

Blackburn with Darwen Borough Council

# Domiciliary Support Services for Children and Young People

## 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

The service is registered to provide personal care for children. Currently the service looks after five children. This is a sitting service which meant staff were only responsible for looking after children to give parents a short break. This was usually for no more than a half day a week, although parents told us staff were flexible and if

the child wanted to go somewhere which took longer staff would arrange the hours in a way that balanced during two weeks or would come on a day other than their usual visit day.

We last inspected this service in April 2014 when the service met all the standards we inspected.

# Summary of findings

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on maternity leave but came in during the inspection to assist the member of staff who was in charge.

We looked at staff files and the training matrix. We found staff were robustly recruited, trained in topics relevant to the service and were in sufficient numbers to meet children's needs. There had not been any new staff employed by the service for some time which meant children who used the service were familiar with the sitters who looked after them.

The parents of children applied to the service who sent staff to assess the child's and family's needs in depth. A sitter, who it was thought was suitable met the child and the family. The sitter was supported by a member of staff. If the child, family and sitter got on well they looked after the child whilst parents had a short break. Staff regularly checked to ensure the arrangement were working well. Parents we spoke with told us they had a good relationship with the sitter and staff who ran the service.

Sometimes staff took children out for meals. The matching process ensured staff were aware of any cultural or dietary needs the child may have and went to appropriate places to dine.

Staff were not responsible for the administration of medicines.

This was a sitting service for the parents of children who have a disability. Staff were not responsible for any action under the Mental Capacity Act (2005). This was because the act does not include children. Furthermore staff are not responsible for the general welfare of the children who live with their parents. The average time staff spent

with the children was 3 – 6 hours per week. The staff we spoke with had been trained in safeguarding topics and the parents we spoke with said staff followed safe practice and could be trusted.

The care service operated out of a shared office block and was not responsible for the upkeep of the building. Electrical equipment had been tested and there were suitable tests and arrangements for fire prevention. The offices were modern and contained sufficient equipment such as computers, telephones and desks. The offices were shared with other organisations but there were rooms for private conversations, training and public meeting rooms. We talked with two sitters and three parents in a private room.

Plans of care were individual to each child and had been regularly reviewed to keep staff up to date with any changes. The sitters who took children out completed a log book which recorded what they did, where they went and if any meal was taken. A family member signed the log after each visit and staff audited them to ensure the service was running smoothly.

Children were provided with meaningful activities and outings. The outings were developed over time and were dependent upon how much the child enjoyed and participated in them.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

Children and their parents were able to voice their opinions and tell staff what they wanted in meetings, in their weekly outings and by completing a booklet. Parents told us they felt able to raise any concerns but did not have any. They said the registered manager was very approachable.

We saw there were systems for the registered manager to analyse incidents, accidents and compliments to improve the service or minimise risks. There had not been any concerns or incidents since the last inspection.

# 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 systems in place for staff to protect children. Sitters had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol. The parents of two children said they were looked after safely.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

There were safe systems for matching children who used the service with their sitters. Staff visited families to check their homes were safe for sitters to visit children and to ensure there was a relationship building up between sitter, children and their families.

Good



### Is the service effective?

The service was effective. This was because sitters were suitably trained and supported to provide effective care with staff support.

Care plans were amended regularly following meetings with family members. The meeting to update the plan included care staff, professionals, sitters and at least one family member.

Sitters were aware of any specific dietary or cultural needs of the children they looked after. If there were any specific needs sitters from a similar background usually looked after the child.

Good



### Is the service caring?

We spoke with three parents of the children who were looked after by this service. They told us staff were reliable and caring. One child who used the service told us she liked her sitter very much.

We spoke with two of the sitters who looked after the children. We looked at some of the things they had done with their child and the log books. We saw that they enjoyed what they did and cared and contributed to the child's development.

Good



### Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. Parents of the children who used the service told us they had no concerns but they could contact staff or management at the service if they did.

During any reviews staff and professionals from other organisations were invited to attend. This included staff from the schools children attended such as a special educational needs teacher, a child support officer, parents, sitters and the services own staff. This meant all the people involved in the care of the children were able to respond to the needs of each individual.

Good



# Summary of findings

## Is the service well-led?

Both the parents of the looked after children and sitters told us the registered manager was approachable.

There were specific policies and procedures for this service which matched what was provided. Sitters had to sign an agreement to say they had read and understood them.

Good



# Domiciliary Support Services for Children and Young People

## Detailed findings

### Background to this inspection

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

The inspection team consisted of one inspector and was conducted on the 27 May 2015. We informed the service of our visit, which we are allowed to do for domiciliary services, two days prior to the inspection and to arrange to meet sitters and family members.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. At this inspection we were not able to request a

Provider Information Return (PIR) in time for the service to respond. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with three parents of children who used the service, two of the four sitters employed by the service, a staff member and a registered manager. We looked at the care records for three children who used the service, two log books and four staff files. We also looked at a range of records relating to how the service was managed; these included training records, documents relating to the provision of the service and policies and procedures. We visited the office and met three parents, one child and two sitters who kindly came in to see us.

# Is the service safe?

## Our findings

One parent told us, “Our carer is very good. She is reliable, always early. We can trust her and she keeps her safe.” Two parents visiting with a looked after child said, “She comes twice a week to give us a bit of respite and is very reliable. She is very flexible to our needs and keeps our child safe. She is trustworthy.”

Both sitters we spoke with said they had received training in safeguarding children. Both staff said they were aware of reporting any issues but had not had to. The service used the Blackburn with Darwen safeguarding procedures to follow a local protocol. Staff had to sign an agreement, part of which was around policies such as the confidentiality policy to help protect the children in their care.

Any risks to the child were minimised at multi-disciplinary meetings. These are meetings where topics such as care, diversity and outings were discussed. Full consideration was given to what the child and family wanted from the service and a plan formulated on how to achieve this with the right sitter and activities undertaken in the safest way.

All the children were given one to one support and not left alone.

We looked at four staff files. We saw that recruitment was robust and sitters and staff employed by the service had to undergo checks to ensure they were suitable to work with vulnerable children. The checks included a Disclosure and Barring check (DBS), this would let the service know if someone had a criminal record or been judged as unfit to work with vulnerable children, a past history of education, work and general background, two written references and a person’s proof of address and identity. The information was

put before a panel for them to make an informed choice around employment. This did not automatically give prospective sitters the chance to look after children. A planned introduction and matching process had to be undertaken. If the child, family and sitter were all happy with the arrangement they would commence looking after the child.

Staff had to sign a safe care agreement. This gave staff all the information they needed to provide safe and appropriate care and also the telephone numbers they may need in an emergency or for information.

Normally care staff administer or prompt medicines. However, due to the short periods of care and the nature of the care provided sitters did not. Families were responsible for the administration of medication or hospital visits/appointments.

Staff and sitters had access to policies and procedures for the control of infection. However, again staff were not responsible for what occurred in people’s own homes. Staff were taught the principles of good hand washing and knew they could report any infection control issues to management. If necessary a looked after children’s support worker could be contacted.

We conducted the inspection from the modern office. There was access for people with a disability. There were other organisations within the building and each service could book rooms for training or private meetings. There was a system for reporting and having faults repaired and for fire prevention. Fire alarms and equipment were serviced and fire drills undertaken to protect staff. There were computers with email access, telephones, printers and all the usual equipment to manage a working office.

# Is the service effective?

## Our findings

One parent with a looked after child told us, “Our child does not respond to just anyone. She responds very well to our carer” and two further family members told us, “We are very happy with the service. The service is good.” One child told us, “My sitter is very nice to me.”

We looked at four plans of care. The plans were detailed and had involved the child where possible, families, a special educational needs professional, and a looked after children’s social worker, the sitter and care service management. Care plans told sitters what was wrong with each child and how best to provide activities for them. This included any special health needs, social or cultural needs and what was to be provided. The times of the care were arranged although both families we spoke to praised their sitters for being very flexible.

Children were encouraged by the service and assisted by a family member to complete a communication passport. This gave the child’s view of what they liked and did not like. The details included topics such how they would behave if happy, sad or ill, if hungry, who they like to support them, any communication and aids to effective communication used, important people in their lives who made them laugh, who they liked to spend time with such as brothers and sisters, who they liked to take them out and who or what made them calm and happy. It also asked the children what they like and dislike. This included food, people and activities and outings. The plans were reviewed around every six months but regular updates were provided in the sitters log books. A family member signed their consent to the care provided following assessment or review meetings.

Sitters recorded what they had done, where they had been and if they had eaten after every visit in their log books. Both the families we spoke with confirmed they had signed their agreement and satisfaction following the visits.

Staff were not responsible for any action under the Mental Capacity Act (2005). This was because the act does not include children. Furthermore staff were not responsible for the general welfare of the children who lived with their parents.

Staff were not responsible for the diets or the nutrition of the children they cared for. However sometimes they did eat out and had to be aware of any specific dietary needs of the children. The dietary needs were recorded in the plans of care and sitters given any specific instructions. We noted one child needed food to be cut up and his appetite had improved since using the service.

The induction for new staff was mainly centred around the matching process for each child. Because one sitter looked after one child this was individual and not time specific. One child had not got on with their first sitter so another was found which worked. This individual approach ensured that over time both child and sitter were happy with the outcome and could develop relationships and activities as they progressed.

Sitters received training specific to this service and the children they looked after. Staff employed by the care agency did not deliver any care but had the local authority training regime for other aspects of their work. We saw from sitter’s files that training included safeguarding, moving and handling, first aid, communication, infection control, Autism and Asperger’s conditions, basic signing, using Makaton (a communication aid) and information on brittle bone disease. Both the sitters we spoke with said they also completed relevant training in the other jobs they held. The training offered was sufficient for staff to undertake their roles and meet the needs of the children they looked after.

Sitters were supervised regularly. Supervision gave sitters the opportunity to talk about the children in their care, training and other topics they wished to discuss. Some of the supervision sessions were completed as a group, which was appreciated by both the sitters we spoke with. One sitter said they had not been as frequent since the registered manager was on maternity leave and was looking forward to her coming back and setting up the meetings again.

# Is the service caring?

## Our findings

Parents told us, “Our carer is very good and looks after our child very well” and “The carer and service is brilliant and our child really likes her.” A child we spoke with was very happy and liked to go out with her sitter.

Both sitters we spoke with enjoyed working with the service and knew the children they looked after very well. Both were committed to improving the quality of life and activities of the children they looked after.

Every effort was made to ensure the child was looked after in the way they wanted to. This included the details in the plans of care, reviews and the booklet children were encouraged to complete.

The assessment and matching process ensured that the child, family member and sitter was happy with the service and what they hoped to achieve.



# Is the service responsive?

## Our findings

Parents of children who used the service told us, “They go out to the cinema, bowling, restaurant, parks and for a pizza. They don’t always have time in the hours they sit for us to do all the things my child wants. Our sitter moves the hours around so all the activities our child wants to do can be done one way or another. One visit may be shorter so more time can be given to longer activities.” A child who used the service told us she went to the cinema, indoor safe play areas and on outings. She said she was very happy with what she did. Family members also said they discussed outings with sitters to ensure children went where they wanted to.

One sitter told us, “I have looked after one child for four years. At first because of his medical condition he stayed at home and we did activities like painting, play and social care. We have now progressed to going out to the library, parks and places of interest like castles. We also go to a children’s centre for play, role play, and music.” Activities were suitable for the age and abilities of the children the service supported.

Parents told us, “We can contact the office if we need to if we change the times and dates or raise any issues. If we had any concerns the staff would listen to us. They changed a member of staff for us because it was not working as well as expected. This member of staff does all sorts of things with her, which she enjoys” and “I don’t have any concerns but I would get hold of the support team and they would help.” Sitters confirmed they could contact their support staff if they needed to. There was a complaints procedure for parents to use and the ones we talked to felt staff would listen and respond to any concerns. There had not been any concerns reported to the service or the Care Quality Commission.

There were regular meetings or phone contact between agency staff, sitters and parents to respond to any changing needs or arrange support on different days or times. The service responded to parent’s needs and the wishes of children.

# Is the service well-led?

## Our findings

The home had 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. The registered manager is currently on maternity leave and expected to return to the service in the next few months. However, the registered manager made arrangements for a family member to look after her child because she wanted to attend the inspection after being told by a member of staff we were at the office. The service is currently being managed by a suitably experienced person. The registered manager undertook her responsibilities for managing the service seriously.

Parents of children who used the service told us, "We are very happy with the service. The service is good. The registered manager is very good" and "The registered manager is very supportive and when she is back from maternity leave you can contact her any time." Two sitters said, "We get good support from staff especially the registered manager" and "We are well supported."

The audits for this service were undertaken by analysing the log books, talking to parents of children who used the service and multi-disciplinary meetings with the professionals who cared for the children.

The policies and procedures for the management of this service were very specific to what they provided and were mainly contained in the sitter's agreement and safe care agreement. Staff had to sign the documents.

The safe care agreement included topics such as the safe care policy and procedure, the purpose of the service, the

criteria for sitters or families, payments, flexible provision, staff training and some of the services they are required to provide. The agreement included opportunities for families and any siblings. They also offer sibling group meetings, a youth club, a disability links website and many contact numbers.

The sitter agreement told us what the service was about, referrals, matching, the care of the child, being safe, being healthy, enjoying and achieving, making a positive contribution, economic well-being, transport arrangements, use of aids and adaptations, working in service users homes, termination of placements, allegations of abuse and investigation of complaints, record keeping and confidentiality, terms of approval, training and professional development, support and supervision. Staff were given handbooks with key policies and procedures, personal safety advice, financial arrangements, the reviews of sitter approval, termination of agreement and insurance cover. The two documents told staff all they needed to know about the support they had to give to the children in their care.

This small agency had regular contact with children who used the service, families, key professionals and the sitters they employed. We could see from suggestions made that action had been taken to improve the service such as more challenging outings organised or to match another sitter if necessary when it did not work out as expected. Children who used the service gave their feedback in the booklet they completed, which was in a very simplified form but gave staff vital knowledge about each child or young person.

There had not been any accidents, incidents or concerns raised since our last inspection although the registered manager of the service was aware of the need to investigate using the local authority policies and procedures.