

Barnardo's

Barnardo's Disability Support and Inclusion (DSI) Service

Inspection report

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Date of inspection visit:
23 February 2016

Date of publication:
28 April 2016

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

The inspection of Barnardo's Disability Support and Inclusion Service (Yorkshire Region) took place on 23 February 2016 and was unannounced. At the last inspection on 10 January 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered and in post for the last four and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Over the years the remit of Barnardo's Disability Support and Inclusion Service (Yorkshire Region) has changed with changes in contract service agreements with local authority social services departments. At the time of our inspection it operated a 'Short Breaks' service via a contract with Hull City Council, to parents and carers, whose children have a disability and require 24 hour support and supervision. It operates a 'Spot Purchase' contract with East Riding of Yorkshire Council to provide respite to parents and carers. It also facilitates 'All Stars' sessions and a 'Flying High' group, both of which involve children and young people coming together to share experiences, enjoy activities, develop their skills and knowledge and support each other. At the time of our inspection there were approximately 35 children and young people being supported by the service.

'Short Breaks' and the 'Spot Purchase' can involve support workers spending time with children or young people in their home or in the community on an activity or taking part in a pastime. Some personal care and support with nutrition or taking medication, for example, is provided where required, but only as necessary. This service provides respite to parents and carers who care for their children 24 hours a day and ensures parents and carers are able to take a break from those responsibilities.

'All Stars' participants meet weekly and are supported by support workers to enjoy activities, learning and experiences that they might otherwise be excluded from in the community. The emphasis is on developing children and young people to achieve their potential. 'Flying High' participants are young volunteers who work with Barnardo's and support other young people with disabilities to participate in all areas of life.

Children and young people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Support workers were appropriately trained in safeguarding children from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that children and young people avoided injury of harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Support worker numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure support workers were 'fit' to care for and support children and vulnerable people. On the rare occasions that support workers were required to handle medication for children and young people, this was safely carried out.

Children and young people were cared for and supported by qualified and competent support workers that were regularly supervised and received appraisal regarding their personal performance. Communication was effective and children and young people's rights were protected. They received support with adequate nutrition and hydration to maintain their levels of health and wellbeing, if required of support workers.

Children and young people received thoughtful support from kind support workers and support workers knew about their needs and preferences. Parents and carers were supplied with the information they needed to ensure they knew what support was provided and when. Support workers understood the importance of obtaining children and young peoples' consent before they undertook support tasks.

Children and young people's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked to maintain these wherever possible. This ensured children and young people were respected and protected.

Support was provided according to person-centred support plans, which reflected children and young peoples' needs well. These were regularly reviewed. Children and young people were supported to engage in pastimes and activities and any family or friend networks were encouraged and facilitated. There was an effective complaint procedure in place and parents or carers were able to have any complaints investigated without bias.

The service was well-led and those that used the service had the benefit of this because the culture and the management style were positive. There was an effective system in place for checking the quality of the service through the use of audits, satisfaction survey/checks, meetings and good communication.

Parents and carers had opportunities to make their views known through direct discussion with the registered provider or the support workers and through more formal complaint and quality monitoring processes. Recording systems used in the service protected children and young peoples' privacy and confidentiality, as records were well maintained and were held securely on the premises.

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.

Children and young people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding and child protection concerns. Risks were also managed and reduced so that children and young people avoided injury.

The premises were safely maintained, support worker numbers were sufficient to meet children and young peoples' needs and recruitment practices were carefully followed. Medication was safely managed, when needed.

Is the service effective?

Good ●

The service was effective.

There were qualified and competent support workers that were regularly supervised and received appraisal of their performance. Communication was effective and children and young people's rights were protected.

Adequate nutrition and hydration to maintain good levels of health and wellbeing were supported if necessary. The offices at Barnardo's Disability Support and Inclusion Service were suitable to receive children and young people with a physical disability.

Is the service caring?

Good ●

The service was caring.

Support workers were kind and thoughtful and parents and carers were supplied with the information they needed and were involved in all aspects of the support provided to their children.

Children and young people's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked to maintain these wherever possible.

Is the service responsive?

Good ●

The service was responsive.

Person-centred support plans, which were regularly reviewed, were in place to ensure children and young people received the support they required and the time allocated to them. They engaged in pastimes and activities of their choosing.

Complaints made by parents, carers, children and young people were investigated without bias and support workers encouraged healthy relationships with and among family members.

Is the service well-led?

The service was well led.

The culture and management style was positive and the checking of the quality of the service was effective.

Parents, carers, children and young people had opportunities to make their views known and recording systems in use protected everyone's privacy and confidentiality. Records were well maintained and were held securely in the premises.

Good ●

Barnardo's Disability Support and Inclusion (DSI) 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 registered 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 of Barnardo's Disability Support and Inclusion Service took place on 23 February 2016 and was unannounced. The inspection was carried out by one Adult Social Care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in care of young people and adults with learning difficulties.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Barnardo's Disability Support and Inclusion Service and from people who had contacted CQC, since the last inspection, to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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 verified some of the information in the PIR when we inspected the service.

We spoke with two young people that used the service and with their parent or carer when we visited them in their own homes and we spoke with eight parents or carers of children and young people by telephone. We also spoke with the registered manager and three support workers that worked at Barnardo's Disability Support and Inclusion Service. We looked at documents in care files belonging to three children and young

people that used the service and at recruitment files and training records for two support workers. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring system used and medication management systems that were implemented when necessary. We looked at equipment maintenance records and records held in respect of complaints and compliments.

Is the service safe?

Our findings

Parents and carers we spoke with told us they felt their child was safe being supported by support workers at Barnardo's Disability Support and Inclusion Service. They said, "I felt that Barnardo's went through everything and they listened to everything I told them, which made me feel so confident. I need to have a lot of confidence in who I am leaving [Name] with", "They took all of my worries away", "We trust the support worker and would be happy to leave [Name] in their care but we choose to stay with her" and "[Name] has had the same support workers from the start and we all have a good relationship with them. I feel that he is safe in their care."

One parent expressed that they had concerns about their child's safety when supported only by female support workers as they felt their child was now physically too strong for females to assist them. They had discussed this with the registered manager, but female support workers were sometimes still attending. We spoke with the 'Short Breaks' team lead about this and they told us the particular requirement for male support workers was fully understood, but acknowledged there had been a period of time when this had not been possible. New support workers had been recruited since then and more were being recruited and the issue would soon be fully resolved.

We found that the service had systems in place to manage safeguarding incidents and that support workers were trained in safeguarding children and young people from abuse. Support workers demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the appropriate body for investigation.

Children and young people had risk assessments in place to reduce their risk of harm when out on activities in the community or when support workers supported them at home. Parents and carers we spoke with told us, "I was fully involved in the Initial care planning. They went through everything and made me feel confident in them. I went out on the first session so that I could get to know the support worker", "They carried out safety checks and risk assessments", "Barnardo's asked a range of questions that covered everything and together we wrote a care plan around [Name's] needs" and "They carried out full risk assessments that made me feel really satisfied that [Name] would be safe."

We saw evidence in training records that support workers were trained in safeguarding children from abuse (child protection) and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority child protection team. These corresponded with what we had been informed about by the service through formal notifications sent to us. Support workers trained in this area, systems in place to manage safeguarding and practices followed to reduce risks ensured that children and young people that used the service were protected from the risk of harm and abuse.

Discussion with the support workers revealed that almost all of the children or young people using the service had diverse needs in respect of two of the seven protected characteristics of the Equality Act 2010: age and disability. The other five characteristics: gender, marital status, race, religion and sexual orientation did not present any particular diverse needs that support workers had to address. We found no evidence in

documentation or from speaking to parents and carers to suggest that anyone that used the service was discriminated against. Barnardo's was a service that took care to consider the seven protected characteristics of the Equality Act 2010 when assessing and supporting children and young people they provided a service to.

The offices at Barnardo's Disability Support and Inclusion Service were suitable for purpose, were monitored for safety in respect of fire and electricity, for security and could accommodate anyone that used the service who had a physical disability, as there were facilities available.

There were accident and incident policies and records in place to document whenever a child, young person or support worker working for the service had an accident or was involved in an incident while being supported. Documents showed that these had been recorded thoroughly and action had been taken to treat injuries and prevent accidents or incidents re-occurring.

Support workers' rosters were in place to inform support workers when they were expected to be on duty. We saw that rosters corresponded with the numbers of support workers on duty at the time of our inspection. Support workers were satisfied with the arrangements for informing them what their shifts were. They said it was relayed to them via text messaging. Parents and carers told us they thought there were usually enough support workers to support children and young people with their needs, but that recently (since the Christmas break) there had been a shortage. Some parents had not always received the support sessions they expected. However, the service provided a respite or short break service and not all sessions were accommodated at the optimum time for the parent or carer at times of staffing problems or shortage. We were assured by the registered manager that any session the support workers could not fulfil were not lost entirely, but re-allocated to parents and carers at a later date.

Parents and carers said, "I think they are short of support workers as we have not had any support since Christmas", "I think the service is brilliant, but at the moment I don't have any support hours due to support workers shortages. They have told me that they are working on it but have not told me when they can reinstate the sessions", "It is hit and miss at the moment as they are struggling to find carers to meet [Name's] needs. He has all different carers now, so has no routine, it makes a difference to him as he only takes to certain people" and "[Name] has not had a regular carer since before Christmas. People just leave and we are not always told everything."

The 'Short Breaks' team lead stated that new support workers had been recruited to alleviate anyone missing sessions and that this would soon improve. The 'Short Breaks' team lead said the reason so many support workers came and left was because the service acted as a 'stepping stone' for them, most of whom were at university or on a career path. The nature of sessional work at Barnardo's was that the working contracts held by support workers were flexible and dependent upon the needs of the service, as dictated by the needs of parents and carers, so support workers were not allocated full time work. They worked at times that suited them and matched with parents and carers' needs for a break from caring. Therefore this could not always be accommodated.

One young person that used the service at Barnardo's Disability Support and Inclusion Service had a different issue and said, "There is always someone here to help me get ready for the day, but they don't all stay the full time they should stay. This means I don't always get my hair washed and dried how I like it when I need to." Support workers told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and to support children and young people well. Assurances were given to the young person by the registered manager that they would discuss this issue with the support workers concerned to ensure the young person was satisfied in future.

The registered manager told us they used thorough recruitment procedures to ensure support workers were suitable for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before support workers started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in the two support workers recruitment files we looked at.

The registered manager and support workers told us candidates for job vacancies attended an organised group session ('All Stars' session) where they were asked to join in with the session and were observed by the children and young people attending. They said they were also asked formal questions by a panel that included one of the young people that received the service. This was to gain young people's views of the candidates as potential support workers, as well as have candidates undergo a formal recruitment process. There were copies of the interview notes held in support workers files and these also evidenced that young people had been part of the interview.

We saw that support workers files contained evidence of support workers identities, interview records, health questionnaires and correspondence about job offers. We assessed that support workers had not begun to work in the service until all of their recruitment checks had been completed which meant children and young people they cared for were protected from the risk of receiving support from support workers that were unsuitable.

We looked at how support workers supported children and young people with medicines and checked a selection of 'medication administration record' (MAR) sheets held at the service's office. Most children and young people were fully supported by their parents and full time carers with the management of their medicines and only rarely did support workers at Barnardo's Disability Support and Inclusion Service handle any. This was only if a child or young person needed to take medication while out in the community when with support workers. Evidence on records kept showed that support workers administered medication safely according to the service's policy and required practice.

Is the service effective?

Our findings

Everyone we spoke with praised the support workers for their commitment, attitude and skills. During our conversations, it was clear that parents and carers felt it was very important that the right support worker was matched to their child and that sometimes this did not happen. They emphasised that having a regular support worker that got to know and understand their child and also allowed their child to get to know them was paramount to successful support.

Parents and carers we spoke with felt the support workers at Barnardo's Disability Support and Inclusion Service understood their children well and had the knowledge to support and care for them. They said, "Support workers that are nearer [Name's] age seem to understand her better and know what she likes", "The carer is really supportive; we could not wish for anyone better. I leave it with her where and what to do and she always finds a wide variety of activities for [Name] to do" and "The carer has been with [Name] right from the start and we are happy with her." However, three parents were not quite as satisfied and told us that not all support workers were suitable to support with their child's special needs, due to these being complex. They thought support workers required more specialist training in the complex conditions that their children had been diagnosed with.

The 'Short Breaks' team lead told us that all support workers were fully trained in areas of disability that they supported children and young people with. The team lead acknowledged that sometimes support worker 'matches' with children and young people were not always of parent and carers' choice for certain reasons, and where an excellent relationship between a child or young person and their support worker had come to an end, a new relationship was not always seen by parents and carers as being as good as the previous one, so they attributed this to the new support worker being insufficiently trained.

We were informed by the registered manager that a qualified nurse had been recruited as Project Nurse as it had been difficult to obtain training for support workers in the management of percutaneous endoscopic gastronomy (PEG) feeding, tracheostomy care and epilepsy, for example. One of the team leads also gave first aid training to support workers as they had been trained and accredited as a trainer by a leading national first aid training organisation. The training also had paediatric and disability elements to it which meant support workers had specialist first aid training.

The Project Nurse spoke with us about their role and the future plans for the service with regard to support worker training and development of the service. They explained they were able to provide moving and handling training as well. They said they kept their nursing personal identification number (PIN) up to date by carrying out minor treatments, reading and receiving supervision from a nurse at the East Riding Disability Team.

We saw that the registered provider had systems in place to ensure support workers received the training and experience they required to carry out their roles. An electronically held support worker training record was used to review when training was required or needed to be updated and there were certificates held in support workers' files of the courses they had completed. The registered provider had an induction

programme in place and reviewed support worker performance via one-to-one supervision and an appraisal scheme.

Support workers told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. We saw two support workers' files that confirmed the training and the qualifications they had achieved. We saw evidence in files of regular supervision and that appraisal scheme meetings with support workers were recorded. This showed us that support workers were trained, skilled and competent to carry out their roles.

We saw that communication within the service was good between the management team, support workers and parents or carers of the children and young people that used the service.

Children, young people and parents told us they gave support workers their consent to receive support by either saying so or by agreeing to proposed offers of support. There were some documents in children and young peoples' files and signed by parents to give permission, for example, for photographs to be taken, care plans to be implemented or medication to be handled on their behalf.

Children and young people had their nutritional needs met by parents and carers in the main, as it was not the responsibility of the service to support children and young people with this. Whilst children and young people had been consulted about their likes and dislikes, to establish any allergies and medical diets and whilst healthcare professionals had been contacted as necessary, this intervention was only to ensure children and young peoples' dietary needs were met when support workers took them out on activities in the community. There were nutritional risk assessments in place where children and young people had difficulty swallowing or where they needed support to eat and drink when out on activities or when supported at home, so that they were kept safe.

We saw that children and young people had their health care needs met by the service because they and their parents or carers had been consulted about their medical conditions. Information had been collated and reviewed with changes in children and young people's conditions. We were told by support workers that children and young people saw their GP on request of parents and carers and that the services of the Community/District Nurse, chiropodist, dentist and optician were obtained whenever necessary, but this was always the responsibility of parents and carers.

Health care records held in children and young people's files confirmed what medical conditions they presented with and there was some information about health care needs, but intervention by support workers in this area was minimal and only in an emergency. All of this was in full consultation of parents and communications between parents and support workers at the service was good with regard to this.

The offices at Barnardo's Disability Support and Inclusion Service were suitable to receive children and young people with a physical disability and there were suitable bathroom facilities for anyone with a physical disability.

Is the service caring?

Our findings

Children and young people we spoke with told us they got on very well with support workers on the whole. They said, "I really like when [Name] supports me because we have things in common and share the same views of music. I like it when she takes me shopping" and "I like [Name] best because he takes me to 'All Stars' where we do some great stuff. I am much happier with [Name]."

Support workers explained how they supported people and we were told by the parents and carers of children and young people that support workers had a pleasant manner and related well to their children, as the workers were fully aware of their children's needs. Some of the support workers had been employed at Barnardo's Disability Support and Inclusion Service for many years, while others 'came and went' but considered their employment at the service as valuable experience for improving their prospects and future development. This meant that relationships between children or young people and some support workers were not long term relationships and this was not really what parents and carers wanted. The management team led by example and were polite, knowledgeable, attentive and informative in their approach to children and young people that used the service and their parents or carers.

We were told by the registered manager that everyone had the same opportunities in the service to receive the support they required to undertake activities and pastimes, which enabled parents to have a break from daily care. Children and young people were spoken with by support workers in the same polite way and yet were treated as individuals with their individual and particular needs that were to be met according to their individual wishes. Support plans, for example, which concentrated on providing sessions with children and young people recorded their individual preferences and requests for support with activities, outings and entertainment. Support workers knew these details because they read support plans and assessment documents and responded to them accordingly.

We saw that children and young people who used the service had their general well-being considered and monitored by support workers who knew what incidents or happenings would upset their mental health or affect their physical ability and health. Children and young people were supported to engage in pastimes they had a desire to undertake. This helped children and young people to feel their lives were fulfilling and so their overall wellbeing was improved. One young person said, "When I have a support worker that I relate well to I have a really good time out shopping maybe." Another said, "I feel really good when I go out with [Name] because it is just me and him and we can do what I like." We found that children and young people experienced a satisfactory level of well-being and were quite enthusiastic about their sessions with support workers.

Children and young people had parents and carers to represent them when they were unable to represent themselves or to make serious decisions for them, but Barnardo's Disability Support and Inclusion Service also provided information about advocacy services if these were required.

Parents and carers we spoke with told us that support workers upheld their child's privacy, dignity and independence and that support workers were always respectful. Parents and carers said that it was not

really necessary for personal care to be provided and support workers confirmed this. However, if a support worker was out in the community with a child or young person that required personal care then it would be provided. One support worker explained it was not always possible to find appropriate facilities in the community and that this sometimes limited the places they could hold activity sessions with children and young people. They said that places to visit had to be planned to ensure there were suitable changing facilities. In the main, however, sessions were held in the child's own home or at appropriate venues where purpose built facilities for disabled people were available.

Is the service responsive?

Our findings

Children and young people we spoke with felt their needs were being appropriately met. They talked about being supported to undertake activities and to socialise or to get ready for college and school. One young person told us they received support to shower and ensure their hair was how they wanted it before they went to school. They explained that some support workers were better than others at doing this and at keeping to times for their support. All of these arrangements were recorded within children and young people's support plans.

The main focus of the service was to provide parents and carers of children and young people with respite from caring and this usually took the form of supporting children and young people with activities and entertainment. However, there were elements of support that required support workers to provide assistance with personal care, nutrition and medication when necessary, though these instances were few. We were told that certain children and young people had specialist packages of support which included these elements.

We looked at two electronically held support files for children and young people that used the service and found that these reflected the children and young people's needs. Support plans were person-centred and contained information about children and young people's needs, which told support workers how best to meet their individual needs when they supported children during periods of respite taken by their parents and carers.

Support files contained personal risk assessment forms to show how risks to children and young people would be reduced, for example, when out in the community or with moving and handling, taking medicines and with nutrition (particularly swallowing). We saw that support plans and risk assessments were reviewed monthly or as needs changed. Parents were always included in planning and regular reviewing of care and support plans. Parents confirmed this with us when we spoke with them.

The interests that support workers helped children with included gym classes, swimming, cycling, visits to the cinema or bowling and quieter activities at home such as reading, DVDs, music and board games. Where appropriate, sensory activities were supported as were group meetings of the 'All Stars'. The 'All Stars' group had planned a sleep over at The Deep in Hull. Funds for this had already been raised by some of the support workers doing sponsored events (holding race nights, doing a 5km run and the Lyke Wake Walk - a complete crossing of the North Yorkshire Moors along their main east-west watershed, a distance of approximately 40 miles). Some of the children and young people had also raised funds by holding a car boot sale and completing a sponsored walk along the sea front in Hornsea in order to pay for the sleep over at The Deep.

The registered provider had its own national award schemes for volunteers and one of the young people at Barnardo's Disability Support and Inclusion Service (Yorkshire Region) had been nominated in October 2015 for a Marsh Trust Award. (The Marsh Christian Trust works with charitable organisations and provides them with grants for recognising outstanding work in all fields, for example, social welfare, healthcare, environment, education, the arts). Another young person who was a volunteer worker with 'Flying High' had

been employed by Barnardo's on a permanent contract. Another volunteer had contacted celebrities and asked them to contribute their favourite recipes to publish in a cook book. They had also been to London for a job interview. These were some of the examples of how the service had encouraged and incentivised children and young people to develop their interpersonal skills and to achieve their life ambitions while living with a disability.

The service used equipment for assisting children and young people to move around their homes and this was used effectively in line with risk assessments and safe practices. Children and young people were assessed for its use and there were regular checks carried out on its safety. All equipment was sourced by parents of children and young people and it was parents' responsibility to ensure equipment was serviced and maintained in safe working order. Children and young people used their own adaptive cutlery and crockery aids so that they could maintain their independence.

Support workers told us that it was important to provide children and young people with choice in all things, so that they learned to make decisions for themselves and have control over their lives. Children and young people's needs and choices were therefore respected whenever possible as long as these did not impact on their own safety or the safety of others.

The service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within set timescales. Compliments were also recorded in the form of letters and cards. Parents and carers of the children and young people told us they knew how to complain and had forms to complete if necessary. They said there had been few instances where a complaint had been necessary and usually they contacted one of the team lead workers or passed issues through their social worker.

Support workers were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. All complaints were well managed and complainants were given written details of explanations and solutions following investigations. All of this meant the service was responsive to people's needs.

Is the service well-led?

Our findings

Parents and carers we spoke with felt the service was flexible, accommodating and enthusiastic. Support workers felt the culture of the service was, sharing, committed to high standards and friendly. Support workers felt they got a lot out of their roles in terms of job satisfaction and were well resourced with regards to training and support from senior management, that they were able to 'make a difference' for the children and young people they supported.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for the last four and a half years.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and accountable for any mistake made). We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been notified.

We found that the management style of the registered manager and management team was open, honest, approachable and forward-looking. Support workers told us they could express concerns or ideas at any time and that they felt these were considered by the management team and implemented if in the best interest of children and young people they supported. They said, "I love it here. Barnardo's is a really good place to work. We are a small office team and we get on very well" and "We have very good support here from the management. We can phone the office any time for advice."

The service maintained links with the wider community through healthcare services, schools and education, retail businesses and entertainment venues. Parents and carers played the greatest role in supporting children and young people to keep in touch with the community on an individual basis and support workers continued with this when requested by parents. However, support workers joined with other Barnardo's services, like the 'All Stars' and 'Flying High' groups to facilitate shared involvement in community activities. Parents said, "[Name] is really happy every time she goes out. Her support worker takes her to lots of different places" and "We have family activities together and go out with [Name] and his support worker."

Barnardo's Disability Support and Inclusion Service were registered in 2011. There have been no changes to the registration conditions in the last two years.

We looked at documents relating to the systems for monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that quality feedback visits were carried out yearly to parents and carers of children and young people that used the service and to quality assess the support worker performance. Sample feedback visit forms we looked at included high satisfaction scores and all positive comments: 'Support was fantastic', 'Really good service', 'When [Name] first started there were some inconsistencies, but now it is brilliant' and 'Cannot fault [Name] or the service.'

There were also separate satisfaction surveys for children and young people that used 'All Stars'. These too contained very positive comments and votes of thanks to support workers for their commitment and energy.

The quality audits included an internal quality check on several aspects of the service. This was carried out by the service director and the last audit had scored 'outstanding' for staff supervisions and appraisals.

The service held support worker and team lead staff meetings, which the support workers and team leads chaired on a rotating basis. This gave all workers at the service the opportunity for personal development by taking on additional responsibility.

The service kept records on children and young people that used the service, their parents and carers as appropriate and on support workers. They kept records on the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.