

Barnardo's

Sycamore

Inspection report

Sycamore Resource Centre
66 Oxford Road
Banbury
OX16 9AN

Tel: 01295263317

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service

Sycamore Resource Centre is provided by Barnardo's and serves as a residential short break centre for children and young people with severe, profound and complex physical and learning disabilities. The resource centre consists of five bedrooms which provide overnight accommodation for children and young people aged between 5 and 18 years of age.

The centre is a large home which is significantly bigger than most domestic properties. At the time of our inspection it was registered to provide accommodation for a maximum of five children and young people at any one time. During our visit, three children and young people were scheduled to receive respite. The centre is situated in a residential area, close to the town centre which means that children and young people who attend the centre benefit from accessing a range of activities and amenities in the community.

The spacious nature of the centre was benefitting children and young people. Children and young people who have sensory processing issues and become overwhelmed in busy, noisy environments can benefit from accessing quite spaces without having to retreat to their bedrooms.

Managers and staff made a conscious effort to ensure that the centre was homely and made attempts where possible to avoid any signs both inside and outside of the home which may indicate the nature and purpose of the building. Staff did not wear uniforms, but their own clothing which was appropriate for the nature of their work. Bedrooms had recently been subject to some refurbishment. All rooms had been re-painted and new, bright bedding purchased. This has made rooms brighter and more inviting.

Sycamore Resource Centre consistently applied the principles and values that underpin Registering the Right Support and other best practice guidance. Staff were passionate in their efforts to ensure that the children and young people who used the service were supported to lead active, meaningful and fulfilling lives whilst also providing support for their families, parents and carers.

There was a positive ethos of promoting independence and choice. We found that staff took the time to get to know the interests, preferences and aspirations of the children and young people who attend the centre for respite and involved them in a range of activities which further cultivated their interests and personal development. Children and young people who used the centre benefitted from planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The centre was fully adapted to enable children and young people who rely on the use of wheelchairs and other mobility aids, to move around the home autonomously and with ease. The centre had a sensory space and a large garden and patio to the rear. Both areas could be independently accessed by children and young people who have mobility issues. The outdoor play equipment in the garden area had been specially adapted so it could be used by residents with a range of physical disabilities.

Staff were knowledgeable and well trained to provide complex care. They knew the children and young people they were working with well and knew how to keep them safe from abuse and harm.

The centre was clean and had been specially adapted to ensure that children and young people could move freely and independently without causing injury to themselves or others.

There were clear and effective medicines management procedures in place which avoided medicines errors. Medicines were stored safely.

There were a range of comprehensive procedures and policies in place which staff adhered to. However, some of these policies, such as the policy and guidance relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were in need of review.

Care was effective and met the multiple and complex needs of children and young people.

Good partnership working with outside partners and agencies contributed to effective care.

Training on the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) was not mandatory for staff.

Leaders and staff were committed, passionate and demonstrated exceptionally caring attitudes to children and young people.

There was an embedded "think family" approach at the centre. Staff provided on going care and support to parents and carers which was valued by the parents we spoke with.

Care was child centred. The needs, feelings and aspirations of children and young people were paramount.

The centre provided an extensive range of activities and excursions that enriched the lives of children and young people.

Leaders and staff were proactive in collating feedback and using such feedback to continually develop and improve service delivery.

Staff were innovative and creative in the way that they interacted and communicated with non-verbal children and young people.

Leaders were visible, accessible and staff we spoke with told us that they felt well supported and understood.

Processes to monitor quality and performance were effective.

Leaders had a clear passion to continually drive service improvement.

Leaders had successfully embedded a clear culture of transparency and candour. They were open and honest when things went wrong.

People's experience of using this service and what we found

Parents and carers, we spoke with were full of praise for the centre and staff. One parent we spoke with told us, "They are a life line. My child's key worker goes above and beyond what they are expected to do. They are in constant communication with me, but also have contacted other professionals to try and get additional support for my son."

Another parent said, "Sycamore is brilliant. They provide the whole family with support. I totally trust them, which is hard sometimes, but the break means that I can do activities with my other children that I cannot always do when we are all together. They also give my son the experiences and one to one time which I sometimes am unable to."

We have made several recommendations about infection control, care planning the use of visual monitoring and reviewing consent, policies, procedures and good governance.

We also have made a recommendation that all available plans and information regarding children and young people are available and accessible to staff by adding them to the child's record.

This service was registered with the Care Quality Commission (CQC) on 12 April 2019 and this was the first inspection that we had carried out at this location.

Why we inspected

This was a planned inspection which we are required to carry out during the 12 months post registration of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Inspected but not rated

Sycamore

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 on 18 February 2020. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service under the Care Act 2014.

This inspection was not aligned with Ofsted's inspection. A separate Ofsted report is available at <http://reports.ofsted.gov.uk>

Inspection team

The inspection team consisted of one children's services inspector, and one specialist advisor who has expertise in nursing children who require complex care.

Service and service type

Sycamore Resource Centre is a children's residential 'care home' which provides short breaks for children and young people with a range of complex needs and disabilities. Children and young people in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We also looked at information and findings from the last Ofsted inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We also spoke with seven members of staff including the registered manager, team manager, senior care workers and care workers.

We reviewed a range of records. This included eight people's care records and six medication records. We looked at documents relating to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

Children and young people were safe and protected from avoidable harm.

Systems and processes to safeguard children and young people from the risk of abuse

- Children and young people who attended the centre for short breaks were consistently kept safe. We found there to be a robust, effective and in-date safeguarding policy in place which gave clear guidance to staff about how to identify, respond to and report safeguarding concerns.
- We found the registered manager and team leaders to have effective relationships with the children's social work teams. This well-established partnership approach contributed to strong multi agency working to identify and respond to safeguarding risks. They would frequently use these partnerships to ensure that there was an appropriate, multi-agency response to identified safeguarding risks.
- We found there to be a strong culture of safeguarding at the centre, with staff expressing a collective responsibility to keep children and young people safe. Staff were able to demonstrate that they had a good understanding of the additional vulnerabilities that children with disabilities and additional needs have.
- The registered manager and leaders valued the importance of safeguarding training and maintained training records to ensure that staff attend mandatory training in accordance with updated national guidance (Safeguarding children and young people: roles and competences for health care staff. Intercollegiate Document 2019). At the time of the inspection, all staff had received generalist (Level two) training, and the majority of staff had attended advanced (level three) training. Delays in staff accessing level three training was due to course availability. The registered manager and team leaders ensured that staff were in receipt of Barnardo's in-house mandatory safeguarding training whilst they waited for advanced level three training to be made available by Oxfordshire Safeguarding Children's Board (OSCB).
- Safeguarding was discussed during every staff supervision. Supervision templates were used by leaders to structure supervisory processes and to encourage staff to discuss and reflect upon their safeguarding practice. One member of staff we spoke with told us; "I really value supervision. They always happen when they should, and they are a great help."
- A suite of comprehensive guidance, processes and policies were in place to keep children and young people safe. Staff knew and understood the policies and were compliant with their implementation. However, some of the policies we looked at were in need of update and review.

Assessing risk, safety monitoring and management

- Fire and environmental risk assessments were all up to date at the time of our inspection. We found there to be evidence of appropriate protective equipment such as fire extinguishers and blankets on site. All staff had received fire safety training and new staff received this training as part a standardised induction programme to ensure that staff were familiar with what to do in the event of a fire.
- Every child and young person who attends the centre has a Personal Emergency Evacuation Plan (PEEP) in place. Plans were holistic and clearly set out instructions for staff to follow in the event of an emergency to ensure that children and young people were safely evacuated without causing them harm or undue distress.
- The registered manager completed quarterly health and safety audits and reported back any concerns or potential hazards to commissioning partners Leaders we spoke with told us that they felt well supported by commissioners to address issues identified by audit which may impact on service delivery.
- Staff shared daily handovers at shift change. Body maps were in use to record any new marks such as bruises and abrasions. Any behavioural changes recorded on ABC forms were also discussed. Therefore, there were effective processes in place to help assess risk and monitor the safety of children and young people. Leaders had effective oversight of all children in the unit and shared concerns appropriately with multi-agency partners.
- On the rare occasion that restraint and physical intervention was used by staff, leaders had effective oversight of incidents. Incident reports reviewed, had been subject to prompt managerial review to ensure that staff's use of restrictive techniques and restraint were proportionate and safe. On occasions where restraint had been used, staff had been given timely debriefs and identified any learning needs to try and avoid any future incidence of restraint.
- Information was contained in individual child's records which clearly set out the steps that staff needed to take if a child went missing or absconded from the centre. These holistic, child centred plans captured pertinent information about individual risk and vulnerability along with clear steps that staff would need to take to mitigate these risks. At the time of our inspection, no child had been reported as missing.

Staffing and recruitment

- No recruitment and retention challenges were identified at the time of our inspection. Staff teams were experienced and skilled. New clinical staff had recently been appointed which meant that the use of agency nurses and staff was minimal. On the rare occasion that agency staff were used, leaders ensured where possible, that the same agency staff were used in order to provide care continuity for children and young people.
- Staff rotas were planned in alignment with the booking of children and young people for respite. This meant that there were enough numbers of staff on duty to safely meet the individual needs of children and young people, and that the children and young people who attended the centre for respite were supported by a consistent, named key worker who knew them well.
- Recruitment of staff was carried out in line with Barnardo's safer recruitment policy. Newly appointed staff had their starts delayed until Disclose and Barring Service (DBS) checks had been received. All new staff were provided with support and guidance by more experienced members of staff until they felt comfortable and competent in their new working environment.

- A formalised induction process is in place which all new staff benefitted from when they joined the service. At the time of our inspection, two members of staff were being inducted and supported by a team manager.

Using medicines safely

- We found effective and safe processes to be in place to store and manage medicines. Only those medicines or controlled drugs that were brought in by the children were kept on the premises. The only exception was paracetamol which could be given as required as long as the family or medical professionals had given consent for staff to administer.
- There were safe processes to oversee medicines which were brought in by children and young people. All medicines were booked in by two members of staff who checked medicine and doses and signed them in. Bottles were also weighed on arrival and before every dose was administered. Weights were clearly recorded. Bottles were also weighed before the child or young person left the site to check for any medication errors. We found no evidence of medication errors since the service became registered with the CQC.
- Medicines charts were stored in individual folders which included a photograph of the child or young person as well as consent from parents and carers and their emergency contact numbers. Each child or young person had two medicines charts. One was for regular prescriptions and one was for PRN medication. The term PRN refers to medicines which are administered when required, such as some topical creams and pain relief medicines. Charts were clearly distinguishable by colour to avoid inaccuracies in recording. Two members of staff checked that the medicine and dose was correct for the child before administration.
- A minimum of two staff clearly signed when medicines had been administered.
- Medicines were stored in a locked room with a key pad entry system. The room contained an accessible copy of the Barnardo's drug administration protocol which staff can refer to. Staff we spoke with had all received training on drug administration protocol and were knowledgeable about the safe use and storage of medicines.
- The drugs room contained a locked drug cupboard for medicine storage. Within this there was also a separate cupboard to store controlled drugs. No controlled drugs other than those which were bought in by children and young people were stored on site. The cupboard was clean and tidy. There was also a drug fridge in the room which was clean and empty at the time of our inspection. Daily temperature checks were carried out and recorded.

Preventing and controlling infection

- The centre was clean and tidy. Surfaces, toys and equipment were all clean and wipeable to avoid the spread of infection.
- We heard that staff had recently received some training on sepsis from the senior nurse which had

equipped them with knowledge of the signs and symptoms of sepsis. However, we did not see any posters displayed in the home which may further facilitate the identification of this medical emergency.

We recommend that the provider takes steps to ensure that there is visible and accessible information available to staff at all times to support the identification of sepsis.

- Kitchen fridges were clean and tidy, food was in date and temperature checks were carried out with regularity. However, we did find missing checks on days that the service was closed and food was in the fridge. Reasons for not carrying out fridge temperature checks need to be clearly recorded so that the records are complete.

We recommend that the records for recording daily temperature checks clarify the reasons for gaps in recording.

- Staff had access to suitable personal protective equipment such as gloves and aprons. There were suitable hand washing facilities around the centre.

Learning lessons when things go wrong

- There was an ethos of openness, transparency and candour across leadership and front-line teams. Incidents were consistently reported and staff were supported to reflect and learn from lessons when mistakes had been made.

- Daily hand overs allowed staff to discuss incidents and share learning. Similarly, monthly team days created protected time for the staff team to focus on incidents and discuss lessons learnt in a supportive environment.

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.

Children and young people's outcomes were consistently good, and feedback from children, young people, their parents and carers and other professionals confirmed this.

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

- Assessment of children and young people's needs were detailed, holistic, and continuous. Accompanying care plans, individual behaviour management plans and risk assessments were similarly of a good quality. There was a clear alignment of plans to ensure that care and practitioner response was consistent.
- Staff were regularly contributing to Education Health and Care Plans (EHCPs). We were told that whilst final plans were being received and stored on an electronic database, and copies were not they were not included in children's individual files. This may result in staff not always being aware of the wider needs of children and young people and missing opportunities to support children to achieve their education, health and care outcomes.

We recommend that all available plans and information regarding children and young people are available and accessible to staff by adding them to the child's record.

- There were fixed visual monitors in the children's bedrooms, which could be viewed by the staff to monitor safety and wellbeing. They were commonly used to monitor seizure activity. Individual risk assessments set out arrangements with the appropriate consent, but it was not always immediately clear when consent had been granted and what the purpose for visual monitoring was used for. We did not see evidence of privacy impact assessments in the records of children and young people.

We recommend that the provider refers to current guidance about visual monitoring devices to ensure that consent is obtained and regularly reviewed. We also recommended that regular privacy assessments are carried out to ensure that privacy and dignity are not compromised.

Staff support: induction, training, skills and experience

- Staff were skilled and well trained. Whilst the mandatory training requirements were not wide ranging leaders had sourced additional training such as autism awareness and attachment training to further support staff in their roles.
- Newly appointed staff benefited from a thorough induction process. New staff were also well supported by

more experienced members of the team. Staff we spoke with were happy. One staff member told us, "I love working at the centre, the whole team is supportive and management are accessible."

- Clinical staff had provided high quality training to staff teams to enable them to competently and confidently carry out clinical tasks such as tube changes. Records reviewed demonstrated that there was effective monitoring of training and skills to make certain that staff can perform delegated tasks safely.
- Staff were encouraged and supported to pursue their individual interests to further aid their knowledge and professional development.

Supporting children and young people to eat and drink enough to maintain a balanced diet

- Children and young people were provided with a wide range of freshly cooked, nutritious meals. We met with the onsite cook who was passionate about providing children with balanced, tasty meals which not only met their dietary needs, but also any accompanying sensory needs that children may have.
- The cook had a good understanding of allergies, intolerances and planned meals carefully in accordance with occupancy to ensure that children and young people's allergens were avoided. Daily handover meetings also involved the cook who played a vital role in planning food preparation.
- The dietary needs of all children and young people were clearly included in their individual care plans and took into account their cultural needs and preferences.
- Meals were served in a bright, spacious communal dining area to promote social interaction.

Staff working with other agencies to provide consistent, effective, timely care

- Effective care planning and assessment began in advance of the child attending the centre for short breaks. Staff met with a range of professionals, such as the social workers and health professionals who were providing support to children and young people. This was to ensure that staff fully understood their presenting needs and complex presentations. A range of tea time visits with the child and their parents and carers meant that children and young people felt happy and comfortable at the centre before their first overnight stay.
- We found evidence of good multi-agency working with outside agencies. For example, staff frequently attend meetings with social care and visit the child's school. These effective partnerships helped to ensure that staff at the centre remained consistently well-sighted on any changes in the child's circumstances which may impact on their health, wellbeing or behaviour.

Adapting service, design, decoration to meet children and young people's needs

- Leaders had acknowledged that the centre was in need of some modernisation and maintenance and had

recently decorated bedrooms and purchased new bedding. At the time of our visit, individual and communal spaces were clean, well maintained and bright. Children and young people were encouraged to bring personal, meaningful items with them during their stay in order to personalise their bedrooms.

- The centre had a good range of communal and quiet spaces. Children and young people who became easily overwhelmed were benefitting from readily accessible, quiet spaces. There was a sensory room, a ball pit as well as large patio areas and a well-maintained garden to the rear. Staff effectively utilised these spaces to help calm children and young people who became agitated and distressed. This helped to reduce the number of incidents which required restrictive intervention.

Supporting children and young people to live healthier lives, access healthcare services and support

- There was a fully staffed clinical team at the home who were skilled to meet the often-complex health needs of children and young people. Clinical staff had also provided robust training to non-clinical staff to enable them to safely perform delegated duties such as gastronomy feeds and tube changes.

- The centre is situated opposite Horton General Hospital and the registered manager reported that they had good links with medical teams based there. The registered manager told us that she had been able to source additional specialist training from staff at the hospital. For example, staff had received stoma training which further supported them to work with a child who had a stoma in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Young people over the age of 16-years 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.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whilst staff had a sufficient understanding of mental capacity, consent and DoLS, training on this topic was not mandatory. The policy relating to DoLS and MCA was also out of date in need of review. We were not made aware of any plan being in place to address this deficit in training.

We recommend that the provider updates their policy on mental capacity and DoLS and ensure that staff are trained on its application.

- The front doors of the centre remained locked to prevent young people who may not be aware of risk from wandering onto the busy main road. The reasons why the doors were locked had been clearly explained to young people. Staff supported and accompanied children and young people to go outside if they wanted to. The kitchen doors were sometimes locked to prevent young people from having access to sharp objects

which may be injurious. However, if a young person expressed a wish to go into a kitchen they were granted access provided a member of staff was present.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service was consistently caring.

Ensuring children and young people are well treated and supported; respecting equality and diversity; Supporting children and young people to express their views and be involved in making decisions about their care

- Children and young people were supported by committed, caring and kind staff who were visibly passionate about supporting children and young people with complex needs to live happy and fulfilling lives.
- Staff were respectful and clearly placed great importance on the voice of the child. Leaders and staff made concerted attempts to ensure that every intervention and episode of clinical care was child centred.
- Care and treatment was holistic and individualised. We saw evidence in all records reviewed of the preferences, wishes and aspirations of the child being captured and adhered to.
- Staff did not view disability as a limitation and worked tirelessly to ensure that the children and young people who attended the resource centre were able to benefit from a wide range of excursions and activities. Children and young people were actively encouraged to produce a "wish list" detailing places they wished to visit and activities they wished to experience. Key workers and support staff were relentless in their efforts to turn aspirations and wishes into reality.
- We observed staff to be gentle and patient in their interactions with children and young people. Children were given praise and encouragement and appeared to be very comfortable and happy in the company of their keyworkers.
- It was evident that staff took great pride in their work and enjoyed their time with the children and young people, as much as the children and young people did with their key workers.
- Staff were able to demonstrate examples of when they went above and beyond to demonstrate their caring attitudes to children and young people. One example of this was staff making attempts to organise a leaving party for a young person who was transitioning to adult services. The young person had presented staff with a list of friends who he would like at the party. Some of his friends were not service users. Staff made sure that the people identified as important to the young person could safely attend his party.

Respecting and promoting children and young people's privacy, dignity and independence

- The centre was spacious and enabled children and young people to move around the home freely and with independence. The centre had been specially adapted to ensure that those non-mobile children and young people could move around with similar autonomy.
- Whilst children and young people were supported and encouraged to socially interact with other residents during their stay, staff respected wishes for private time, and allow children to retreat to their bedrooms if they wish to be alone if it was safe for them to do so. Bedrooms had been recently re-decorated and greater attempts to personalise individual spaces during a child's stay have been made.
- There was an effective consideration of dignity. Care plans reviewed demonstrated that dignity was of paramount importance. Staff were encouraged to consider dignity when assisting a child and young person to wash or get dressed. Steps were taken to ensure that doors and curtains were closed when supporting children and young people with their personal care and when clinical procedures were carried out. There was also good exploration of the increased need to consider a young person's privacy and dignity as they become pubescent.

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 ensure children and young people have choice and control and to meet their needs and preferences

- All care plans reviewed successfully captured the voice of the child and were written from the child's perspective. Care plans were detailed yet concise, and the preferences and aspirations of the child were explicit throughout.
- Children and young people were treated as individuals. Staff responded thoughtfully and holistically to children and young people. Parents and carers were consulted to gain their perspectives and the wishes and feelings of parents were captured in care plans. One parent we spoke with told us "They are in constant communication. It's just nice to have your voice heard."
- Monitoring and assessment was continual. Staff used a range of observational tools to report changes and patterns in behaviour. This information was then used to form individual behaviour support plans which set out clear strategies to use with the child or young person if they became distressed. Clear, thoughtful planning was effective in reducing the number of incidents which involved the use of restrictive measures and restraint.
- Staff used their effective partnerships with outside teams and agencies to inform personalised care planning and support. In one case reviewed, the child's key worker liaised with the child's social worker to discuss changes in the child's behaviour. As a result of the discussion around the unique needs and past life experiences of the child, a new set of coping strategies were implemented to help them deal with their anxieties about accessing the centre which were successful.

Meeting children and young people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were a number of children and young people who were non-verbal. Staff recognised that for some children and young people, particularly those who cannot communicate with speech, may communicate their pain, fear and frustrations through challenging behaviour. We found evidence of changes in exhibited

behaviours being consistently recorded and staff used this information to establish triggers and tailor their interactions to best meet children's needs.

- Staff used visual aids, PECs and Makaton where appropriate to communicate with children and young people with speech, language and communication needs. Other communication aids such as iPads were also used to enable communication and interaction.

Supporting children and young people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of activities and excursions were made available to children and young people who attended the centre. Staff had a good understanding of children's interests, hobbies and planned activities which aligned with children's aspirations and wishes.

- Staff aimed to promote inclusion and social interaction for every child and young person. Occupancy was well considered and thoughtfully planned to ensure that children had opportunity to enjoy short breaks at the same time as other children who they identified as their friends.

- Activities and trips were fully funded by the centre and therefore parents and carers did not incur any additional costs. This meant that children and young people from more economically disadvantaged families were able to enjoy the same range of activities as their peers.

Improving care quality in response to complaints or concerns

- The number of complaints received were very low. However, leaders were receptive and responsive when complaints or concerns were raised. We saw evidence of equipment being changed in response to staff feedback.

- Leaders were proactively seeking feedback from staff teams, parents and carers and children and young people. Great emphasis was placed on the participation of children and young people to ensure that the service consistently met their need.

End of life care and support

- At the time of our inspection, two children and young people were receiving end of life care. Staff were providing support to their families and had a good understanding of the complex range of emotions parents and carers may feel when sending their child who is at the end of their life for short breaks.

- Staff were well supported by leaders. We were told that recently a young person who had been using the centre for a number of years had passed away. Staff were given the opportunity to attend the young person's funeral and offered ongoing support and bereavement counselling.

- The support and care shown towards bereaved parents by staff at the centre was supportive and sensitive. We heard that when a child or young person dies, staff create a memory book for families which contain photographs and art work which was completed by the child during their time at the centre.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The resource centre is effectively led by an experienced registered manager who is in turn supported by two experienced team leaders and a senior project worker. The leadership team is stable, which means that staff have benefitted from consistent leadership.
- We found evidence of staff receiving regular supervision which provided staff with the time and space to reflect their practice. Leaders had effective oversight of staff who had not received supervision and acted proactively to address this. Staff we spoke with felt well supported by a leadership team who were accessible and visible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership team promoted a positive culture of openness and learning. We found that leaders had promptly actioned recommendations from previous regulatory inspections such as their latest Ofsted inspection which was carried out in May 2019.
- Leaders we spoke with were open and honest about challenges they face and were candid about areas of performance that needed further improvement.

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

- Leaders had effective processes in place to monitor quality and performance. There was a clear management structure in place and the registered manager and leaders were aware of their roles and responsibilities.
- The service was registered with CQC for the purpose of the Treatment of Disease Disorder and Injury (TDDI) in April 2019. The registered manager openly shared that whilst she had full understanding of Ofsted's regulatory requirements, she is less knowledgeable of the regulatory requirements of the CQC required by law and needed additional learning and support; Particularly around the notification process.

We recommend the registered manager and leaders should refer to current CQC guidance to ensure that they have a sufficient understanding of the CQC's regulatory processes.

- Whilst there were a range of comprehensive policies to provide leaders and staff with clear guidance about their roles and responsibilities, we found some of these policies to be in need of update and review. Copies of up to date policies in accessible folders had not been replaced with the most recent iterations which mean that staff may act in accordance with out dated policy and guidance.

We recommend Barnardo's should ensure that policies are reviewed in accordance with review dates. Leaders should ensure that policies in files which are accessible and utilised by staff are the most recent versions.

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

- Leaders value feedback and regularly consult with staff, children, young people and their parents and carers. We saw evidence of managers using collated feedback in a meaningful way to make improvements to service delivery. For example, recent feedback from a member of staff resulted in a new type of medical glove being used.

- Leaders placed a great emphasis on the importance of participation of children and young people. Children and young people were encouraged to contribute their ideas on how the centre could be improved. We found evidence of improvements being made to continually positively enhance the experiences of children and young people who attend the centre. One example of this was buying tools and equipment for young people to use to help maintain the outside space.

- The registered manager consistently worked a late shift on a weekly basis in order to be able to meet with and provide support to night staff. In addition to this arrangement, the registered manager also occasionally worked a night shift in order to have oversight of the quality of care being provided and to better understand the challenges and issues experienced by night staff.

- Staff demonstrated respect for the lived experiences, opinions and views of service users. Children and young people were consulted and involved in the recruitment of new staff. Some of the children and young people had been involved in the recent appointment of a new nurse.

Continuous learning and improving care

- The registered manager was regularly carrying out audits to identify areas of practice and service delivery which would benefit from improvement. Safeguarding practice and compliance with health and safety were subject to regular audit and scrutiny. Findings from audit were shared with commissioners via detailed quarterly reporting and used by the registered manager to make continual improvements in service delivery.

- Leaders were passionate about continuous learning and improvement. Monthly team days provided staff with an opportunity for group reflection, learning and discussion. Team day discussions were clearly documented, which allowed leaders to action the requests and ideas proposed by staff. For example, we saw that staff had requested additional training on autism awareness and attachment. This training was promptly sought and delivered during team day meetings.

- The leadership team had effective oversight of incidents such as an escalation of challenging behaviour by a child or where restrictive interventions had been used.. We found there to be clear learning from incidents which was swiftly disseminated across staff teams. One example of learning was the scheduling of short breaks to ensure that service users were accommodated with children and young people with whom they were compatible and likely to have positive social interactions with.

Working in partnership with others

- Leaders had established effective links and partnerships with the local authority and health partners. We saw evidence of how leaders have had regular liaison with the local CAMHs team. This has had a positive impact on children with disabilities and complex health needs who have additional mental health needs. Staff also regularly attend review meetings at children's schools. This ensured that activities children and young people undertake at the home complement and align with existing care plans.

- Leaders also worked in close collaboration and partnership with parents and carers to ensure that the interventions and activities provided at the home complimented the aspirations and wishes parents and carers had for their child.