

Barnardo's

Barnardo's Brighton & Hove Link Plus Home Support Service

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

The service is registered to provide personal care for children and young people with disabilities. At the time of the inspection support workers were providing a sitting service to provide parents and carers of 14 children or young people a break from their caring responsibilities.

The number of hours support that the provider had been commissioned to supply for each child or young person ranged from approximately 100 hours to 650 hours a year. Parents and carers could use these hours as they wished and the times and frequency of the visits were arranged on an individual basis with their support worker. Most parents and carers used their allocated hours for one or two sessions per week. The duration of the sessions varied but typically lasted for one or two hours. Some parents or carers chose to use some of their hours for longer sessions during the school holidays to facilitate outings. The majority of the time support workers worked under the direction and supervision of the parent or carer and delivered a minimal amount of personal care on an as and when needed basis.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The needs of children and young people who received a service had been robustly assessed. Care plans centred on the child or young person had been compiled in collaboration with them and their parent or carer and took into consideration the child or young person's preferences likes and dislikes. A parent commented "Our support worker knows (child's name) and the whole family really well, they understand what support is needed, we couldn't ask for more."

Parents and carers were able to choose the support worker with whom they were matched and received consistent support from. A parent or carer told us, "We were matched with (support workers name) right from the start and they've been with us ever since. They've got to know the whole family really well."

Children and young people were provided with meaningful and individualised activities and outings which they enjoyed. One parent told us, "They love going out with (support worker) they really look forward to them coming they're always doing stuff together."

Children and young people were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective and responsive service. A parent commented, "Our support worker has been with us such a long time now; they have a real understanding of (child's name) and how to support them." Support workers knew the children and young people they supported well and treated them and their family members or carers with dignity and respect. Parents and carers reported support workers were kind and polite, were punctual, stayed the duration of their allocated time and informed them if they were unable to come to a session.

Parents and carers told us they felt able to raise any concerns but did not have any. They said the communication between them the support workers and staff in the office was effective and the co-ordinator was very approachable.

Children and young people were protected from harm safe. Steps had been taken to minimise risks and staff demonstrated a good understanding of what constituted abuse. One parent told us, "I feel completely confident that (child's name) is safe in the support workers hands. I have no worries about that at all."

There were sufficient numbers of staff employed to make sure children and young people's needs were met and for the service to be managed on a day to day basis.

Robust quality assurance arrangements were in place to seek staff, stakeholders, people and parents or carers views about the service in order to receive feedback and to make continuous improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Children and young people were protected from abuse and action had been taken to minimise any risks of harm occurring.

Robust recruitment practices were in place which included relevant identity and security checks being completed.

There were sufficient numbers of suitably qualified and experienced staff to meet children and young people's needs.

Systems were in place to ensure that should the need arise, medicines would be administered safely.

Is the service effective?

Good ●

The service was effective.

Children and young people were supported by staff who were trained to meet their specific needs.

Children and young people who required help to eat and drink were supported appropriately.

Staff worked within the principles of the Mental Capacity Act (MCA).

Is the service caring?

Good ●

The service was caring.

Children and young people were cared for by regular support workers, who knew them well and who had particular skills and experience to meet their individual needs.

Children and young people were supported by kind caring staff who respected their dignity and treated them with respect.

Is the service responsive?

Good ●

The service was responsive

The support children and young people received met their assessed needs.

Children and young people were supported to participate in activities of their choice.

Systems were in place to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to assess the quality of the service delivered and to continually improve.

The management of the service were approachable and held in high regard by parents, carers and staff.

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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 5 May 2016 and was conducted by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. The last inspection of the service took place on 20 November 2013 at which no concerns were identified.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also received feedback from two professionals involved in the care of the children and young people that the service supported. We reviewed the previous inspection report and notifications that we had received from the service. A notification is information about events that the registered persons are required, by law, to tell us about.

During the inspection we spoke with three parents of children and young people, three support workers, the registered manager, a co-ordinator and another senior member of staff. We looked at the care records for three children, and two staff files. We also looked at a range of records relating to how the service was managed. These included training records, documents relating to the provision of the service and policies and procedures.

Is the service safe?

Our findings

Parents and carers told us they felt their child was safe being supported by support workers. One parent told us, "I feel completely confident that (child's name) is safe in the support workers hands. I have no worries about that at all." Another told us they felt their child was completely safe with the support worker and commented the support worker was "Good at guiding and steering (child's name), holding their hand and keeping them safe."

There were sufficient numbers of staff available to meet the children and their family's needs. Parent or carers told us support workers were punctual and that on the rare occasion support workers had not been able to come to work due to ill health they had been given notice of this. The co-ordinator told us they would provide cover if a support worker was unable to attend a session but it would be the parent or carers choice whether they wanted a replacement on that day or whether they wanted to reschedule the visit with their regular support worker for another day. Support workers told us they had enough time to spend with children and young people to meet their needs. They were committed to arriving on time and told us that they always notified families or the office if they were going to be late. Support workers completed daily records which specified the time they arrived and left and detailed the care and support that had been provided at each session. The parent and carer signed each record to show their agreement as to the care that had been provided.

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example, an environmental risk assessment included analysis of the home environment and considered whether it presented a risk of trip, slip or fall and how staff were to be observant of any hazards. Other potential risks included the equipment people used and how support workers could ensure they were used correctly and what to be aware of. For example a hoist was used for a child to be transferred from one room to another via overhead tracking. A support worker told us how the training to use this equipment safely had been provided in the family home by a relevantly trained professional and that they had also been provided written guidance. Care plans provided details about steps to keep the child or young person safe such as whether doors should be kept locked or stair gates should be used to prevent them from climbing the stairs. One child's care plan stated they needed to wear arm bands when being supported to go swimming but that they were very confident in the water and not bothered about splashing of water. This showed that they had considered both the safety of the child in the water, and whether there was a risk of the child becoming distressed by splashing of water.

Staff supporting the children and young people had completed training in safeguarding children and adults. A safeguarding policy was available and staff were required to read it as part of their induction. They were knowledgeable about how to recognise signs of potential abuse and the relevant reporting procedures. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. They were confident that the registered manager would take appropriate action in response to any concerns raised.

The registered manager and co-ordinator told us they kept up to date with safeguarding children and adults

and human rights good practice issues and shared their learning with the staff team. They told us they and had recently attended a meeting at which issues relating to human rights such as female genital mutilation (FGM) and safeguarding issues such as modern slavery and child trafficking had been discussed and information about these subjects had been shared. This had been cascaded to support workers during supervision so that they would know how to recognise abuse or mistreatment of this nature.

Children and families received support from suitable staff who were of good character. Staff recruitment records showed that the necessary pre-employment checks were completed before they started working. For example, a Disclosure and Barring Service (DBS) check was completed and two references were sought. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them from working with children and young people who needed support. The service also checked photo identification; gaps in employment history and proof of identity were sought. All staff were provided with identity badges and health and safety equipment such as gloves and aprons.

There were accident and incident policies and records in place to document whenever a child, young person or support worker working for the service had an accident or was involved in an incident while being supported. Systems were in place for these to be analysed so that action could be taken to prevent accidents or incidents re-occurring.

None of the children receiving support at the time of the inspection required support workers to administer their medicines. However, care records did provide details of the medicines each child was prescribed, what the medicine was for, the dose and the time the medicine should be administered. Support workers had received basic training in relation to administering medicines and the co-ordinator told us that specific training would be provided should there be a need for them to administer medicines. One support worker told us "I've had training in how to administer (name of specific medicines) in the past but I don't administer it, the parents do that."

Is the service effective?

Our findings

Children and young people were supported by staff who had the skills they needed to provide effective support. Parents and carers we spoke with felt the support workers understood their children well and had the knowledge to support and care for them. Comments from them included, "(Support workers name) is amazing. I have total confidence in them. I don't know what I'd do without them," and "(Support workers) knows (child's name) and the whole family really well, they understand what support is needed, we couldn't ask for more." Another told us "Our support worker has been with us such a long time now; they have a real understanding of (child's name) and how to support them."

An induction programme prepared all staff for their role and staff performance was reviewed via one-to-one supervision. In addition an appraisal system was in place for permanent staff. Supervision and appraisal systems are processes designed to give staff an opportunity to discuss their performance and identify any further training needs. Induction and supervision gave staff an opportunity to discuss any issues or concerns about the children and young people the service supported. Support workers and office staff told us that they were able to contact their manager for advice and guidance whenever they required this and confirmed that they received regular formal supervision with their manager which they found useful. One support worker told us, "The induction was hands on. I was introduced to the family and was given all the training and information I needed verbally and written down. The parents were there all the time and I didn't look after them on my own until we were all 100% confident and I felt comfortable to do so." The PIR stated that the provider was in the process of asking support workers, none of which were permanent staff, whether or not they would like a formal appraisal system to be introduced and if so what they would like it to include.

Support workers had received the training they needed to meet the needs of the children and young people they supported. Training was delivered using a mixture of on-line, face to face and practical based training. In addition to the training the provider considered essential, such as first aid, safeguarding and moving and handling the provider also made arrangements for staff to receive training to meet individual's specific needs from relevant health care professionals from the school that the children and young people attended. We saw that some staff had also received specific training such as epilepsy management and autism awareness to enable them to provide the specialist care that children and young people needed. A support worker told us, "The autism training I did was excellent, probably the best training I've ever had, It really gave me a better understanding of why some children behave in the way they do and strategies I could use when supporting them." A parent or carer told us "I've got confidence in (support workers name) they have real insight into (child's name) behaviour and are really good at distracting them when they get anxious and de-escalating the situation." In response to a request for feedback, a health care professional wrote 'I often provide training to support workers and find them all to be very committed to the role and to getting things right for the child and family. I have no concerns at all about the service'.

Support workers followed the advice of health care professionals. Children and young people's health care needs were specified and advice and guidance provided by health care professionals was documented for staff to follow along with their contact details. One child's plan stated they had epilepsy. The records stated what the warning signs that the individual child was about to have a seizure were, for example 'acting scared

or making scared sounds'. The plan provided staff with guidance for what support workers should provide if the child had a seizure for example 'lay on side, give verbal reassurance, do not provide physical comfort unless asked for'. It also stated what to do after the seizure for example 'walk around a lot, go outside, important to stay by their side'.

Information had been collated and reviewed with changes in children and young people's conditions. We were told by support workers that children and young people saw their GP on request of parents or carers and that the services of healthcare professionals were obtained whenever necessary, but this was always the responsibility of parents or carers.

Communication within the service was good between the management team, support workers and parents or carers of the children and young people that used the service. Parents and carers told us they had regular contact with the co-ordinator and support workers. One commented, "Communication is great between us all. We are constantly in touch. If I have any questions I have (coordinators name) to refer to and I let her know about anything I think they need to know. They co-ordinate things really well."

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. 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. We checked whether the service was working within the principles of the MCA.

Consent for a service to be provided had been sought from a relevant person and documented prior to the service commencing. Support workers were able to explain the importance of respecting the children and young people's choices and the need to gain consent from a young person or in the case of a child a relevant person. One support worker explained they could tell by the facial expressions and body language of a child they supported who had limited verbal communication whether they were happy to do something or not. They said that they would take their time and use visual prompts to help assist them with making choices. Another support worker told us, "I always encourage them; I would never force them to do anything."

Is the service caring?

Our findings

Everyone we spoke with praised the support workers for their commitment, attitude and skills. During our conversations, it was clear that parents and carers felt it was very important that the right support worker was matched to their child or young person. They emphasised that having a regular support worker that got to know and understand their child and also allowed their child to get to know them was paramount to successful support and it was clear this happened. In response to a request for feedback about the service a health care professional wrote "I think the Link Plus Scheme provides an invaluable service. They take the time to match families very carefully. There can sometimes be a bit of a wait for very complex children but this is only to be expected as it needs to be right". Parents and carers told us they and their child or young person received consistent support from kind patient support workers with whom they had formed good relationships with.

The children and young people were cared for by regular support workers, who knew them well and who had particular skills and experience to meet their individual needs. The co-ordinator explained they took time to match the needs of the child or young person and their families with support workers who they felt would be meet their specific needs. They told us, "It's all about matching that's really crucial for successful support. It's a two way process and has to work for both the family and the worker." As part of this process they provided families with a pen portrait of prospective support workers which detailed their skills and experience as well as their personal interests and availability for example to work evenings or weekends. They told us once the parents or carers had selected a prospective support worker they were then introduced. This gave everyone involved in this process an opportunity to say whether they felt it would be a good match. A parent or carer told us, "We were matched with (support workers name) right from the start and they've been with us ever since. They've got to know the whole family really well." Another parent or carer commented "We've had (support workers name) since the beginning, we all get on. (Child's name) sees them as a friend and really looks forward to their visits." They told us that their child or young person was very happy and enjoyed spending time with their support workers. The support workers also told us they enjoyed their work and knew the children and young people they looked after very well. They were committed to improving the quality of life and activities of the children and young people they looked after.

Care plans provided staff with information about how to promote the child or young person's independence and wellbeing. They included information on what made the child or young person happy or sad, angry or upset, the name they were usually called, what their favourite television programmes were, what they were good at, the things they liked to do indoors and things they liked to do outdoors. They also provided details of all the adults in the household and their relationship to the child or young person and any family pets and their names. They included a section of 'looking after yourself' which detailed what the child or young person could do for themselves. For example one plan stated 'When having a wash (child's name) likes to wash their own hands but needs to have the taps turned on and off.' It also stated they were able to make their needs known and how they did this, for example if they wanted a drink they will get their beaker and hold it out and if they were hungry they will get their plate.

Parents or carers, children and young people were treated with respect and dignity. They told us that the co-

ordinator and support workers asked them and the child or young person how they wanted the support to be provided and respected their decisions. A parent or carer told us, "They (the support worker) treat the whole family with respect all the time. I've no concerns with that at all." When we asked another parent or carer if they felt their loved one was treated with dignity and respect they commented, "Absolutely, I've no issues about that." A support worker told us, "I always make sure the bathroom doors shut." Another support worker told us "I always wait outside the toilet for them and let them take their time."

We saw that records were held on a computerised system at the offices and only authorised staff were able to access personal and sensitive information. Support workers had received guidance about how to correctly manage confidential information. Each support worker had been provided with a lockable storage box in which records were stored until they were returned to the office where they were stored securely. Support workers, management and office staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

The provider cared about the welfare of their employees. They provided a free and confidential counselling service that staff could access if needed.

Is the service responsive?

Our findings

Management the co-ordinator and support workers were knowledgeable about the children and young people they supported and provided a flexible service to meet their needs. They robustly assessed and planned for young people's preferences, interests and care needs which enabled them to provide a personalised service. One support worker told us, "Someone went to a considerable amount of trouble to make sure everything I needed to know was in place before I started, the care plans cover everything."

Children and young people received a service that was responsive to their needs. The provider took steps to ensure that children and young people's needs were assessed and planned for. Assessments were undertaken to identify children's and young people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of the child or young person's care needs and how support workers should support them. They specified whether the child or young person had difficulty sitting still and what helped them to calm down. One care plan stated that one child found waiting or being in a queue stressful and should be avoided at all times. Another care plan included a behaviour management plan which had been drawn up by a parent or carer and the support worker. This described the different types of behaviour the child could display and what the signs and triggers to the behaviour were. It was clear from the plan that specific times of day and activities could trigger the child to feel distressed and result in them displaying behaviour that was challenging. The guidance detailed the steps the support worker should take to respond to this eventuality, what they should do to minimise the risk of it happening and how to de-escalate the situation should it arise. Another care plan detailed how the individual liked to follow a routine and enjoyed specific activities which the support worker confirmed they supported the child with. A support worker told us, "The care plans are detailed and hold the right amount of information for me to follow but I know (child's name) really well and the family are always there to ask if I'm not sure."

The provider ensured that care plans were kept under review and updated when the child or young person's needs changed. A parent or carer told us they and their loved one was included in care planning and reviews of their care, they commented "(Child's name) is included in all the planning and they make their own choices. We have review meetings with Barnardo's and they come to the reviews at the school as well. There's always someone there from Barnardo's to give some feedback on the support they provide." Another parent or carer told us, "We are all involved in the planning." Parents and carers told us they always updated the support workers and the co-ordinator when changes occurred and that these updates were incorporated into the care plan as necessary. One parent or carer told us, "We have meetings to discuss any changes or updates. Sometimes I e-mail over minor changes like changes to medication but for other things we arrange a meeting." They also told us they went through any updates with the support worker at the beginning of every session to make sure they were fully aware of any changes. A support worker told us, "If I feel there are any changes that may be needed I call the office and they will arrange for a review or I can send a text message to (co-ordinators name) anytime and they will get back to me. We update things all the time."

The hours worked by support workers were flexible and dependent upon the needs of the child or young

person and their parents or carers. Parents or carers and staff told us they arranged between themselves when the support worker would visit them. One parent told us, "We usually have two hours a week twice a week but in the holidays we have one four hour session instead so they can do more things together."

Children and young people were supported to take part in activities and interests that met their personal preferences. One support worker described to us the activities they were involved in. They said, "(Child's name) likes to go out. We can always tell whether they are enjoying things because of their facial expressions and the way they respond." One parent told us "They love going out with (support worker) they really look forward to them coming they're always doing stuff together." The staff and parent and carers said they always discussed the outings with each other to ensure the child or young person went where they wanted to. A parent or carer told us "We (the parent or carer, child and support worker) plan something for every visit, sometimes they go out for an outing or a walk in the park other times they stay in and play games."

There were systems in place to deal with complaints. Information given to the parent or carer at the start of the service provided details of who to contact if they wished to make a complaint. Parents and carers told us that they knew who to speak to if they had any concerns or complaints. They would contact the co-ordinator if they had any concerns about the staff and felt confident that they would be listened to. Comments from parents and carers included, "Any concerns I have, they would deal with it straight away, and "I've never had to raise any concerns but I've no doubt they would be addressed without delay." The complaints folder we looked at did not have any complaints listed.

Is the service well-led?

Our findings

There was a high level of satisfaction about the way the service was managed. Parents and carers made positive comments about the service they received and the way it was run. Several referred to support workers as "fantastic" and commented "I don't know what I'd do without them." Support workers, parents and carers all spoke highly of the co-ordinator, registered manager and office staff. They commented they felt supported and could approach them with any concerns or questions. One support worker told us, "(Co-ordinators name) is very approachable I can go to them at any time." Another support worker commented, "I find (co-ordinators name) really supportive. They're always willing to help and advice, I can phone them anytime. There's always someone to go to. I never feel on my own." A parent or carer commented, "The (co-ordinators name) is very supportive. I can go to them anytime if I'm not sure about anything or want to discuss an issue." The co-ordinator and other office staff felt supported by the registered manager and felt they could approach them with any problems or issues that may arise.

All staff said they felt well supported by their manager both informally and more formally through meetings. They told us they were always able to contact the co-ordinator or registered manager. They felt confident about raising issues of concerns and that they would be taken seriously and listened to if they had any whistle blowing concerns.

The provider had a range of systems for assessing the quality of service which included providing children, young people, their parents or carers, staff and stakeholders with the opportunity to express their views about the service. Feedback from the most recent parents, carers children and young people survey was positive, and did not identify any areas of concern. One person commented, 'Our family has been overwhelmed by the tremendous difference (support worker name) made to our lives. There has never been any problems with either the carer or the home support service. I feel there is nothing I would need to comment on improving, it's a fantastic service both from the carer and back up support received from (co-ordinators name)'. Another person wrote, 'We are very satisfied with the care provided and we always get lots of feedback of the sessions'. A third parent or carer wrote, 'We communicate very well and are forming a trusted relationship. (Carers name) is very dedicated but delivers this in a fun and relaxed way'. One parent or carer had stated that an improvement they would like to see was for the service to provide support workers overnight. The providers PIR stated that in response to this suggestion they would look at how viable it would be for them to provide this service.

Quality assurance audits of care records and records related to the day to day management of the service were completed which highlighted whether they had been completed in line with the provider's policies, procedures and timescales. Where shortfalls had been identified action had been taken to rectify this for example whether staff induction had covered all the provider's essential training and whether recruitment files contained all the relevant documentation. The registered manager told us they used various tools to audit the service. For example, senior staff carried out spot checks to ensure that the staff were providing care to the provider's standard. Other audits included checking care records and staff records such as training and supervision files were fully completed up to date and accurate. This demonstrated that the registered manager monitored the quality of the service provided to ensure the children, young people and

their parent's or carers received high quality support. Systems were also in place to monitor complaints, accidents and incidents which would identify any emerging trends or patterns.

The registered manager was aware of their responsibilities to inform the CQC of notifiable events and kept up to date with current good practice and changes to legislation. They did this by attending training, attending internal meetings with other managers and by ensuring that they or a member of the management team attended relevant meetings with other stakeholders for example the Clinical Commissioning Group (CCG) and local community groups. A member of the management team was a reviewer of Barnardo's Research & Ethics Committee which looked at evidence based research into practice across Barnardo's which enabled the provider to identify good practice and learn from mistakes.