

Derby City Council

Disabled Children Community Support Team

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

We inspected this service on 18 April 2016 and the inspection was announced. This was to make sure that there would be someone in when we visited.

The Disabled Children's Community Support team is registered to provide personal care to children up to the age of 18 years with a learning disability, Autistic spectrum disorder, physical disability or complex health needs. The support is provided to children in Derby city, in their own homes. The Disabled Children's Community Support Team support parents to wash and dress their child or get them ready for school or bed. The service is provided during school term time and helps reduce pressure on families. At the time of the inspection the service were supporting 17 children.

There was a registered manager 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.

Children and their families using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff understood their responsibility in protecting children from the risk of harm. Sufficient staff were available to meet the needs of the children that the service were currently supporting.

Children using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff understood their responsibility in protecting children from the risk of harm. Sufficient staff were available to meet each child's needs.

Risk assessments and support plans had been developed with the involvement of parents of the children receiving a service. Staff had the relevant information on how to minimise identified risks to ensure children were supported in a safe way.

The providers recruitment procedures were robust, which ensured suitable staff were employed to work with children who used the service. Staff told us they had received training and an induction that had helped them to understand and support children better.

Parents supported their child with their dietary needs. Parents also supported their children to maintain good health and to access health care services as required. Staff told us that if they had any concerns regarding a child's health care needs they would raise this with the family as well as their manager.

Parents told us that staff treated their children in a caring way and respected their privacy and supported them to maintain their dignity. Care was provided in a way that meet each child's individual needs and preferences.

The provider's complaints policy and procedure were accessible to parents of children who used the service. Parents knew how to make a complaint and felt confident that action would be taken to resolve an issue effectively.

People felt the service was well managed and that they were involved in decisions related to the planning of the care their children received. The leadership and management of the service and its governance systems were robust, which ensured consistency in the care being provided. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement. Staff told us that they felt supported by the registered manager.

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.

Parents felt that the support provided by staff was safe. Staff understood their responsibilities to keep children safe and protect them from harm.

Risks to children's health and welfare were assessed and actions to minimise risks were recorded and included in their care plans.

There were sufficient staff to support children who used the service.

Recruitment procedures ensured that the staff employed were suitable to work with children.

Is the service effective?

Good ●

The service was effective.

Staff felt competent in their role as they told us that they had completed relevant training to enable them to care for children effectively.

Staff were aware of their role and responsibilities and were confident in reporting any changing needs of a child.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the families that used the service and the staff that supported them. Parents liked the staff. Staff knew the children well and understood their likes, dislikes and preferences.

Children were supported to maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The support children received met their needs and preferences and was updated when changes were identified.

Staff supported children to access education provision.

The complaints policy was accessible to parents of children who used the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had effective leadership and management skills. Staff told us they would not hesitate to raise any concerns and felt that concerns would be dealt with appropriately.

Parents of the children using the service were asked for their opinions and views of how the service was run.

The provider had systems in place to audit and monitor the quality of the service being provided.

Disabled Children Community Support Team

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 18 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector.

We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with four parents of children using the service. We spoke with the registered manager, five staff and three health and social care professionals.

We reviewed records which included looking at the care records for two children to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

Parents told us that they felt staff supported their children safely and that they had no worries or concerns with the care provided. One parent stated, "I definitely feel [Name] is supported safely by staff." Another parent told us, "I feel the staff are competent in what they are doing." Another parent said "The manager has gone out of her way to sort out some equipment to ensure [Name] safety."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of the children who used the service and their families. We saw that staff had undertaken training to support their knowledge and understanding of how to keep children safe. Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies. A health and social care professional told us that staff had a good understanding on child protection; they said, "The staff have been really effective in reporting concerns." This showed that children who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Risk assessments were in place in relation to each child's assessed needs. Assessments included the actions needed to reduce risks. We saw that guidance was in place for staff to follow to minimise the risk whilst supporting a child with moving and handling and difficult to manage behaviours. Staff we spoke with told us they received training in strategies for crisis intervention and prevention (SCIP), which enabled them to support a child safely. The risk assessments we looked at were up to date and had been kept under review. Discussions with staff and information on children's care plans ensured they were supported safely.

Staff we spoke with were aware of reporting incidents and completing the necessary documentation. Records showed that when an incident affecting a child's safety and or staff safety occurred the registered manager took appropriate action to ensure the safety and wellbeing of both the person using the service and member of staff. The registered manager and the human resources considered whether the member of staff needed any additional training in supporting the child.

Parents we spoke with told us there were enough staff to meet their child's needs and support them as agreed. They told us that calls were never missed and if a worker was running late they were contacted and informed of the delay. One parent said, "[Name] is supported by a familiar pool of staff, who have been introduced to us." Another parent told, "Staff stay for the allocated time. They come and do what they need to do."

Staff we spoke with told us that they felt there were sufficient staff to support the children who currently received a service. Staff told us that any periods of sickness or leave were covered by the team and the registered manager. One staff member said, "Many of the staff at the service have been working here for years, it's a good team. The manager is very hands on; [Name] will cover calls if required."

The provider checked staff's suitability to work with children before they started work. Staff we spoke with told us that recruitment processes were thorough and that all the required pre-employment checks were

completed prior to them commencing employment. Recruitment records we looked at had the required documentation in place. This included a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions.

The registered manager told us that parents retained responsibility for medication administration within in their home. This was verified by staff and parents we spoke with. The registered manager told us that staff had undertaken medication training to increase their awareness in this area. We saw in one person's care plans there was information relating to the administration of emergency medication for epilepsy, which the registered manager confirmed would be administered by the parents in an event of an emergency.

Is the service effective?

Our findings

Parents of children using the service felt that the staff were trained and competent in delivering the required care and support. Parents we spoke with said that the staff met their child's needs. One parent said, "They [staff] are trained and competent in supporting [Name]." Health and social professionals we spoke with also felt that the staff were knowledgeable and competent in their roles, in supporting children. A health and social care professional stated, "Staff work very professionally, they work above and beyond their role." Another health and social care professional stated, "The manager of the service is extremely knowledgeable." This demonstrated that people were supported by staff that were competent in their roles.

Staff said that the induction and training they had received had been effective in giving them the right skills and knowledge to enable them to support the children who used the service appropriately. Staff felt that they had the necessary skills and training to meet the needs of the children, promoting their wellbeing and independence. One member of staff told us, "The induction program has supported me to do the role effectively, I also observed experienced staff." Another member of staff said, "The training I have received has helped me to support the children using the service. For example we have had autism awareness training which was useful."

The registered manager told us that staff received regular supervision, so that they were supported in their roles. Staff confirmed they received regular supervision. One member of staff said "We have monthly supervisions with the manager. It allows me to speak with the manager where I feel I may need further training and development. Staff also told us that supervision's were also an opportunity to discuss any practice related issues. They told us that anything which was urgent would be discussed with the manager before supervisions. This showed us that staff had the appropriate skills, knowledge and support to meet the needs of the children who used the service.

Parents had overall responsibility for decision making on behalf of their child. On the two care records we looked at, we saw that parents had signed an agreement for the care and support which was to be provided by the service. Parents we spoke with confirmed that they had been involved in how care would be delivered.

Health and social care professionals we spoke with told us that the service worked effectively with agencies that were involved in the care of a child. They also stated that the staff passed on information to them effectively and that staff did not delay sharing information with them.

Parents we spoke with told us that they supported their child to maintain their health care needs. One parent told us that their child did not have the appropriate equipment to support them and the registered manager from the service had made a referral to Occupational Therapy. Staff told us that if they had any concerns regarding a child's health care needs they would raise this with the family as well as their manager. This was also confirmed by the registered manager.

Parents told us that they supported their child to maintain their nutritional health needs. The registered

manager told us that the children that used the service did not require any support from the service with their nutritional needs. This was confirmed by the staff we spoke with.

Is the service caring?

Our findings

Parents told us that the staff were very respectful to them and their child. They told us that they were happy with the support their child received and told us that the staff were caring. The registered manager and staff we spoke with demonstrated a good understanding of the needs of the children they supported. This demonstrated that staff treated children and their families in a respectful and caring manner.

Staff told us that they worked closely with children and where possible they encouraged children to gain some independence. A member of staff told us, "Where appropriate we would encourage a child to gain some independence for example cleaning their teeth. Some parents we spoke with told us that their child had gained confidence from the care and support provided by the service. One parent said, "The staff are very friendly; they talk to [Name] and encourage [Name] to be independent." Another parent said, "Since the service has been in place, [Name] has become more independent."

The service was provided to children from different cultural backgrounds. The registered manager told us that interpreters and advocates were available to ensure that the service met the child's cultural needs. This provided assurance the diverse needs of children using the service would be met.

The registered manager told us that social workers, occupational therapists and the families worked together to ensure equipment was in place and care tasks were clearly described. Parents, Health and social care professionals and staff we spoke with confirmed this. Health and social care professionals we spoke with told us that they worked well with the service. This method of support enabled partnership working with supporting the child and those who supported them.

Staff understood children's method of communication and this was recorded in their care plans, which provided information on the child's communication methods and how to communicate with them. There was clear information about the child in their care plan regarding what they liked, disliked and how best to support them. This ensured that children received personalised care to suit their individual needs.

Parents we spoke with told us that they were involved in the care their child received from the Disabled Children Community Support Team.

Is the service responsive?

Our findings

Parents we spoke with told us that they felt the provider was responsive. Care records we looked at showed that children's needs were assessed and determined before the service was provided. This ensured they received the right support for them. These records were detailed and person centred, informing staff of the level of support and assistance the child required. One parent said, "The care plan was done with me for [Name]" and another parent said "[Name] needs were discussed with me by the manager."

A health and social care professional said, "The Disabled Children Community Support team is very responsive; the response time to an issue is good." They also said that the willingness and dedication of the team to support children was at the centre of what the service did.

Care records we looked at were person centred and individualised. Areas of need had been identified and associated risk assessments carried out. A parent said, "We feel included in the support provided to [Name]." Staff we spoke with were knowledgeable about the needs, preferences and routines of the children they supported. They were able to give us examples as to how they met children's care needs. This showed that the support children received was personalised to meet their individual care needs.

Staff supported children and their families, which enabled children to access educational facilities which were suitable for them. They did this by providing children with personal care, which including washing and dressing them.

A complaints procedure was in place and this was included in the information given to parents when their child started using the service. Parents we spoke with told us that they would speak to the registered manager if they had any concerns and were confident that any issues raised would be dealt with promptly. One parent said I am aware of the complaints procedure, but there is no need to make a complaint."

Systems were in place to manage complaints. The complaints information was available in different formats which included pictorial format and different languages. The registered manager confirmed that no complaints had been received in the last 12 months. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the registered manager. This showed us that the provider had systems in place to support people in raising concerns or complaints.

Is the service well-led?

Our findings

Parents we spoke with were very happy with the support that was provided by the Disabled Children Community Support Team and expressed no concerns with how it was managed. One parent said, "The manager is very receptive." Another parent told us that, "The communication is really good, if you have a query the service respond back quickly." Another parent said, "I feel that I am being listened to, the service understand the support [Name] requires." This demonstrated that families had confidence in the management of the service and felt listened to.

The registered manager told us that she operated an 'open door' policy and encouraged parents whose children used the service, external professionals and staff from the service to approach her at any time with any concerns they may have. This showed that the management were committed to the continued development of the service.

All the staff we spoke with told us that the registered manager was approachable. Staff spoke positively about the registered manager who they found to be supportive and provided good leadership. One member of staff said, "The support I have been given from the registered manager and the team has been second to none." Another member of staff said, "The team is very well organised. Everyone is clear about their role and responsibilities. The staff are always aware about where they should be and who they are supporting." This meant that children using the service were cared for by staff who received good management support.

We were told by staff that staff meetings took place. Staff told us that if they were unable to attend minutes were available to them or the registered manager provided them with any updates. They also told us that if there was information that needed sharing urgently by the registered manager it would not wait for a meeting to take place. Staff stated that the registered manager would share this information immediately. We saw minutes of staff meetings that took place and saw that these were used as an opportunity to discuss any particular training needs for staff and issues relating to the children the service supported. This showed us that the management team supported and encouraged staff to promote the quality of care children using the service received.

We found that there were systems in place to monitor the quality of the service provided and this included seeking feedback from the families who used the service. We noted positive comments on a sample of surveys we looked at, for example one parent stated, "The service has helped my child gain more confidence." A parent we spoke with told us that "The manager does ask me how things are going with the care that the service provides to [Name]. This demonstrated the provider sought the opinion of parents of children who used the service and took suitable action to address any areas for improvement.

The registered manager told us that a 'parent forum' meeting took place quarterly with the parents of children using the service and the Head of Service. The registered manager told us that the meeting provided parents with the opportunity to discuss the service provision. We looked at the minutes of the last meeting which showed discussions around the service provided and ways for parents to share their opinions and views. We saw that parents were involved in discussions regarding telephone and online surveys.

Parents were also given the opportunity to comment on the questions included in the survey. The registered manager told us that following feedback from parents the service will be obtaining parents views and opinions on the service provided via telephone surveys which had been requested by parents. The provider told us that they were looking into introducing an online quality assurance survey.

Management from other internal departments within the local authority also carried out an independent quality audit of the Disabled Children's Community Support Team. The recent report showed that audits of care plans had taken place and records confirmed that staff had received regular supervisions.

Records we looked at showed that audits of key activities such as care plans, record keeping and supervision took place by the registered manager. An quarterly performance report for the whole integrated service for disabled children took place, which also included the service. We saw the draft report for March 2016 which gave an overview of the service for the past 12 months. For example it showed that a service was delivered within the required timescales. In addition to this the registered manager also completed a development plan for the service annually. This showed what the service was doing well and areas where they would make improvements. This meant that the registered manager and provider could identify where improvements were necessary and take the required action to address any issues identified.

The registered manager told us that observations took place in child's homes to ensure that staff were supporting the child safely and in line with their care plan. Staff were also completing peer observations to promote safe work practices. Staff we spoke with and records of observation of practice confirmed that these observations took place and staff found these useful.

There was a system in place for recording accidents and incidents and these were forwarded to the HR department within the organisation. The registered manager told us that information gained from this reporting would be used to adapt the support provided for an individual who used the service. Also to consider whether the member of staff involved required any support or additional training.

We found the service worked in partnership with external agencies to ensure children who used the service received quality support that was appropriate to their needs and promoted their wellbeing. Health and social care professionals we spoke with told us that the registered manager and staff worked well together. They felt that the service has had a positive impact on the children and their families which they support.

We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.