

City of York Council

# Sharing Care - Community Short Breaks Scheme

## Inspection report

14 Ousecliffe Gardens  
York  
North Yorkshire  
YO30 6LX

Date of inspection visit:  
19 December 2018  
10 January 2019

Date of publication:  
05 February 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 December 2018 and 10 January 2019 and was announced. We gave the registered provider 48 hours' notice to ensure someone would be available at the service.

This is the first inspection for this service at their current address.

Sharing Care - Community Short Breaks Scheme is a domiciliary care service. The service provides flexible personal care and support to families with children who live with a physical disability, learning disabilities, or autistic spectrum disorder and who live in their own houses and flats in the community. The aim of the service is to provide support when families need it, at weekends, evenings and in the school holidays.

At the time of this inspection the service was providing support to eighteen children and their families.

The outcomes for children using the service reflected the principles and values of Registering the Right Support; promoting choice and control, independence and inclusion. For example, children's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Not everyone using Sharing Care - Community Short Breaks Scheme receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is required to have a registered manager in place. A manager was in post who had submitted their application to the Care Quality Commission (CQC) for approval. 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.

Systems and processes were in place to help protect children from avoidable abuse. Families of children receiving the service told us they felt their children were safe from abuse and with the staff who supported them.

Enough staff supported children to meet their needs safely and in a person-centred way. There were enough staff on duty to meet people's needs. People confirmed they received care and support from regular care workers who they knew.

Accidents and incidents were appropriately recorded and personalised risk assessments had been completed. Staff had access to information to provide children with safe care and support without unnecessary restrictions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff commenced their role.

The provider had systems and process in place to ensure staff were appropriately recruited into the service. Staff received appropriate induction, supervision, support and training to acquire and update their skills to meet people's individual needs and fulfil their roles.

Information was produced in formats appropriate for the child and their families to understand and communicate their needs.

Consent to care and support was sought in line with legislation and guidance. The provider worked within the frameworks of The Children Act 1989 and subsequent legislation to work with parents who had parental responsibility.

The provider included children and their families in discussions regarding their health and wellbeing. Any positive behaviour support plans were evaluated and included input by appropriate health professionals for effectiveness.

Staff had access to information to ensure children were supported with their health and wellbeing including any dietary requirements. The provider was developing a single point of access care plan with information for staff to follow and evaluate in one document.

Staff had a good understanding of children's needs and were kind and caring. They understood the importance of respecting children's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. Families were supported to raise their concerns and processes were in place to ensure these were responded to.

Children were supported to live fulfilled meaningful lives. Information was available to ensure children could access the community, events, and activities with minimal restrictions in a planned way for their maximum benefit and enjoyment.

The provider delivered the service with regard to relevant legislation. For example, The Children Act 1989 and subsequent legislation.

Staff told us they felt supported by the manager and were comfortable raising any concerns.

## 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.

Risks associated with people's care and support were managed safely without unnecessary restrictions.

Staff had received training and followed systems and processes to keep people safe from abuse.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge to carry out their role.

Consent to care and support was sought in line with legislation and guidance.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who understood the importance of this.

Families and children were involved in any decisions about their care and support.

Staff understood how to communicate with people in a way they understood.

### Is the service responsive?

Good ●

The service was responsive.

Information was available to ensure staff provided care and support that was individualised. The provider was reviewing the information to make it available as a single point of reference document for staff.

Children were supported to live meaningful lives and enjoy

activities of their choosing.

Systems and process supported families to raise and receive outcomes on any concerns or complaints.

**Is the service well-led?**

The service was well-led.

Quality was monitored, and areas for improvement identified from audits and checks.

The provider maintained good links with other professionals to ensure best practice and support people with their individual needs.

Children were supported to access and develop links in the community.

**Good** ●

# Sharing Care - Community Short Breaks Scheme

## **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.

This inspection took place on 19 December 2018 and 10 January 2019 and was announced. We gave the registered provider 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 19 December to see the manager; and to review care records, policies and procedures. We visited two families in their own home on 10 January 2019, to discuss and obtain feedback about the service and review associated records.

The inspection team consisted of one inspector.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we held about the service and requested feedback from other health professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit to the office we spoke with the manager, the head of service, a health professional and four care staff. We did not speak directly to any children that used the service. However, after the inspection we spoke with three families about the service their children received over the telephone, and we visited two

further families in their own homes.

We looked at records used to provide and record care and support for four children. The recruitment records, supervision, appraisal and training documents for four staff members were also looked at. We reviewed documents and records that related to the management of the service. This included audits, risk assessments and policies and procedures.

# Is the service safe?

## Our findings

Families of children using the service told us they felt their children were safe and staff supported them to keep safe when they accessed activities in the local community. One person told us, "The staff are really on the ball, if they have any concerns they discuss them with us. We have no safeguarding concerns at all."

Staff had received appropriate training in child protection procedures and understood their responsibilities. Associated safeguarding guidance, policies and procedures were clear for staff to follow to report any concerns. Records confirmed any concerns were recorded with oversight, to help prevent re-occurrence; keeping children safe. One staff member told us, "Children's safeguarding is embedded by the council which means any concerns are properly investigated. This helps to make sure children are safe from harm and abuse."

Children were supported safely because the provider had completed risk assessments to ensure people received safe care and support and to uphold their human rights. Identified risks were recorded. Staff confirmed they had access to associated support plans which detailed how to keep the child safe and provide safe care and support. The manager acknowledged this information was not always available in a single point of access for staff to follow. However, they were actively reviewing this process and implementing improvements. Records we reviewed included risk assessments for staff to follow. Examples included; when accompanying children into the community, to manage any events and to assist children with their mobility.

Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Staff were recruited following the providers policy and procedure and best practice to ensure they were suitable to work with children. Prior to commencing employment, the registered provider carried out robust checks including, staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with children.

Children received consistent care and support from dedicated staff. New staff, supported by seniors, completed an introduction to the children they supported, with their families present. This ensured they were both suitable for the role and compatible with the individual. Seniors and families observed interactions and the staff's competence in their role. One family member said, "The introduction process was invaluable. There were no limits on how long this should take, no pressure to accept the staff member allocated. In our case we were, and are very happy; the staff member has a fantastic relationship with our child. We can be confident in the knowledge they are very well supported and safe with staff."

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The provider told us, and relatives confirmed, staff were not responsible for administering children's medicines but did prompt where this was required. Staff had received appropriate training in medicines management and administering. The manager told us staff sometimes administered 'rescue' medicines. For example, in the case of a child having an epileptic fit, for which they were trained to do.

Staff told us, and records confirmed they received training in infection prevention and control and they had access to sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.

## Is the service effective?

### Our findings

Families of children in receipt of a service told us their children received care and support from staff who understood their individual needs and had the skills and knowledge to provide them with an effective service. Comments included, "My child looks forward to [staff name] picking them up every week. [Staff name] is incredibly competent in their role. They understand our child and they are committed to providing them with a very effective service; and it shows."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Personnel files confirmed staff received appropriate supervision and appraisal as required to carry out and develop in their roles in line with the provider's policy and procedure. One staff member told us their training was discussed at every supervision. They said, "The supervisions are useful for our role and we can also raise any issues or concerns with the manager."

New staff completed an induction programme to ensure they were familiar with their role, systems, policies and procedures. A record of the induction was signed off by a senior before staff commenced independent duties. Training was managed electronically and staff were supported to remain up to date with their skills and knowledge.

Staff told us they had completed training which the provider considered mandatory (to ensure their competence) and had the opportunity to study for other higher-level qualifications. One staff said, "We have access to a large database of training which enables us to refresh our knowledge and implement latest best practice in our role." Training completed included moving and handling, child development, child protection specific to children with disabilities, medication administration and communication methods. All training could be accessed on-line through the Council's 'Workforce Development Unit'.

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. Any DoLS applications must be made to the Court of Protection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Consent to care and support was sought in line with legislation and guidance. Children supported by the provider were under the age of 16 and therefore the MCA did not apply to them. However, the provider worked within the frameworks of The Children Act 1989 and subsequent legislation to work with parents who had parental responsibility. A person who had parental responsibility can make decisions about a child's care and upbringing.

The provider ensured the wishes and feelings of children were taken into consideration. One family said, "My child is five years old and is unable to make informed decisions. We advocate on their behalf and are involved in every decision-making process to ensure decisions are made in their best interest. We know what they like and don't like. If they are unhappy with something we can make appropriate changes which reflects their views." Detailed records included signed agreements, where decisions had been made to evidence appropriate procedure had been followed.

The provider adhered to its responsibilities to pay due regard to the need to eliminate discrimination and promote equality of opportunity. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their needs. The provider, being part of the local authority, ensured this was the case.

Information was available for staff to follow should a child have any eating or food preferences. The manager told us staff did not generally provide meals for children. However, we found staff supported children to learn new skills and take on new challenges. For example, to eat in cafes and restaurants. A family told us, "Staff will ring a restaurant or eating place before they visit. They know and understand our child's preferences including their food intolerances. They make sure they can be catered for in advance of any trip out."

The provider and staff in the service worked closely with other professionals to provide children with holistic services to support their needs and development. A family said, "We are so lucky to receive services from this provider. Everything is joined up and meets both our child's, and our requirements." The provider worked to the guidance published by the Department of Education and Skills on the Common Assessment Framework. Parents told us they were seen as the people who knew their child best and were able to give advice to the staff. This meant parents and staff worked closely together to develop good outcomes for the children.

Should a child require urgent medical care, staff understood to use the emergency contacts recorded. In certain circumstances we found staff monitored children's health and well-being but families had primary care of their children's health needs.

When we spoke to other professionals about the service, they told us they thought the service was effective, and that parents valued the service for the support it gave to their families. A health professional told us, "It's an effective service; staff are perceptive and very good at communicating important information where additional input is required to support children. The provider is good at implementing any recommendations we make and staff are always on hand to discuss best practice ways of working to improve children's wellbeing."

## Is the service caring?

### Our findings

Families told us their children received care and support from very caring staff. One family told us, "In our experience, the provider always employs staff who are kind, compassionate, and who have chosen this line of work as a career choice; because of the children they support." Another family told us, "The provider is selective about who they recruit. This ensures our child is supported by staff who really do care; which is a lot more important." Staff we spoke with discussed their role with enthusiasm. It was clear they cared about the individuals they supported and were determined to help improve their lives, and those of their associated families.

Staff we spoke with demonstrated an in-depth knowledge and understanding of children's care, support needs, and routines. They described how they supported the needs for each child they worked with. Care records evidenced how staff worked in partnership with other healthcare professionals. Staff told us they would raise issues straight away if they had any concerns about a child's health or well-being. We saw from care records appropriate referrals had been made to professionals promptly. Any on-going communication was also clearly recorded particularly with social workers.

Children's confidentiality was respected and personal information was appropriately stored. Access was limited to staff who required the information to carry out their roles. Staff were aware of issues of confidentiality and understood the need to maintain this at all times. Staff told us they would only share information with those who needed to know. For example, if the child was at risk of harm, abuse or required medical attention. A family said, "The staff are very considerate of our child's situation when they are out in public. We trust them wholeheartedly; they keep us up to date with important information but they certainly are not 'gossips!'."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. Families confirmed they had no concerns regarding this when staff were with their children. One family said, "Our child always comes first; on one occasion our child was going for a day out with the staff member; we forgot to put a belt on their trousers. The staff brought the child back to our house and picked up their belt. It's only a small thing but it meant their trousers stayed up and avoided any embarrassing situations." Another family told us, "The provider is respectful of any wishes we might have on behalf of our child. For example, we have a female care worker but they would have provided a male care worker if that's what our child preferred."

It was clear from children's records and from talking to families that they could express their views and be actively involved in making decisions. A family confirmed, "My child has made real progress since the start of this service. They enjoy being with staff who recognise their abilities and promote their independence whenever there is opportunity to do so. For example, staff take our child swimming. They help to keep them safe in the pool and always encourage them to change with minimal assistance. It would be quicker if staff did it for them but they take their time and don't rush, they are supportive which is great for [child's name]."

The provider was working with regards to the Equality Act 2010. The provider ensured all children across the

City of York who were aged between five and 17, and who had been assessed as having a disability, had access to a referral system to receive the care and support available to them.

## Is the service responsive?

### Our findings

Families of children who used the service told us the service was important in helping their child's progression by providing access to activities that otherwise they would not attend. A family said, "The service gives us some respite from each other but more importantly our child benefits in so many other ways. They make friends, are socially accepted and can enjoy activities and outings just like any other child." Another family told us, "Our child receives only two hours of support a week and sometimes a bit more during the holidays." The staff who attend do so much with them in those two hours that our child just doesn't want them to leave."

Staff supported children with activities of their choice. Families were happy with the activities their children took part in and told us they felt staff were well matched to their child in terms of interests and understanding what is important to them. Some of the activity days that children were supported to enjoy included trampolining, swimming, table tennis, climbing, and trips to the seaside and the cinema.

Children received care and support that was responsive to their individual needs. Families had accessed the service from a referral and allocation panel. This resulted in a meeting with the family to ensure the agreed care and support was centred on the child's individual needs and circumstances. An 'Information for carers Agreement', formally recorded this information and included measures for staff to follow to meet those requirements.

The manager told us, and our checks confirmed that the provider did not have a single documented point of reference for staff to access children's information for this specific service. Where required other records were maintained, to provide staff with additional guidance. Examples, included a 'Health Care Plan' and a 'Moving and Handling Plan'. One child had a moving and handling plan which incorporated risk assessments that had been carried out by an occupational therapist who was employed by the service. In addition, all children had an 'Education Health Care Plan'. This was a holistic plan identifying other services in place to help support children's health, education and social care needs.

Children's records were held by the provider and the family with parental responsibility. Staff had full access to this information. Information was reviewed for its effectiveness every six months. This included input from all professionals and parent carers working with the family. The registered provider told us on the PIR, and the manager confirmed, 'The Community Short Breaks Service will create a standalone Care Plan as a composite document for each child and young person receiving a service.' This meant staff would have a single point of access to up to date information specific to the short break service.

The Accessible Information Standard is a framework put in place by the National Health Service (NHS) from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager confirmed information was available in a variety of formats where this was required. They told us, "We use PECS (Picture Exchange Communication System) which is communicating using pictures, 'Eye Gaze' (using electronic applications to communicate) and we use observation skills to record the child's response. Where children required this support care

records included examples. One family said, "We use technology to aid communication; it helps our child communicate their needs and feelings so they can be understood."

The service had a complaint policy and procedure in place, which was linked into the Council's general complaint system known as "Have Your Say". At the time of the inspection the service had not received any complaints. Families we spoke with told us they didn't have cause to complain. However, they told us they wouldn't hesitate to raise any concerns or complaints and told us they were confident they would be fully investigated with appropriate outcomes implemented. Staff spoken with were fully aware of their responsibilities in dealing with complaints and bringing this information to the attention of senior staff where any further investigation was required.

## Is the service well-led?

### Our findings

Families told us they were very happy with the service their children received and the staff who supported them. Comments included, "Fantastic support, I cannot underestimate the positive impact this has for our child." And "The service just compliments the other aspects of our child's care, support and development. It helps benefit those areas which ultimately has positive outcomes for our child's development."

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager in post, who had submitted the required applications to the CQC to be assessed for registration.

Families of children and staff were positive about the support they received as part of the service provided. A family told us, "We have a good relationship with everybody involved in our child's care, support and development. The staff who provide this service keep us up to date with any changes and even provide updates when they are out with our child away from home." A staff member said, "I have great working relationships with the child's family. It's important to build on those relationships so we can continue to have open dialogue to provide the best service for their children."

Staff told us, "The manager is supportive of staff in their role, approachable, and passionate about providing the best service. They are certainly the right person for the job." A family said, "The manager has visited us at home. We were impressed about their knowledge about our child's progress and appeared very caring. We like the flexible approach in providing the service to our child which reflects all our needs."

The provider recognised the importance of rewarding staff for their achievements in their role. Two staff members had been nominated for an award at, 'Work With York - Shiny Star Award'. Although unsuccessful with winning a place they had been nominated by many people to acknowledge their individual contribution to supportive care.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. Discussions confirmed the manager was clear about these requirements which meant we could check appropriate action had been taken.

Systems and processes were in place to manage and monitor the effectiveness of the service. This included reviews and evaluations of care records, any accidents and incidents and safeguarding concerns where these were raised. The service was reviewed as part of the children's services provided by City of York Council, to ensure it was provided with due regard to relevant legislation. These reviews had highlighted areas where improvement was required. For example, the provider had identified and was implementing a new care plan with information in one place for staff to follow and would help with further evaluation to ensure the service remained effective to meet the child's individual changing needs.

The service was delivered with regard to appropriate legislation for children. For example, The Children Act (1989). Staff had access to information to adhere to the relevant legislation. Other policies and procedures



were kept up to date, and along with a staff handbook provided staff with best practice guidance in their role. The manager told us, "Policies are in place and reviewed and updated by the organisation. All staff attend training courses to ensure they are up to date with changes to legislation and practices. Knowledge is shared through planned courses, at team meetings and in supervisions."

The manager was positive about maintaining and improving the service people received. They told us they kept up to date with regulatory changes from the NICE Quality Improvement documentation and Health and Social Care Act 2008 Regulations. They told us they met with other managers where they discussed ideas for developing the service. The manager said, "This professional peer support and sharing of good practice will continue to help shape the service that Community Short Breaks provide."

The provider worked closely and in partnership with other specialist services to ensure that children's records remained up to date and that staff were updated with any changes. The manager confirmed this on the PIR which recorded, 'Our Community Nurse has regular contact and receives updated information from Specialist Nurse from Schools which provide education for children within the York area, who are assessed as has having a disability. They are in regular contact with the epilepsy nurses, paediatric dieticians, team leader for children's community and specialist nurses.'

The provider maintained relationships with, and children had access to a variety of services in the local community. Staff received a 'Community Short Breaks Handbook'. This included information to ensure any activities could be planned, ensuring the child of a most positive experience. Information was available about the 'Blue Badge Scheme' which meant they could park in specially nominated parking spaces to access shops, restaurants, and other places they wished to visit. Guidance was available to take children on suitable public transport, where to get other information, discount cards, and accessing parks and places for a day out that were in easy reach. One staff said, "We go to lots of places where children can interact in the community and with other likeminded individuals."

The provider sought feedback about the service. We were shown feedback from surveys completed with families, children and other professionals. The manager told us this feedback was ongoing. Feedback was evaluated quarterly. The information was used to quality-assure the service and highlighted any areas for improvement. Overall the feedback was positive. For example, one child had responded by recording, 'My short breaks worker is nice. I enjoy my time with them.' However, a professional involved with the service had responded, 'There is a lack of capacity in the service.' The provider had recorded, 'More staff are being recruited to meet demand.'