Good

Is the service effective?

Our findings

A parent and guardian told us they were satisfied with the care and support provided to their young people. Their comments included, "We've had a good experience right with them from the beginning" and "[Name] always seems to have had a good time with the workers and it gives me a break."

New staff were provided with induction training to prepare them for their roles. This was aligned to the 'Care Certificate', a standardised approach to training for new staff working in health and social care. Staff also received a handbook that informed them about the provider's key policies and the standards and conduct they were expected to adhere to.

A record was maintained electronically to provide an overview of all training that had been completed by the staff team. This had links to individual training records and certificates. Training was a mix of classroom courses, e-learning and workbooks with knowledge tests. Staff had received mandatory training in safe working practices such as moving and handling, first aid and the due dates for when courses needed to be refreshed. Other training provided during 2016 had included risk assessment, child protection, mental capacity law, equality and diversity, and data protection. Any specialist training required to meet an individual's needs was delivered and signed off by health care professionals. Training was monitored to make sure all staff had undertaken the necessary courses in line with the needs of the young people they supported.

Each of the staff we spoke with were positive about the training and support they received. They told us, "It's a nurturing environment to work in, with plenty of training and good professional development", "My induction was great" and "I'm really well supported, get all kinds of training and have regular supervision." A social work student told us they had benefitted from their placement at the service and said, "I've learned a lot about the different work Barnardo's does."

Staff confirmed they were given individual supervision every three months. Competency observations of sessional workers had commenced, during which checks were made of the standards of care and support they provided. Consideration was being given to these observations forming part of the staff supervision process. Appraisals were also being built into the process to review the performance of longer standing staff members.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service worked within the principles of the MCA and Childrens Act legislation. The provider had developed policies and procedures on mental capacity law which were relevant to children and adults. The registered manager understood their responsibilities in ensuring people's rights were

upheld when they were unable to make important decisions about their care and treatment. Training on the MCA had been provided to all staff to make them aware of the implications for their practice.

We saw families were consulted about and had agreed to care plans, including the ways in which risks would be managed. Parental consent was obtained where appropriate.

The service did not advocate the use of restraint or excessive control. Staff were given 'team teach' training that equipped them with skills in de-escalation and using minimal physical intervention techniques. Care plans provided clear directions for staff about the ways to deal with potentially harmful situations. These included details about the individual's communication, any known triggers that should be avoided, and an emphasis on positive behavioural support. Where necessary, sessional staff worked in pairs to enable young people to be safely supported.

Any support with nutritional needs and risks were assessed and care planned. No special diets were currently required and we were told in this event that advice would be taken from the person's dietitian or speech and language therapist. In the past, the service had supported young people who needed PEG feeding (where food and supplements are provided through a tube in the abdominal wall into the stomach) and had trained staff accordingly.

Information about medical history and current health issues were captured as part of the service's assessment process and set out in care plans. For example, the protocol that staff must follow if a young person with epilepsy had a seizure. At times, specific guidance had been provided by other professionals involved in the young person's care, such as giving staff detailed instructions in relation to their moving and handling needs. The registered manager told us staff often worked closely with healthcare professionals including school nurses, an occupational therapist and a diabetes paediatric nurse. Project workers also attended multi-agency reviews and case conferences to contribute to the young people's care being properly co-ordinated.

Good

Is the service caring?

Our findings

The registered manager told us each young person and their parent(s)/guardian had a service agreement that gave them named sessional workers. Workers were always introduced before services started and phased introductions took place, wherever possible, when any new workers were allocated.

The service aimed to match people with sessional workers according to gender and maturity preferences and the workers' skills, aptitude and interests. Examples given included providing staff who were well experienced in positive behaviour management and matching a worker with similar interests to a young person who enjoyed games and technology. The service had also previously involved young people in the recruitment process of new sessional workers.

Sessions were never arranged for less than an hour's duration. Most of the current sessions were for two hours, with an emphasis on building trust and relationships and giving staff enough time to provide the young person's support. We were told that workers would be changed if there were difficulties with compatibility. Staff confirmed they were able to get to know the young people they supported well. They felt they had a good rapport and had formed supportive relationships with them and their families.

A parent and guardian spoke positively about their dedicated sessional workers and the continuity of service they received. They told us, "We do get on very well with them" and "They're very caring and respectful. We've formed a good relationship. I'm happy and relieved to have the support." An administrator also told us they felt the sessional workers they came into contact with were, "Very caring and committed."

Young people and their families were given welcome packs to ensure they had information to refer to about the provider's values and what to expect from using the service. A parent and guardian told us they had named project workers who were their main contacts and regularly carried out care reviews. They said they had contact details for the service, felt there was good communication and confirmed they were involved in care planning.

The registered manager said the service worked with families and social workers and rarely needed to have involvement with independent advocacy services. They told us they could signpost access to advocacy services if required and had links with children's rights officers from the local authority if advice was needed.

We saw that the outcomes to be achieved from each person's service were clearly stated in care plans. In addition to meeting personal care needs, the outcomes included aims of increased confidence and ensuring the person was offered or given opportunities to make choices. Comments from the young person and their parent/guardian were sought at the end of each session and documented. Staff also observed and recorded the young person's reactions to their support, such as where they had enjoyed a particular activity and showed this through 'lots of smiles and giggles.'

Feedback from families about their experiences of the care and support was obtained during the

competency observations carried out with staff. The observations were meaningful and included looking at the ways in which sessional staff demonstrated caring approaches through their interactions and communication. For example, it had been noted how a worker had actively listened, talked through the fears a young person had and given them reassurance. In another instance, a worker had been observed to discreetly maintain a young person's dignity when they had a continence accident, supporting them without drawing attention from others in the vicinity.

Methods of preserving privacy and dignity were incorporated into the training that staff received on delivering personal care. In records we saw that care was taken to strike the right balance between safely supporting young people with disabilities and promoting their independence. A project worker told us, "We'll do things like encourage travelling by public transport, where this is safe and appropriate."

Staff spoke warmly about the young people they supported and took pride in their work. Their comments included, "They are great kids" and "We work well together." One worker described recent praise received from a family about how beneficial they had found the support to be. They no longer needed the service and the worker viewed this as a success.

Good

Is the service responsive?

Our findings

A commissioner of the service told us, "Barnardo's respond within timescales to service requests, whether they are able to offer a service or not. If they are unable to offer a service then they will opt out and provide a reason."

We saw that the timings of sessions were agreed with families to fit in with when they needed support. The registered manager told us services could be flexible, such as accommodating requests for changes in the times and length of sessions. There was also some ability, where appropriate, for hours to be banked, used flexibly and increased when additional support was required. A young person's guardian commented, "They almost always manage (to provide two workers) and they've let me know any time they can't. It's not a problem and we just arrange for making up the time on another day."

We saw thorough assessments had been carried out of the young people's needs and any risks involved in providing their care, before services were offered. Background information and family history was gathered and shared with the allocated sessional staff. Each young person had a care plan that was tailored to meeting their individual needs. The plans were well-recorded and gave staff detailed guidance about the personal care and other support to be provided.

Staff told us they were given enough information to help support them in providing the young people's care. A sessional worker said, "I regularly support families in times of crisis. The project workers make sure we get all the necessary information and we'll often work with the school and other professionals." A project worker told us, "We usually get enough information about the person's needs and preferences. If not, I'd always pursue anything that wasn't clear with the social worker or health professional."

Many of the young people who used the service received support time outside of the home, focused on assisting them to take part in activities and accessing the community. A varied range of activities were undertaken including swimming, visits to places of interest, shopping centres, parks, and a specialist recreational facility designed for people with disabilities and sensory impairments. A guardian told us, "[Name] now tells them where he wants to go." The registered manager said they were looking at the amenities within the office being used for planned social activities and themed events in the future.

We saw that workers reported on the well-being of the young person and the support they had given at each session. They confirmed they had followed the care plan, what outcomes had been achieved and answered key questions about the care provided being safe, effective, caring, responsive and well-led. The service also instructed the sessional staff that they must record comments contributed by the young person and/or their parent/guardian to evidence they had gained their feedback.

A parent and a guardian confirmed the service had a system for reviewing the young people's care at three monthly intervals. They told us they also had contact with their project workers at other times. A parent said, "They kept me updated about what was happening when one of our workers was leaving." We saw the records of reviews gave a comprehensive account of the discussion that had taken place. This included

checking each of the agreed aims of care was being met; feedback from the person, their family and other professionals; and whether the 'one plan' and/or staffing arrangements needed to be adjusted following any changes.

People and their families had been informed about the provider's complaints procedure. The parent and guardian we spoke with were happy with the support provided and did not have any concerns. The registered manager told us no complaints had been received about the service in the past year. They showed us that any complaints raised would be acted on, following a process of acknowledgement, conducting a full investigation and giving a written response. A further stage of investigation was offered as a resolution where a complainant was not happy with the outcome of the initial investigation.

Good

Is the service well-led?

Our findings

The service had an experienced manager who had been registered with the Care Quality Commission (CQC) since 2011. The registered manager understood their management responsibilities and ensured they kept the CQC informed of any events that affected the service. The provider had displayed the CQC's rating of the service on their website and in the service, as required, following the publication of the last inspection report.

The registered manager received support from the assistant director and could call upon officers within the organisation for advice on health and safety, human resources, business development, safeguarding and finances. They told us they kept abreast of good practice and legislative changes. They described working in partnership with local authorities, attending provider forums, had links with another of the provider's care services and participated in a manager work group specific to meeting CQC requirements.

The registered manager was supported in their role on a day-to-day basis by a defined management structure of co-ordinators and project workers with delegated responsibilities, and an administrative support team. A project worker confirmed there were fortnightly meetings to plan and co-ordinate services and that monthly team meetings were held.

The management team told us that when incidents occurred they had debriefings with staff that included looking at the lessons which could be learned for future practice. This had led, for example, to more training provision for staff in positive behaviour strategies to improve safety and reduce incidents. Staff also cascaded their learning to the young people, where appropriate. For instance, some staff had completed internet safety training and worked with young people during a holiday scheme to raise their awareness.

The staff we talked with spoke highly of the leadership and support they received. Their comments included, "The manager is approachable and nothing is too much trouble for her", "There's good team work and morale. No-one is precious about their work and the senior staff share their skills", "It's a good organisation to work for", "I'm comfortable in approaching the management about anything", "The communication is fine and I'm given plenty of notice about any changes", "We've all pulled together to make improvements" and "I'm happy in my work and get on well with [immediate supervisor]."

The organisation's values were displayed in the office and reinforced with staff both before and after they were employed. The provider made benefits available to staff including access to coaching and an external employee assistance programme. Individual staff could be awarded an honorarium payment in recognition of their work. We were told one of the administrators had been nominated for this to acknowledge additional work undertaken that had supported the running of the service.

The registered manager told us they continued to look at methods of communicating with the sessional staff who worked remotely. They said there had not been much take up recently of the peer supervision groups which had been set up for learning and sharing. They had tried 'drop-in' sessions for staff, though these had not proved to be successful. Newsletters were still being produced to disseminate information

and give updates about the service and upcoming training. A staff event was being planned and a closed group on social media was being considered as further means of enabling communication with and between staff.

The service had established ways of working inclusively with young people and their families. They were involved throughout the assessment, care planning and review process and had regular contact with the project workers and office-based staff. Families received surveys every three months to enable them to give their opinions about the service. Whilst only a small number had been completed, the findings of the latest surveys were very positive. We were told that a 'you said, we did' would be formulated if any negative comments were received, to show the service's commitment to listening to and acting on feedback. There was also a Barnardo's young person's advisory group that helped influence services which people could join.

Many of the quality assurance methods were centred on the CQC's five key questions with a view to demonstrating evidence of how the service met standards. This had been strengthened by the introduction of a team member with a lead role for assessing the quality of staff performance.

During our last inspection we had been given assurances of senior management oversight of the quality of the service. At this visit we saw a continuous system had been implemented. Every three months the registered manager scrutinised the content and quality of records to validate the care that people had received. Quarterly reviews were carried out which included checking key performance indicators and the achievement ratings given to each young person's care plan outcomes. Data from the latter was used in the provider's national reports, when tendering for new services, and to inform regional quality assurance. The assistant director had also conducted an annual 'quality assurance framework' to assess and evaluate compliance with the overall standards of the service.

Personal care services were able to be given to children and young adults with physical and learning disabilities. To date, care had predominantly been provided to children under 18 years of age. A review had however started of policies, procedures and the information the service provided to people, to make sure all were applicable to both children and adults.

In recent months, the service had achieved accreditation with Investors in Children. Further planned developments included exploring assistive technology to support young people who did not communicate verbally, and arranging stakeholder surveys.