

Barnardo's

Barnardo's Disability and Inclusion Support Service

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 12, 13, 19 and 23 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staff training and governance of the service.

We undertook this focused inspection on 26 November 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barnardo's Disability and Inclusion Support Service on our website at www.cqc.org.uk.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

Barnardo's Disability and Inclusion Support Service provides a range of short and longer term services that include provision of personal care to children and young people with disabilities and support to their families. At the time of our inspection the service was supporting 39 children and young people.

A registered manager was in post at the time of the 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was taking planned absence and an acting manager was managing the service in the interim.

We found improved measures were now in place for staff to receive appropriate training that enabled them to

meet the needs of the people they supported. The management team had taken action to ensure evidence of completed training could be more readily demonstrated.

Arrangements had been made to further develop management support and communication. There was a more structured system for monitoring the quality of the service to make sure that standards were being maintained.

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 effective?

We found that action had been taken to improve the effectiveness of the service.

Staff were now being provided with training and support that equipped them for their roles and made sure they could deliver people's care effectively.

We could not improve the rating for 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve how well-led the service was.

The quality of the service was now subject to more frequent and in-depth monitoring to ensure standards were being met.

We could not improve the rating for 'Is the service well-led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Barnardo's Disability and Inclusion Support Service

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Barnardo's Disability and Inclusion Support Service on 26 November 2015. We gave 24 hours' notice that we would be coming as we needed to be sure that someone would be in at the office.

This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 12, 13, 19 and 23 January 2015.

We inspected the service against two of the five questions we ask about services: 'Is the service effective?' and 'Is the service well-led?' This was because the service was not meeting some legal requirements at the time of our comprehensive inspection.

This inspection was undertaken by one adult social care inspector. During the inspection we met and talked with the acting manager, the acting team manager and an administrator. We reviewed staff training records and other records related to the management of the service. Following the inspection visit we had telephone contact with the assistant director of children's services.

Is the service effective?

Our findings

At our comprehensive inspection in January 2015 we found a breach of a legal requirement in relation to staff training. There were gaps in the provision of training and accurate records had not been maintained to confirm the training which staff had completed.

The provider sent us an action plan following our comprehensive inspection that gave us assurances about the action they were taking to improve training. This included establishing an annual training programme and improving systems to accurately demonstrate the training undertaken.

During this inspection we found that training provision had improved. The provider's safety advisor and the service's management team had carried out a review of the care requirements of people using the service. The acting team manager told us they had audited all records and certificates to determine the extent of training that each staff member needed. As a result, a training programme had been arranged with courses throughout the year. The programme included safe working practices and other topics including The Mental Capacity Act 2005 (MCA), which was highlighted as being deficient at the last inspection.

We were informed that the provider was looking to align induction training with the Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. The acting team manager told us where no evidence of induction training could be located, staff had been required to complete the course again. They also showed us evidence that induction files had been prepared for new staff who had been appointed, in readiness for their training.

We were told all staff were required to undertake training such as moving and handling and safe handling of

medicines, though most people using the service did not have needs in these areas. The acting team manager said they ensured staff had received suitable training according to people's needs before they began working with them. For example, they had organised training in giving emergency rescue medicines for staff who would be supporting a young person whose service was starting in the near future. They were also looking to develop records to be placed on each person's care file confirming the training undertaken by their designated workers.

A training matrix had been implemented to keep an overview of all courses completed by staff. We noted however that dates of training were not always indicated and advised this should be followed up. The matrix showed that staff had undertaken training relevant to their roles, including first aid, risk assessment, safeguarding and MCA. The administrator told us they were clear about their responsibilities in keeping the matrix up to date. We checked the training records and certificates for a sample of staff against the care needs of the people they supported. These showed the staff had received appropriate training, including epilepsy awareness, medicines, and behaviour management techniques. The acting team manager told us they were being supported to undertake post graduate training that would help them develop therapeutic approaches with people using the service.

The acting manager told us that training was a mix of classroom-based sessions, e-learning and workbooks with knowledge tests. They acknowledged there were times when sourcing training had proved difficult and we signposted them to a local sector led organisation that supports workforce development in the care sector.

We concluded that the standards of training had improved to ensure people using the service were cared for by appropriately skilled staff; and that the provider was no longer in breach of the relevant regulation.

Is the service well-led?

Our findings

At our comprehensive inspection in January 2015 we found a breach of a legal requirement in relation to the governance of the service. Systems for quality monitoring did not always ensure the service was operating safely and effectively.

The provider sent us an action plan following our comprehensive inspection that gave us assurances about the action they were taking to improve governance. This included plans for increasing management oversight and support for staff and improving the quality assurance system.

During this inspection we found that a number of improvements had been made. The provider had arranged for an acting manager to manage the service during the pre-planned absence of the registered manager. They had notified the Care Quality Commission (CQC) of these arrangements, as they are legally obliged to do.

The acting manager and acting team manager felt that senior managers within the organisation had been supportive in assuring the quality of the service in the period since the last inspection. They told us there was now a clearer approach to quality monitoring, an improved understanding of meeting legal requirements, and that staff were better supported in their roles.

A series of quality reviews had been conducted with an emphasis on checking the standards and culture of the service and the progress of the action plan submitted to CQC. A range of areas were covered including staff recruitment, retention and training, care documentation and ensuring compliance with policies and best practice. Each area identified for improvement was set out with action points indicating who was responsible and the timescales for completion. The assistant director confirmed

that quality reviews would continue to be carried out every three months. They also assured us that a full annual audit under the 'Quality Assessment Framework' was due to take place before the end of 2015.

There was evidence that closer management scrutiny had led to areas of the service being developed. Expectations had been reinforced with staff about keeping care plans up to date and the quality and frequency of care recording was being checked on a monthly basis. A backlog of case files for young people who no longer used the service had been signed off and closed. The acting manager now regularly sent letters to young people and their parents to seek their views about the service. A clear process was followed, including contacting parents and displaying details of 'You said, we did' processes, to demonstrate that management had listened to and acted on feedback. The service had also provided information to people and their parents to raise their awareness of the complaints procedure.

Steps had been taken to improve communication and support for staff who worked remotely. Individual supervisions were being monitored to ensure all staff regularly engaged with their line manager. Peer supervision groups with a facilitator had been introduced, giving staff further opportunities for learning and sharing. Staff were able to air their views at these groups, which were then anonymised and cascaded to the acting team manager for follow up action. Seasonal newsletters had also been introduced which gave staff updates about the service, policies, and legislation, contact numbers for managers and the forthcoming dates for training courses.

We concluded there was now improved leadership, communication and quality assurance systems which benefitted people using the service, their parents and staff; and that the provider was no longer in breach of the relevant regulation.