

## Cheviots Children's Disability Service

# Cheviots Childrens Centre

### 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

We undertook an announced inspection on 20 April 2015 of Cheviots Children's Centre - HSCA. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Cheviots Children's Centre – HSCA is a service for children and young people with learning, sensory and physical disabilities in the London Borough of Enfield. The service is registered to provide personal care for children and young people aged 2-18 in their homes. At the time of our inspection, the service was providing care to four families which consisted of home sitting for a number of hours per month.

At our last inspection on 21 January 2014 the service met the regulations inspected.

There was a registered manager in post at the time of our inspection. 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.

Relatives of children who used the service told us they were confident that their children were safe around care

# Summary of findings

staff. The service had taken steps and arrangements were in place to help ensure children were protected from abuse, or the risk of abuse. Staff knew how to recognise and report any concerns or allegations of abuse.

Children were cared for by staff who were supported to have the necessary knowledge and skills to carry out their roles and responsibilities. Staff had been carefully recruited and provided with an induction and training they needed to enable them to care effectively for children. Staff we spoke with had a good understanding of the needs of the children they cared for. Staff spoke positively about their experiences working at the service and the support they received from management.

Managers at the service were aware of the Mental Capacity Act 2005 (MCA). However, due to the nature of this particular service, the MCA did not apply as the service provides care to children. CQC is required by law

to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. However, due to the nature of this particular service, DoLS were not applicable.

Care support plans were person-centred, detailed and specific to each child and their needs. We saw that their care preferences were reflected. Children and their relatives had been consulted and activities reflected their individual interests, likes and dislikes.

The service had a system in place to monitor and improve the quality of the service which included satisfaction surveys and questionnaires. The feedback received from relatives was positive and no concerns had been raised.

# 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. Relatives of children who used the service told us they were confident that children were safe around care staff.

Risks to children were identified and managed so that they were safe and their freedom supported and protected.

There were safeguarding and whistleblowing policies and procedures in place to protect people.

There were arrangements in relation to the recording and administration of medicines.

Good



### Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively and spoke positively about the training received. Staff told us they felt well supported by their colleagues.

Managers we spoke with were aware of the Mental Capacity Act 2005 (MCA). However, due to the nature of this particular service, the MCA did not apply as the service provides care to children.

Good



### Is the service caring?

The service was caring. Relatives told us that care staff treated children with kindness and compassion. It was clear from speaking with staff that they had a good understanding of children's care and support needs and knew the children they cared for well.

Staff demonstrated a good understanding of children's individual needs and preferences.

Children's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



### Is the service responsive?

The service was responsive. Children received personalised care that was responsive to their needs and relatives of children who used the service told us that they felt listened to and able to raise any concerns and issues with management.

Care plans included a detailed account of aspects of children's care needs, including personal and medical history and likes and dislikes.

There were procedures for receiving, handling and responding to comments and complaints.

Good



### Is the service well-led?

The service was well led. Relatives we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account.

The service had a clear management structure in place with a team of care staff, managers and the registered manager. Staff we spoke with told us that they felt supported by management and spoke positively about working at the service.

Good



# Summary of findings

The service had a system in place to monitor and improve the quality of the service and this included satisfaction surveys.

# Cheviots Childrens Centre

## 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 provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 20 April 2015 of Cheviots Children's Centre – HSCA. This inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of children who used the service.

As part of our inspection, we spoke with the relatives of three children who used the service. We also spoke with two care staff and two managers who were responsible for managing the centre. We reviewed four care plans, four staff files, training records and records relating to the management of the service such as quality checks, policies and procedures.

# Is the service safe?

## Our findings

Relatives of children that used the service told us that staff treated children well and children felt safe around staff.

One relative said, "100% safe. My [relative] is very comfortable with them." Another relative said, "The care is definitely safe. I feel very comfortable leaving my child with them." Feedback from another relative was, "Yes they are definitely safe. I have no concerns."

The service had taken steps to help ensure children were protected from the risk of abuse. There were clear safeguarding and whistleblowing policies. We noted that these policies did not refer to the CQC and raised this with a manager. She confirmed that the policies would be updated so that they referred to the CQC. Staff had completed training in how to safeguard children and this was evidenced in the training records we looked at. Staff were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the police.

Risk assessments were completed for children who used the service and staff were provided with information on how to manage risks. Each assessment identified the risk and provided details of what action to take. Risk assessments covered areas which included the environment, challenging behaviour and going out. The assessments contained information to help ensure children were supported to take responsible risks with the minimum necessary restrictions so as to increase their independence and social inclusion.

Staff we spoke with said that the staffing levels were adequate. One manager explained to us that children who used the service were allocated the same care staff to

ensure they were familiar with them. She told us that in the event that they needed to find a replacement care staff at short notice, they had a list of reserve carers that they could use.

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Medicines were managed safely. The home had a policy and procedure for the management of medicines to provide guidance for staff. One manager explained to us that the service policy detailed that relatives of children were usually responsible for administering medicines. However, occasionally care staff would be required to administer medicines. In such circumstances, there was a medicines recording sheet in the child's home and care staff would sign this to confirm that they had administered the medicines, which would then be countersigned by the relative to confirm that this had been done. All the relatives we spoke with confirmed that this was the procedure. At the time of the inspection, we noted that copies of the medicines recording sheets were not kept at the office and one manager confirmed that these were kept in children's homes. We were therefore unable to look at the medicines recording sheets at the time of our inspection. Training records seen by us indicated that staff had received training on the administration of medicines and this was confirmed by staff we spoke with.

The service had an emergency procedures policy which provided guidance and necessary contact details in the event of an emergency occurring whilst care staff were caring for children. The service also had a lone working policy and procedure which provided guidance for staff when working alone.

# Is the service effective?

## Our findings

One relative told us, "It is a really good service. I am really confident in the workers." Another said, "I am very happy with the care. It has been good so far." Another relative told us, "The service is brilliant. I can't fault them." Relatives we spoke with were positive about the quality of care provided by the service and had no concerns about the care.

We spoke with two of the managers about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting children. Topics included autism, first aid, manual handling, safeguarding children, infection control, medicine administration and food hygiene. Staff confirmed that the training received was classroom based and practical training. One member of staff told us, "The training is really good and very thorough. There is always training going on." Another member of staff said, "They are really good on training. It is really extensive. It is very practical, relevant and child focused."

Through our discussions with staff, we noted staff had the right experience and training to meet the needs of children who used the service. One manager explained to us that they allocated the same care staff to each child so that children were familiar with them and had the opportunity to develop relationships with them. This was confirmed by all the relatives of children we spoke with. One relative told us, "Staff are well trained and have the necessary knowledge."

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. One manager explained that staff received two formal one to one supervision sessions in a year and this was confirmed by staff. She explained that because care staff worked limited hours, for example, providing eight hours of care per month, they did not have more regular supervision sessions. During these supervision sessions, staff discussed their training needs, performance and areas for improvement. Staff received an annual appraisal in order to review their personal development and progress.

Staff received an induction and records confirmed this. Care staff told us that the induction had been beneficial. One manager told us that they were very selective about which care staff worked in the homes of children. They ensured that these staff were confident and experienced staff and part of their induction involved them working with the children in the Cheviots Children Centre play schemes before going to their home so that children receiving care were familiar with care staff. One member of staff said, "The induction was good. It was very good at explaining things."

The service managers we spoke with were aware of the Mental Capacity Act 2005 (MCA). However, due to the nature of this particular service, the MCA did not apply as the service provides care to children.

The Deprivation of Liberty Safeguards (DoLS) can be used if a person who is in supported accommodation, a care home or hospital is restrained, restricted or deprived of their liberty for their own safety. However, due to the nature of this particular service, DoLS were not applicable.

Care plans contained information about children's mental state and communication. Care plans also included details about how to communicate effectively with children and ways in which to communicate and not communicate with them. Staff told us that they encouraged children to make their own choices and decisions where they were able to do this.

One manager explained to us that since care provided to children was for a limited number of hours per month, children's relatives were responsible for preparing meals. She explained that very occasionally care staff would prepare meals for children. We saw that the dietary needs of children were recorded in their care plans which included their food preferences and allergies. Staff told us that whilst they did not prepare children's meals on a regular basis, they did observe children's nutrition when providing care for them. For example, one care staff said that they would check that the food provided to them was nutritional. One manager explained that if they had concerns about a child's nutrition they would discuss this with their parent.

# Is the service caring?

## Our findings

Relatives told us that staff were caring and treated children with respect and dignity. They were positive about the care staff. One relative said, "Lovely care staff. They listen and are respectful." Another relative told us, "Staff are respectful and listen. I have no worries."

Care staff were respectful of children's privacy and maintained their dignity. Staff were aware of the importance of treating children with respect and being patient when communicating with them. They gave us examples of how they maintained people's dignity and respected their wishes which involved knocking on their doors, listening to them and offering choices. One member of staff told us, "I don't invade their space; I give them space when they need it and provide support."

One manager explained to us the importance of ensuring that children were provided with the same care staff so that they were familiar to them and this encouraged a regular routine for children which was important for their individual progress. Staff we spoke with were knowledgeable about the individual needs of children and followed the guidance provided in care support plans.

Care support plans demonstrated that children were involved with their care and had been crucial when putting their care plan in place. We saw that where possible children had completed parts of their care plan themselves detailing their likes and dislikes.

## Is the service responsive?

### Our findings

Relatives told us that they felt that management and staff listened to them. One relative said, “I feel able to raise concerns/issues.” Another person told us, “If I had any concerns, I would raise them. There are no areas for improvement. All is wonderful.” The managers told us that they encouraged relatives to communicate with them about any concerns they may have. Relatives spoke positively about the management at the service and said that they felt comfortable raising concerns and complaints if they needed to.

Children received personalised care that was responsive to their needs. Care support plans detailed the support needed with various aspects of their care such as health, communication, medicines and behaviour and detailed and appropriate information for care staff, which included

information about what children could do without support and where they needed assistance. When speaking with care staff, they were able to demonstrate that they were aware of children’s individual needs.

Staff told us that they respected the choices children made about their care and activities they wanted to engage in. One member of staff told us that they did activities that children wanted to do in agreement with their relative.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. However, the policy did not make reference to contacting the CQC if people felt their complaints had not been handled appropriately by the service. One manager told us that the policy would be updated to reflect this and showed us evidence that they were in the process of reviewing and updating their policies.

The service had a system for recording complaints to ensure that complaints were responded to promptly.

# Is the service well-led?

## Our findings

Staff spoke positively about working for the service. One member of staff said, “I am 100% supported by management.” Another member of staff told us, “It is great working here. It is really good.” There was a clear management structure in place with a team of care staff, managers and the registered manager. Staff spoke positively about the management and the culture within the service and told us that they were clear about their role and responsibilities.

Staff told us they were informed of any changes occurring within the service through staff meetings and regular emails from management, this meant they received up to date information and were kept well informed. Staff told us that they felt well equipped with information from management to carry out their roles effectively.

The service had a system to monitor incidents and implement learning from them. One manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw evidence that satisfaction surveys had recently been sent to relatives of children who used the service. The feedback received was all positive

and no concerns were raised. Further, one manager explained that they had introduced a further quality check which included carrying out observation questionnaires. This involved a manager observing care staff interacting with children in their homes. This enabled them to monitor staff and check whether there were any areas for improvement. We saw evidence that these observation questionnaires had recently been carried out.

We saw evidence which showed that checks were carried out by management and any further action that needed to be taken to make improvements to the service were noted and actioned. For example, the service had a system for reviewing care plans to ensure that the information included was accurate and up to date. However, we noted that the service did not have a system in place for auditing medicines. Medicines were mostly administered by children’s relatives, however occasionally they were administered by care staff who were required to sign a medicine recording form. The centre worker manager explained that these forms were kept in children’s homes. It was therefore not evident how management were checking these forms on a regular basis. We spoke with the managers about this and they agreed that in future they would ensure that copies of the medicine recording forms were kept in the office as well as in homes so that management were able to check these regularly. Relatives we spoke with confirmed that the medicine recording forms were completed by care staff correctly.