

Barnardo's

Barnardo's Disability Support and Inclusion (DSI) 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

This inspection took place on 24 October and was unannounced. At the last inspection on 23 February 2016 we rated this service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Barnardo's Disability Support and Inclusion (DSI) Service is registered for the regulated activity 'personal care'. The remit of the service has changed slightly due to changes in service contract agreements with local authorities and the clinical commissioning group. At the time of this inspection Barnardo's DSI Service provided 'short break services' to the families of children or young people who have special needs because of a disability. 'Short break services' can include time spent with children or young people in their home or in the community on an activity, or taking part in a pastime.

Not everyone using Barnardo's Disability Inclusion and Support Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place 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.

Staff were aware of the different types of abuse, how to recognise them and how to report them to senior management or other external agencies.

Procedures were detailed around practices for medicines administration. Parents and carers told us these were always administered appropriately and on time.

The induction process was comprehensive and additional courses could be accessed by staff to continually develop their skills and knowledge. The management team encouraged partnership working such as specialist training with health professionals. Staff had built strong working relationships with partner agencies to achieve positive outcomes for people.

Recruitment processes were robust and included pre-employment checks to ensure people were suitable to

work with children and young people.

Activities were varied and took into consideration people's likes, dislikes and suggestions. We saw positive feedback from people that received services and their parents and carers.

Care plans were personalised and included information about people's likes, interests and preferences. The provider was in progress of improving collation of information around people's life histories.

Risk assessments were detailed and provided personalised information to enable staff to support people in line with best practice whilst considering people's preferences.

Parents and carers told us that staff practiced good standards of personal hygiene. All staff completed infection prevention and control training.

Reviews of care were completed regularly and parents and carers were encouraged to participate. Staff were keen to ensure children and young people had their views heard. The provider demonstrated positive outcomes for people and this was an area they were looking to record in more detail in the future.

Staff had a good understanding of equality and diversity and gave examples of how they supported people's diverse needs.

Regular staff and management meetings addressed current issues. Actions plans showed that staff views and opinions had been listed to and measures taken to improve the working environment.

The service was proactive in engaging with parents and carers through meetings, home visits and annual satisfaction surveys.

Feedback around communication and the leadership of the service was positive. Parents and carers praised staff for their continued support and described staff and management as 'amazing'.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager had good oversight of the service and had introduced positive changes to drive improvements in the service.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Barnardo's Disability Support and Inclusion (DSI) Service

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 checked 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 24 October 2018 and was announced.

We gave the service 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff. We needed to be sure that they would be available to speak with us.

The inspection team consisted of one adult social care inspector and a specialist advisor with experience of children's support services.

Before the inspection, we checked for any notifications made to us by the provider and reviewed the information we held on our database about the service and provider. Notifications are sent to us by the provider to inform us of important events that happen within the service, such as safeguarding incidents.

There were 49 people receiving a service and of those 26 were receiving a regulated activity at the time of our inspection. Providers are required by law to register for each of the regulated activities they carry out. This provider was registered to carry out personal care.

During the inspection we spoke with two care staff, the deputy manager and the registered manager. We contacted six health professionals for their feedback about this service.

We reviewed care records for four people, recruitment and training records for two care staff, records of safeguarding incidents and complaints and compliments. We looked at records relating to the management of the service, including policy documents, satisfaction surveys and staff meetings.

Following the inspection we contacted three families to discuss the services they received and ask for their views about the staff, care provisions and management at this service.

Is the service safe?

Our findings

Parents and carer's we spoke with told us they felt their child was safe being supported by the staff at the service. One parent told us, "Safe yes, undoubtedly. [Name of staff] are very proactive in supporting with health conditions when needed. Our children have complex needs so it's nice to know they are in safe hands. It means we can go to sleep and not have to worry."

Staff had completed safeguarding training to protect children and young people from harm. Staff described potential types of abuse and knew how to report them.

Children and young people had detailed risk assessments in place which guided staff on measures needed to mitigate potential risks. For example, one child had a specific condition which required monitoring. The risk assessment detailed the condition, signs to look out for and actions to take should their condition deteriorate. Records showed that risk assessments were completed for any activities people agreed to attend and that their environment was checked regularly to ensure their safety. Risk assessments were reviewed regularly to reflect any changes in support and/or care needs. This provided staff with vital information to provide safe care and support.

Accidents and incidents were recorded in detail with actions that had been taken by staff and senior management. There was evidence to show these had been analysed and appropriate actions taken to mitigate future risks. This included use of the providers disciplinary procedures when necessary.

Parents advised that staff had a good level of personal hygiene. One parent advised, "They [staff] regularly washed their hands." All staff had received infection prevention and control training.

Staff told us they had enough time allocated for travelling, which allowed them to spend time with the children and young people they supported. Staff knew people's needs well and told us they worked together as a team to cover shifts. This maintained consistent levels of care and support to meet people's needs.

The provider had robust and methodical recruitment practices in place. Staff files were organised with checklists completed to ensure all areas of recruitment were covered. Pre-employment checks such as references were obtained prior to staff being offered employment. For staff applying to work with children and young adult's references were requested for the last five years of employment, rather than the three year request for all other staff. This meant that the provider had checks in place to ensure staff were of suitable character to work with children and young adults.

Staff received training in the administration of medicines and invasive procedures. Medicines records were colour coded so that it was clear to see which medicines staff had to administer when families were also supporting in this area. Clear and detailed policies were in place and step-by-step procedures for staff to follow. This meant that medicines were administered as prescribed and clearly recorded to avoid any errors.

Staff were confident that management would maintain their confidentiality, should they need to use the

whistleblowing policy.

Is the service effective?

Our findings

People were supported by staff who understood their needs. One parent said, "They [staff] are knowledgeable and well trained. I trust the staff, we have a great relationship with them and they are professional." A health professional told us, "I have always found them to be an effective and very responsive organisation. They regularly contact me to arrange training to be delivered to their team of carers and are very tight on things being up to date."

Records confirmed that staff received a comprehensive three-month induction which included a period of shadowing. This enabled new staff to build their confidence and access specialist training to meet people's needs. One member of staff told us, "We receive training specific to the child we are supporting. I have received training from the nurse and we book it in together and record when refreshers are required." This meant staff felt confident when supporting people's complex needs.

Staff told us they felt supported through regular supervisions and appraisals. One member of staff said, "Supervisions are supportive, we have one every six weeks and they ask about family life which is nice." The provider had a supervision and training programme in place. This identified any core and specialist training staff wanted to access and gave staff time to discuss workloads or concerns.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff understood the importance of supporting people to make decisions and remain independent, whilst consulting with parents and/or carers and health professionals involved in their care. They could tell us how they obtained consent from children or young people by asking them before they provided personal care or attending activities with them. People's care records contained signed documents of consent which confirmed acknowledgement of the care that was provided to them. This ensured decisions were made in the best interests of people and the least restrictive options were always considered.

Initial assessments of people's care needs were detailed. Pen pictures incorporated information about people's health conditions and how they liked to be supported. Social histories had not always been included in care plans, the provider had reviewed and changed their assessment forms to enable them to capture this information. Regular carers were allocated to children and young adults in line with similar interests, considering staff's suitability, people's preferences and localities. The management team advised this allowed better choice for people which resulted in better outcomes.

Care plans detailed people's dietary requirements and systems that may be required to support adequate

nutrition and hydration. For example, staff supported with Percutaneous Endoscopic Gastrostomy (PEG). PEG is a system used where people are having difficulty swallowing foods and fluids. Staff received specialist training from paediatric community nurses to support with this. One member of staff said, "Nutritional support is detailed in care plans, I prepare some meals and completed a food hygiene course before I could do this."

Is the service caring?

Our findings

Parents we spoke with praised staff and found them to be kind and caring. One parent advised that their children loved the staff and told us they had a good relationship. They said, "[Name of staff] communicates well with them and understands them." A health professional told us, "The carers I have met are dedicated and caring individuals, who maintain their competencies." A member of staff said, "All staff are very warm and welcoming towards the people they support. I shadowed an experienced member of the team when I started and as soon as we entered the persons home [name] got hold of their hand."

Staff described how they treated children and young people with dignity and respect. One member of staff told us, "I promote people's dignity and respect at all times. If a person needs toilet facilities we use the disabled toilets. I don't make a big deal about it and if their behaviour changes one member of staff distracts them with a toy whilst the other changes them so they are clean and presentable."

Staff encouraged people to be as independent as they could be. One member of staff said, "I try to promote people's independence all the time. One child could not eat without support, but gradually and with encouragement they learned to eat independently. Another child had difficulties socialising. We started with two staff supporting them and now they participate in activities and have learnt new life skills." This showed us that staff had patience with people and took time to ensure the best outcomes were achieved.

Staff were proud of the service and self-motivated. Staff understood the importance of building positive relationships with people and their parents. Parents told us that staff were consistent and arrived at their calls on time. One parent told us, "[Name of staff] is amazing, they bend over backwards. They are very accommodating, I have nothing but praise for them. They do a very good job and I'm very pleased with the service."

The service also responded positively to equality, diversity and human rights. Care plans captured detailed information about people's cultural beliefs and values. One staff member said, "One family had a certain way of welcoming people into their home. It was part of their culture and was lovely that they wanted to involve us." Staff posted articles on the providers workplace systems which included the Lesbian Gay Bisexual and Transgender (LGBT) history month. These covered the rights of the LGBT community in other countries and detailed the 'Everyone can play' campaign where a famous sports team illuminated a popular area with rainbow lights to show their support in allowing everyone the same opportunities in sport. Staff had excellent knowledge of equality and diversity issues.

Staff spoke with us about communication and how they supported people to express themselves. Staff told us they took time to involve people and check they understood what had been discussed during reviews of their care and support. Staff used Makaton sign language to communicate with some people and told us others had their own way of communicating which they supported.

Staff told us that they regularly liaised with parents and carers to ensure they were kept informed of any changes. Regular discussions also gave people an opportunity to raise any concerns with staff or express

their views and suggestions for improvements.

Is the service responsive?

Our findings

Care plans were person-centred around people's individual's needs. We found that people had achieved many positive outcomes. For example, one person was supported by staff to attend to their personal cares, they used a countdown system to prepare them for the sensory side of this activity. The person had discussions around how they would like to be supported and staff had adopted this approach using snacks and music to calm them. The carers were trained to use distraction techniques and achieved positive outcomes by adopting the persons preferred methods. The provider was working towards improving care plans to include goals and outcomes for people. Reviews of care showed changes had been adopted to include the views and ideas of parents or carers and reflected the true personality of the person receiving a service. Parents and carers discussed ideas and made suggestions about how things could be improved. This meant that outcomes were more personalised and achievable for people.

Reviews of all aspects of care were personalised and input was encouraged from parents and carers. Reviews showed that people's health conditions had been considered and any emotional impact. One person's review had included that they liked to be cuddled and the position they preferred to lay in when sleeping. Where people had respiratory difficulties such as asthma non-smokers had been selected to support them. This meant that people's care promoted choice, considered their preferences and was personalised.

The provider promoted a positive and flexible approach to risk taking for activities and considered different environments to suit the needs of the young person. One member of staff told us, "I ask the person what they would like to do. Some people like to go bowling, the cinema or the beach so they can paddle in the puddles." We saw other group activities included trips out. For example, to see 'The wizard of oz' pantomime. Staff told us activities and outings were led by the person and depending on their needs staffing ratio's were considered via risk assessments. This ensured people were free from social isolation and able to access community services in line with their preferences and interests.

One person had written to compliment the service, "I really enjoyed playing on the beach with my friends and I enjoyed every single minute of the day." They also praised staff for their support saying, " [Name of staff] is absolutely outstanding and amazing and willing to help and be friendly with us all including parents/carers."

Meetings were held regularly for staff to share experiences to learn lessons, and to support continual professional development. Management also shared any updates such as changes in legislation. Monthly newsletters contained feedback from children and young people, dates of up and coming events such as fundraisers and Christmas parties and training. Handover meetings were held to ensure smooth transitions in between shifts. Staff told us if they were running late they contacted parents or carers to keep them informed. The provider had systems in place to ensure calls were attended on time.

Records for end of life care wishes detailed people's preferred place for care and treatment and support for families was considered. Meetings had been held for one person with other agencies with a holistic

approach adopted to consider life limiting illness rather than end of life care.

People were actively encouraged to raise concerns. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. Complaints were reviewed to establish if there were any trends or lessons learned.

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the provider, comments included, "Staff and management are welcoming and I feel can ask for help with anything. I'm really enjoying it here," and "I love my job. Every day has a different challenge and I like that. Staff we work with are really supportive and we all enjoy meeting parents and families. Management always have their door open, I like that."

We received positive feedback regarding the management of the service from parents and carers. Comments included, "The managers and staff are very approachable. I can ring them at any time and they return my calls, which means a lot to us. Staff pass messages on so the communication is really good, puts us all at ease."

The registered manager wrote their own blog which was shared with staff and other employees within the wider organisation. A blog in this case is a diary style of informal writing which often can encourage discussions on topics of interest. These challenged boundaries and raised awareness around significant issues of personal and work interests. One of the recent blogs had circulated and raised awareness of 'National Inclusion week' and the challenges facing children and young people. Senior management within the organisation had acknowledged this very passionate approach from the registered manager and arranged a meeting to discuss further.

The provider had systems in place to check the quality of the service. Regular audits had been completed in areas such as safeguarding, medicines and care planning. Action plans were in place to ensure any issues were addressed and this was discussed during meetings with staff to ensure lessons were learnt. The provider carried out regular checks in the community to monitor the quality of the service delivered by staff. They also supported staff in the community when needed, which maintained their own skills and knowledge and made them visible outside of the service.

The provider encouraged staff to build strong community links, accessing local services in line with people's choices. The provider worked alongside commissioners in the local authority to discuss contracts and changes to adapt the service in line with the wider needs of the population.

The provider actively sought feedback from parents and carers during meetings, home visits and annual satisfaction surveys. The latest staff survey addressed issues such as work life balance and discrimination in the workplace. The provider had communicated proposed actions they were taking as a result of their analysis. In addition, pen profiles had been introduced for staff so that people could read about their characters, likes and support needs. Staff told us this helped them to liaise and allocate suitable workers to support individuals based on similar interests.

Staff told us monthly team meetings discussed the providers values and how to promote them, such as in terms of equality and diversity to protect vulnerable groups of people and promote social inclusion. Management meetings covered outcomes from local authority audits and action plans had been discussed

to update risk assessments and policies. This showed the management team were responsible and accountable and were keen to ensure the smooth running of services.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities. The provider had policies and procedures in place that were regularly reviewed and considered guidance and best practice from other professional bodies. This gave staff clear direction and guidance to support people in line with best practice.