

Nottinghamshire County Council

Disabled Children's Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Disabled Children's Support Services is a domiciliary care service which provides personal care and support to children and young people in their own home and in the community. At the time of the inspection, 66 children or young people were receiving some element of support with personal care.

People's experience of using this service:

- ☐ Risks to children's safety had been assessed and acted on. Regular reviews were carried out to ensure any changes in care needs were addressed. Parents felt staff supported their children safely. Staff understood how to report any concerns that could lead to people experiencing avoidable harm.
- ☐ There were enough staff to meet the needs of each child or young person. Small teams of staff were in place for each child, which helped to provide consistent care. Most children's medicines were managed by their parents. Safe medicine practices were followed where support was provided. Staff understood how to reduce the risk of the spread of infection. The registered manager had processes in place to learn from mistakes and to reduce the risk of children and young people experiencing avoidable harm.
- ☐ Children and young people received care and support in line with their assessed needs. Staff were well trained and felt supported to carry out their role effectively. Where staff supported children and young people with their meals this was done in accordance with their assessed needs. The provider worked alongside other health and social care agencies to provide consistent care and support. Parents and their children's views were considered when decisions were made about care. This was done in accordance with appropriate legislation.
- ☐ Staff were kind, caring and dedicated to their role. They treated children with dignity and respect and involved them wherever possible with choosing how they would like to be cared for and supported. Effective processes were in place to store records safely and in line with data protection legislation. This protected children's and young people's privacy.
- ☐ Children received person centred care and support that considered their and their parents' personal choices and preferences. Parents welcomed the consistency of staff who understood their and their children's needs. Efforts had been made to provide information in a format children and young people could understand. Complaints were handled appropriately and in line with the provider's complaints policy. Effective end of life plans were in place where needed.
- ☐ Parents, staff and where applicable, children and young people, were encouraged to give their views about how the service could be improved. This feedback was used by the registered manager and the provider to develop the service. Staff enjoyed working at the service and felt respected and valued. Robust quality assurance processes were in place to help inform the provider of the quality of the service provided.

Rating at last inspection:

At the last inspection the service was rated as Good (Published June 2016).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Disabled Children's Support Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one 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.

Service and service type:

The Disabled Children's Support Services is a domiciliary care service which provides personal care and support to children and young people in their own home and in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started and ended on 22 March 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking

incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and health and social care professionals who work with the service. The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with two children and 11 parents. We spoke with three members of the care staff, a complex case coordinator, senior practitioner, care coordinator, early support team manager and the registered manager.

We reviewed a range of records. This included four children's/young people's enabling plans and staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After inspection, we asked the registered manager to provide us with a variety of policies and procedures. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Children and young people were protected from the risks of avoidable harm. Parents told us they felt their children were safe when staff supported them, either in their home, or, when out in the community. One parent said, "[My family member] is safe because the staff know them well."
- ☐ Staff had received safeguarding children training. Staff could confidently explain how they would respond if they felt a child was at risk of harm. They told us they had confidence that the registered manager would act on their concerns, but they also understood they could report any worries they had to other agencies such as the CQC. Records showed the registered manager had acted appropriately by reporting concerns to the local authority safeguarding team, the CQC and where in place, the children's social workers. This was in accordance with the provider's safeguarding policy.

Assessing risk, safety monitoring and management

- ☐ The risks to the health and safety of the children and young people had been assessed. These assessments were then used to form 'enabling plans' which guided staff on how to support the children and young people in the safest and least restrictive way possible. Parents were involved with this process. Detailed discussions were held with parents, and where appropriate the children and young people, to explain the support that was available to them. Parents felt assured that staff would support their children in the safest way possible.
- ☐ Each child and young person had risk assessments tailored to their individual needs. Some required help with mobilising, accessing the community and personal care. Others needed staff to be available to supervise, to prompt and support them to do things for themselves. The registered manager told us that the needs of every single child were different and therefore no two risk assessments were the same. We found all risk assessments were regularly reviewed and amended should a child's needs change. This meant children and young people continued to receive safe and effective care and support.

Staffing and recruitment

- ☐ Parents spoke positively about the staff who supported their children. They appreciated receiving support from a regular team of staff. They found this helped to provide their children with stability and contributed to keeping them safe. One parent said, "I am happy with the staff. They know [my family member] well. They [staff] are always on time and would let me know if they were running late."
- ☐ Children and young people received support from a dedicated core group of staff. For those children that needed support for a short period of time, every effort was made to ensure the same member of staff was with them for all calls. When children needed support for longer periods of time, a small core team of staff were appointed to ensure consistency. The registered manager told us this was important to ensure children could build a trusting relationship with staff who made them feel safe.
- ☐ Robust recruitment checks were carried out before staff commenced their role. This was to ensure they

had the right skills and character to work with children. The early support team manager, told us staff had to have a passion for supporting children and the rigorous recruitment process helped them to identify appropriate staff. This meant children and young people continued to be supported safely by staff.

Using medicines safely

- ☐ Many of the children and young people were supported by their parents to take their medicines if they needed them. However, where staff supported some children with medicines, parents were happy with the way their children received their medicines. One parent told us that staff gave their child paracetamol with their consent and they were happy with the way this done.
- ☐ Enablement plans contained clear guidance for staff to follow when supporting children and young people with their medicines. Where children were reluctant to take their medicines, staff had received guidance on how to work with the child to explain why their medicines were needed.
- ☐ Records used to record when a child had taken their medicine were appropriately completed. Staff who administered medicines had been trained to do so and received regular assessment of their practice to ensure they remained competent.

Preventing and controlling infection

- ☐ Parents did not raise any concerns about the way staff supported their children in their homes. A home environment risk assessment was completed for all. These recorded whether there were any issues that could affect the control and the spread of infection in people's homes.
- ☐ Where staff supported children and young people with their meals, records showed they received food hygiene training. This helped to ensure children and young people were protected from the risk of the spread of infection.

Learning lessons when things go wrong

- ☐ The provider had processes in place to investigate and act on any accidents or incidents that could influence a child's health and wellbeing. They worked with a variety of professionals such as social workers, to help determine the best course of action to help reduce the risk.
- ☐ The registered manager assured us that if the actions of a staff member had contributed to an incident or accident, they would receive support and training to help them and others learn from the mistake.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ Children and young people continued to receive support from staff that reflected their needs and personal choices. Parents were pleased with the care that was provided and felt staff considered and acted on their and their children's views.
- ☐ Children and young people received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. Their needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.

Staff support: induction, training, skills and experience.

- ☐ Parents spoke positively about the quality of the staff who supported their children. They found them to be skilled and experienced and had received the training needed to provide the appropriate care and support.
- ☐ Staff had received training in a wide number of areas deemed mandatory by the provider for them to carry out their role effectively. Records showed this training was up to date and refresher training was booked for staff when required. Staff felt supported and received regular supervision of their practice. This meant children and young people continued to be cared for and supported by experienced and skilled staff.

Supporting people to eat and drink enough to maintain a balanced diet.

- ☐ Most parents prepared meals for their children. Where staff support was required with meal preparation, this was completed by staff who had completed food hygiene training.
- ☐ When supporting children and young people in the community, some needed support with eating their meals. Enabling plans contained details of the support each child needed.

Ensuring consent to care and treatment in line with law and guidance.

- ☐ 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.
- ☐ The MCA applies to everyone involved in the care, treatment and support of people aged 16 and over living in England who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity. For children and young people under the age of 16, the responsibility for making decisions about care lies with parents or another recognised legal appointees.
- ☐ The registered manager explained that although the parents had the right to make decisions for their

child, if the child or young person was reluctant to agree to the care then they would not be forced to. For this type of service operate effectively it required parents and their children to work together to agree how care should be provided. We noted in the enabling plans a variety of meetings were held with children and young people to explain what care and support they would be receiving and their views were asked for and recorded. Detailed enabling plans were then put in place considering all relevant parties views.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us staff worked with young people to encourage them to make healthier choices and by talking through the consequences of their actions. They also told us that young people had a right to make a bad decision, so long as they understood the implications. Plans were in place to provide a group setting for teenagers to attend and to meet with others to discuss health and lifestyle choices. The registered manager said, "We are going to hire a room for a week to help build a youth type group to help to develop their lifestyle skills." This process will help inform and encourage young people to lead healthy lives.
- Staff worked alongside a number of health and social care services to support them with the care they provided to children and young people. Social workers, physiotherapists and occupational therapists worked alongside staff to provide high quality care and support.
- It is the responsibility of parents to ensure that their children attend healthcare appointments with GPs, dentists and others. Occasionally, staff will accompany children to these appointments in some circumstances, but we were told by the registered manager that this was rare.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Parents praised the approach of staff. They found them to be kind, caring and empathetic. One parent said, "They are kind and caring and respect [my child's] dignity. They try to persuade them to do more things but if the staff are concerned they call us."
- ☐ Staff had completed equality and diversity training. This helped them to support children considering their and their parents diverse needs such as their religion and cultural background. We noted a parent of a religious faith had praised the respectful approach of staff when they entered their child's home. They said, 'The service's workers considered and respected my culture, had a good awareness of religious festivals and showed an interest.' This helped to build trust with the child's parent and made them feel confident that staff would support their child in their preferred way.
- ☐ Staff found the enabling plans were informative and gave them important information about the children's life, their hobbies and interests and their family dynamic. It was clear staff had a detailed understanding of the individual support needs of each child. They used this information to help them to form compassionate, empathetic and meaningful relationships with children, young people and their parents.

Supporting people to express their views and be involved in making decisions about their care.

- ☐ Staff enabled parents, children and young people to give their views on how staff should support them or their child. One parent said, "I am involved in care planning and [my child's] care plan is assessed every 6 months. They [staff] write up the care plan and I can change it."
- ☐ Prior to support being provided, staff met with parents to discuss all aspects of the care and support they wanted for their child. Once this had been agreed with the parents, meetings were then held with the child and young person to explain what this would mean for them. It was then that final agreements were put in place to enable the children and young people to get the support they needed.

Respecting and promoting people's privacy, dignity and independence

- ☐ Children and young people were treated with dignity and respect by staff.
- ☐ Staff spoke with passion about the care and support they provided for children and young people. Children's independence was encouraged, and where able, they were supported to do things for themselves. This included dressing themselves, or other elements of personal care.
- ☐ Records were treated appropriately to ensure confidentiality both within parent's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Children and young people's needs were assessed prior to them starting to use the service. Once it had been agreed that care could be provided, staff met with parents to agree the times and how this could work best for the child, but also the parents.
- ☐ Children and young people had enabling plans in place. These plans included detailed information for staff to guide them on how to support and care for each child. Their hobbies, interests, family history and likes and dislikes were included. This helped to ensure that children and young people received care and support that met their individual needs.
- ☐ The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- ☐ Efforts were being made to ensure compliance with this standard. A 'Young person's steering group' had been set up. This group will be used to gain feedback from young people about how documentation was presented to them. This included company policies and procedures, complaints and their enabling plans.
- ☐ An interpretation service was also in place. This enabled documents to be translated into different languages. There was also technology that could transfer some documents into sign and symbols to make them easier for children and young people to understand. The registered manager told us, "One of our team is an accredited Makaton trainer and a lot of work is being done to make documents more 'child friendly'." Makaton is designed to support spoken language – signs are used with speech, in spoken word order to help children and adults to communicate. These systems were all designed to give children and younger people the opportunities to express their wishes and to give them some element of control about the care and support they received.
- ☐ A key role for staff was to support children and young people with accessing the community. Staff supported them to gain confidence in accessing wider social circles and meeting people of their own age, making new friends and developing the confidence to make wiser lifestyle choices. Support was also offered to parents who needed help in establishing regular sleeping patterns for their children. Some parents required staff to stay home with their child whilst they went to work or for respite. The wide range of services was flexible and staff responded well to each family's individual and changing needs.

Improving care quality in response to complaints or concerns

- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.
- ☐ The registered manager acknowledged that the current complaints policy was not 'child friendly' and that children and younger people may have difficulties understanding and/or following the process. This policy is due to be reviewed with the younger people at the 'Young person's steering group'.

End of life care and support

- ☐ End of life plans were in place for children or young people who had a condition that meant they may pass away. Parents were fully involved with this process. The provider worked closely with a children's charity to help form meaningful and person-centred end of life plans.
- ☐ The registered manager told us group sessions were held with staff to ensure they all had an awareness of the support needed for any child or young person they were caring for. Staff were offered a counselling service should they be caring for a child that passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff spoken with were clear about their roles and responsibilities. They could explain what was expected of them and how this contributed to children and young people receiving a good standard of care. Staff enjoyed their role and respected the registered manager. They were confident the registered manager would act on any concerns they raised.
- ☐ Robust quality assurance processes were in place. These helped the registered manager and the provider to actively review the quality of the care and support provided and to address any drops in quality quickly, before they affected the children and young people.
- ☐ It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ There was a clear focus on providing children and young people with person-centred, high quality care and support. Parents were fully involved with this process and they worked alongside staff to help achieve positive outcomes. Children and young people were encouraged where able, to contribute to this process. Their thoughts, feelings and responses to the care provided were used to continually assess whether they were receiving the right support to help them to lead fulfilling lives.
- ☐ Small, consistent teams of staff have helped to gain the trust of parents and their children. Staff understood how to support each child and this has resulted in positive outcomes. For example, supporting parents to help their child maintain regular sleep patterns, improving attendance at school and improving children's confidence in external social settings.
- ☐ The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- ☐ The registered manager was aware of their responsibilities to apologise to parents and where applicable the children or young people if mistakes were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Due to the type of service there was a high turnover of children and young people who received care and

support from staff. Some used the service for a few days or weeks, others needed longer term care and support. Parents, and where able their children, were fully involved with this process. Their views were actively sought and acted on. When children and young people stopped using the service, a de-brief was held with parents to discuss what went well and what could be improved. This was used to inform the registered manager and the provider to help develop and improve the service.

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect children's care. Regular staff meetings were held. These were open forums where staff could speak openly about the service. Along with the 'Young person's steering group' a 'Staff steering group' was in place to discuss policies and procedures and how they can be improved. Staff have also been involved with designing the end of year appraisal process and suggesting further training. The registered manager welcomed input from a wide variety of sources with a clear focus on continuous learning, development and improvement of the service.

Working in partnership with others

- Staff worked alongside a wide variety of health and social professionals and agencies. This cohesive approach ensured children and young people continued to receive high quality care and support.