

Share A Family







Share A Family

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	

Overall summary

The inspection visit took place on 3 December 2014 and was followed up by phone calls to volunteers, young people who used the service and their parents or guardians. The inspection was announced, with two days' notice.

Share A Family provides support to children and young people aged 0-19 years with a range of disabilities by matching them with volunteers (known as 'link workers') who take them out to activities or provide a home sitting service. At the time of our inspection the service was providing this one-to-one support for 12 children and

young people. All of them lived within the London Borough of Wandsworth. The frequency, duration and type of support depended on the individual needs of the child or young person and their family. Most volunteers met with the child or young person once or twice a month for a half day activity of the child or young person's choosing.

The service also runs regular monthly clubs for children and young people with disabilities arranged according to age (0-8 years; 9-12 years; 12-18 years). These clubs are not subject to registration with the Care Quality

Summary of findings

Commission and, therefore, were not inspected, but most of the children and young people who received one-to-one support also attended a club and many of the link workers volunteered with the clubs as well.

Share A Family is a voluntary organisation of 34 years standing. It is contracted to provide this service by a local authority and no charge is made to families who use the service. It underwent some restructuring in 2013 as the result of a re-tendering process and uncertainty about its future led to a dip in activity. However, the service had been recruiting volunteers throughout 2014.

A registered manager was in post. 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.

We found that the service was meeting all the regulations. Parents spoke well of the service received. Staff kept up-to-date with best practice through extensive networking with other organisations. Volunteers were thoroughly vetted to ensure they were safe to work one-to-one with children and young people and received an induction and attended an annual update. Their strengths and interests were taken into account when matching them with children and young people on the waiting list.

Children and young people's needs were assessed prior to the match taking place. Activities were arranged which were stimulating and enjoyable. Plans were in place to manage any foreseeable risks. Staff kept in touch with volunteers and families, particularly during the first three months of the match taking place. Volunteers received training and there were appropriate policies and procedures in place to guide both them and staff.

Summary of findings

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. Policies, procedures and training were in place to ensure staff and volunteers knew what to do if abuse was suspected.

Volunteers were thoroughly vetted and prepared for one to one work with children and young people.

Medicines were not normally administered by the service, but there were arrangements in place if there was a need for this.

Good



Is the service effective?

The service was effective. Staff were mindful of the implications of the Mental Capacity Act 2005 when young people reached the age of 16.

Volunteers attended induction training and annual updates. Specialist training was arranged if this was needed in order to support an individual child or young person.

The service kept up to date with best practice through its close links with other organisations working with children and young people.

Good



Is the service caring?

The service was caring. Staff and volunteers maintained confidentiality and built up trusting relationships with children and their families.

Parents told us that they felt supported by Share A Family.

Good



Is the service responsive?

The service was responsive. Volunteers were carefully matched to the children and young people and supported them to participate in activities they enjoyed.

No complaints had been received by the service, but parents told us they would feel able to raise concerns. A young person said the same.

Good



Is the service well-led?

The service was well-led. Volunteers were supported to establish “professional friendships” with young people and their families; in some cases the link had lasted over 10 years.

The service provided opportunities for young people and their families to give feedback on the quality of the service and the type of activities provided. There was evidence that this feedback was taken into account when planning service delivery.

Good



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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.

The inspection visit took place on 3 December 2014 and was followed up by phone calls to volunteers, young people who used the service and their parents or guardians. The inspection was announced; the service was given 48 hours' notice of the inspection as the office based staff all work part-time and we needed to be sure they would be available.

One inspector visited the office, made calls to the volunteer link workers and emailed professionals who had regular contact with the service for their views. An expert by experience phoned the families in receipt of the service,

speaking to the young people themselves if they were aged 16 or over and able to speak on the phone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience was a person with personal experience of services for children and young people with disabilities.

Due to technical difficulties the Provider Information Return (PIR) was not reviewed before the inspection, but we looked at it afterwards. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to two office based staff, including the registered manager, three volunteers, five parents and one young person who received the service. We also received information from three professionals who had contact with the service. We looked at four volunteer files and three young people's files, as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

A parent said, “[My family member] is definitely safe with [their volunteer]; I am not worried at all.” A local authority representative told us, “Share A Family follow their own and [the local authority’s] safeguarding, health and safety...and run a safe and secure service.”

The service had a child protection policy and procedure in place, but there had not been any concerns since our last inspection visit. Child protection training was part of the induction programme for all volunteers and office staff. There was a policy about internet safety which was issued to all volunteers to help them to guide young people about safe computer use. Volunteers were also made aware of the provider’s whistleblowing policy. Those we spoke with told us that if they had any concerns about a child’s welfare they could contact the registered manager or project worker at any time, including outside office hours.

Risks to both volunteers and young people were assessed, for example, there were risk assessments in place for planned activities. In addition, if the session was likely to take place in the young person’s home, the home environment was risk assessed first. A lone working policy was in place and volunteers were given a copy of this and other policies as part of their induction. Particular emphasis was put on volunteers getting home safely after late visits, for example, taxi fares could be claimed.

To minimise the risk of loss of information, the service ensured its computer files were all backed up. Paper records were archived with a firm which specialised in this. The management team kept important telephone numbers at home in case of out-of-hours emergencies.

The volunteers were subject to a rigorous recruitment process which lasted several months. The service ensured that appropriate checks were carried out to confirm the volunteer’s suitability to work with children. Written

references on volunteers’ files were very detailed. There was an arrangement with the local authority, whereby the local authority submitted criminal record checks to the relevant body on behalf of the service. They also advised on right to work and visa related matters. In addition, a member of the management team assessed the volunteer’s personal strengths and interests in order to match them successfully with the children and young people in need of support. The registered manager said, “We use the skill set of [the volunteer].”

If the assessor felt the volunteer needed more experience before they worked one-to-one with children and young people, the volunteer was invited to spend a period of time assisting at the youth clubs that were also run by the service. A project worker told us that matches between children and volunteers sometimes emerged naturally from this and a parent confirmed this by saying, “My child just went to the service and attached [themselves] to a certain [volunteer].”

Volunteer files showed that when the assessment of the volunteer was completed a recommendation was made to a Share A Family sub-committee. The members of this sub-committee made the final decision about whether or not the volunteer should be taken on.

The service did not routinely administer medicines to children and young people. On rare occasions parents supplied the volunteers with an over the counter pain killer or hay fever tablet just in case the child needed it when out. If the medicine was administered it was recorded in the child’s Share A Family record book and signed by both the volunteer and the parent on the child’s return from the trip. Record books were audited by a member of the management team before each annual review or more frequently if any concerns arose. The management team was considering the best way of recording enteral feeding (nutrition delivered direct to the stomach via a tube) which one volunteer was being trained to deliver.

Is the service effective?

Our findings

A parent told us, “I am so pleased I found this service because I was pulling my hair out beforehand. It’s been a life saver.” Another parent said, “[The volunteer] is very well trained and is absolutely fantastic.” A volunteer said, “I have asked [the manager] for Makaton training to communicate better with my young person and they are arranging this.” A person who had professional contact with the service told us, “I would definitely recommend the service to others.”

New volunteers participated in a two day induction programme, we saw that in addition to mandatory health and safety topics, it addressed issues such as ‘challenging discrimination’ and ‘disability awareness’. Evaluation forms were completed by the volunteers at the end of the induction and the results were analysed to inform future inductions.

Following their induction training volunteers attended an annual update. This was a day in which they were briefed about any changes within the organisation or its policies and procedures and when they also received any refresher training which was due. Volunteers also attended training specific to the needs of the young person they supported, if this was required and they were available. We found that it was hard to check exactly who had attended what and whether refreshers were due. This was because training attendance sheets were the only way of confirming this, a training record was not kept.

We saw evidence that the volunteers were closely monitored during the first three months’ of their one to one

work by the project worker or the registered manager. They made a record of each visit in the child or young person’s report book which was kept in the family home. Each entry was signed by both the volunteer and the parent. Once all parties were happy with the way the link was progressing, monitoring was reduced, but an annual review was held.

The service kept up-to-date with best practice through its participation in the Shared Care Network and by close contact with other service providers based in the same building. Office based staff told us of the benefits of working in multi-agency premises. For example, if they needed to liaise with early years’ practitioners this was easy to arrange.

The service was normally one of many involved in the child or young person’s life and they did not take the lead in any matters relating to the Mental Capacity Act 2005. At the time of the inspection only two young people using the service were of an age where the Act was applicable. However, the registered manager and the project worker were aware that they had to be mindful of the Act when young people reached the age of 16 and became responsible for making their own decisions. They said they would seek advice from the local authority if they had concerns in this area and told us they were planning to ensure they alerted parents to the implications of the Act in any reviews held for 15 year olds, unless it was clear that other professionals were dealing with the issue. The intention was to raise awareness by passing on a suitable leaflet, but this was not yet happening. The registered manager said, “A lot of parents don’t realise that laws change when you reach 16.”

Is the service caring?

Our findings

A parent told us, “If I know anyone who has got a child with a disability I would recommend this service to them. It’s not just taking a child out for a couple of hours a week, the service is always contactable and everyone is willing to help you.” Another parent said, “Everyone at the service treats my child with respect and maintains confidentiality.” We were also told by a parent that “[The volunteer] is interested in the things my child likes.” A volunteer told us that they had a “fantastic match” with a young person and they enjoyed each other’s company.

Parents described trusting relationships that had been established, one said, “I can confide in [the volunteer] and the managers”. We noted that topics covered in volunteers’ induction programme included listening to parents and confidentiality. Volunteers sometimes had to keep personal information, such as a medical history, about the child or young person at their home. This was in order to have it to

hand if an emergency situation arose when they were out with them. They also kept copies of the agreement to the service which had been signed by the parent. If the volunteer did not already have one, the service provided a small lockable cupboard to keep such information safe.

We saw some written feedback from the volunteers which demonstrated a caring approach. One had written, “I am extremely passionate about providing a short break/ befriending service for [the child assigned to me], as a way for them to socialise and engage in fun and stimulating activities.”

We saw that the service considered the young person’s and the volunteer’s religious and cultural needs during the assessment and took them into account during the matching process. For example, in one file we looked at there was information about the type of food that could be consumed on outings to cafes. One of the provider’s leaflets indicated how to obtain a translation in six community languages.

Is the service responsive?

Our findings

A young person told us about the activities they did with their volunteer, “I enjoy arts and crafts, listening to music on the computer and going shopping.” A parent told said, “[The volunteer] takes my [family member] and their friend on a shopping trip together as they get on very well.” We were also told, “[My child] is very happy and excited to go out [with the volunteer]. I think that’s an amazing achievement.” A volunteer said that they had reported that a sibling had unmet needs of their own and staff from the service were reassessing the family’s needs as a result. A professional told us, “The parents I have spoken to are very impressed by the service which is a great model of inclusion for the whole family.”

We found that the service offered person-centred support to the children and young people, taking account of their individual needs and preferences. One volunteer was receiving training from parents and a school nurse to support a child who received nutrition enterally (through a tube into the stomach). The volunteer confirmed this had now been completed.

Volunteers offered young people the chance to undertake activities of their choice and to experience one-to-one time so the young people were normally very happy to consent to this. A young person told us, “I’ve been given choices and I’m happy with what I get.” We saw from the young people’s

files that some of them could change their mind about going out or engaging in a particular activity at the last moment. Where this was predictable, alternative plans were in place.

One newer volunteer told us that they had asked for ideas of places to go which were suitable for the young person they supported as they had specific needs. They said that office staff were putting a pack together for them.

When young people were referred to the service they were placed on a waiting list until a potential volunteer match was identified for them. At that point the registered manager or the project worker conducted an assessment of their needs and plan the input they required. We saw that this included a behavioural support plan when necessary and a session plan for the volunteer’s initial visit. All aspects of the assessment and plan were shared with the parent and before the service commenced the parents and the volunteer signed their agreement to the plan. All of this was evidenced in the young people’s files.

The service had not received any complaints since the last inspection, but parents told us they had confidence that they would be listened to if they raised a concern. One parent said that if they had concerns about the service they “would feel able to go to the management team”. When we asked a young person what they would do if they were not happy with the service, they told us, “I would tell [my volunteer or club leader] that I’m upset and say ‘please can I talk to you?’”

Is the service well-led?

Our findings

Parents spoke highly of the management of the service. Typical comments included, “I think they are doing a fantastic job and I can’t fault them” and “I have [the manager’s and project worker’s] mobile and work numbers, they say if there’s a problem to ring right away.” A volunteer said the same and another volunteer told us, “I trust them [the registered manager and the project worker].” A professional told us, “Regular meetings with parents...as well as listening to the views of the young people – all embedded in their working practice.” Another professional emailed us, “Share A Family is led by experienced staff who have worked in the field for a long time. They are involved in all areas of the organisation’s services and are very much hands on management.”

The project worker said that the aim of the service was to provide support to children, young people and their families by facilitating “professional friendships”. They explained that this involved setting clear boundaries to relationships, whilst encouraging engagement in activities which were enjoyable for all parties. Parents and volunteers indicated to us that the service had been successful in achieving this aim. We were informed by the registered manager that some professional friendships had lasted for 12 years. One parent we spoke with confirmed their child had received support from the same volunteer for about ten years.

The service used its voucher system to encourage families and volunteers to keep in touch with them and give feedback. Volunteers were required to submit a voucher to the office after each visit which had been signed by the parent. The voucher included a tick box where parents or volunteers could indicate if they wanted the office staff to contact them. It also enabled the volunteer to claim any expenses they had incurred, if required.

A quality assurance questionnaire had been introduced for use with newly referred families. The first part asked them

to outline their expectations before the volunteer started working with their child; the second part was designed to rate the service received once it was underway. Due to the small size of the service the registered manager was unable to identify any themes or trends at the time of the inspection as only one or two questionnaires had been issued. However, this was the intention.

Consultation with the children and young people usually took place as part of a youth club activity and informed planned activities both at the clubs and during the one to one sessions.

The service regularly sought feedback from its volunteers. We read some forms that had been submitted in 2014; the comments were very positive, although mention was made of it being difficult to end the link with the young person once they reached the upper end of the age range.

The service participated in regular contract monitoring meetings with the local authority. A representative from the local authority emailed us, “They [Share A Family] are an excellent service and we thoroughly enjoy working in partnership with the organisation.” Share A Family also had

strong links with other voluntary organisations and local groups and there was evidence of good partnership working to make the most of their resources. For example, the service shared the task of running the induction programme with other child focused organisations. As a result, it was available more frequently than any small organisation working alone could achieve. This reduced delays which could frustrate a volunteer and make them offer their services elsewhere. In addition, the registered manager or the project worker attended meetings of a local parent-led group which many of the parents using Share A Family also attended.

There was a policy and procedure in place for dealing with accidents and incidents, but none had been recorded since the last inspection.