

Barnardo's

Barnardo's Include Me 2

Inspection report

Bradbury House
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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

The inspection took place on 2 November 2016 and was announced. The service had been inspected on 30 August 2013 and met all the regulations in place at that time.

Barnardo's Include Me 2 offers short breaks, participation, and domiciliary care to children and young people with disabilities and those who are looked after. Barnardo's Include Me 2 is regulated by the Care Quality Commission to provide personal care services to children with a physical, sensory or learning disability up to the age of 18 years old in their own home. This element of the care provided is a very small part of the service provided by the staff at Bradbury House and these other aspects of support provided to children are regulated by OFSTED (Office for Standards in Education, Children's Services and Skills). At the time of the inspection five children were receiving a domiciliary care service, three of whom were receiving the regulated activity of personal care.

The service had a registered manager in post and they had been registered with the Commission since 8 August 2011. 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 demonstrated a good understanding of how to ensure children and young people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Staff knew the whistleblowing procedure and felt confident any concerns would be acted upon.

Risk assessments were in place to ensure the service mitigated risks appropriately. Risks were managed positively to ensure the children and young people were not overly restricted in their everyday lives and were enabled to be as independent as possible.

Staff at the service were trained to use restraint and when used, there was a meeting to determine it had been used correctly and was the least restrictive means to resolve the behaviour which challenged.

Staff were well supported through regular training and supervision, and they were clear about their roles and responsibilities. Children's views were sought when staff were appraised to ensure their views about the performance of the staff member were heard.

Staff were knowledgeable about the children and young people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

Care records were child-centred, up to date and accurately reflected people's care and support needs. The care plans included information about likes, interests and how best to support the child.

Professionals and families were positive about the service, staff and the support provided which they said was to a very high standard and ensured outcomes were met.

The service respected children's individuality and protected their human rights. They were up to date with current issues affecting children and best practice and the wellbeing of the child was at the forefront of their service provision.

Processes were in place for reflecting upon and evaluating the quality of the provision. Staff felt involved in the process and could make suggestions for change and improvement. The registered provider monitored the quality of the service provided and ensured best practice was followed and the service continually strived to achieve a high standard of service provision.

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.

Systems were in place for recording and managing risk, safeguarding concerns, whistleblowing and incidents and accidents.

The service used positive risk management to ensure risk was assessed and managed without overly restricting people's freedom. The service used restraint as a last resort and as the least restrictive option.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with children

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction, regular supervision, performance appraisal and training to ensure they had the skills and knowledge to meet the needs of the children they supported.

Staff had their competency checked and were mentored to ensure they developed in their roles and we found staff were motivated to develop.

Involving the young person to obtain their consent when appropriate and/or their parents was evident during the inspection

Is the service caring?

Good ●

The service was caring

We found staff to be caring and compassionate and they knew how to ensure privacy, dignity and confidentiality were protected at all times.

Relatives spoke highly of the staff at the service and their attitude and approach to provide a caring service.

Protecting the human rights of the child was embedded in the service provision. The service recognised equality and diversity of its staff and the children

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and person centred. Children and young people were supported by staff who knew them well and were keen to enhance their well-being and quality of life.

Children and young people were involved in their care planning when appropriate and the service worked with families to ensure preferences and views were considered when devising support plans.

Is the service well-led?

Good ●

The service was well-led

The registered manager was passionate about the service provided and promoted a learning culture at the service which strived to continuously improve.

Policies and procedures were in place and regularly reviewed and updated to ensure the service worked to current best practice.

The registered provider monitored the quality of service provided through regular audits, and from feedback from children, young people and their parents.

Barnardo's Include Me 2

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 2 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The membership of the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and commissioning team for information they might have about the service.

We spoke with the registered manager, a project worker and two support staff as part of our inspection. We spoke with the parents of the three children who were receiving personal care and visited one child in their own home on the day of inspection. We spoke with one professional following our inspection. We reviewed the care records of all three children and we also looked at records in relation to the monitoring of the quality of the service provided by Barnardo's Include Me 2.

Is the service safe?

Our findings

All the parents we spoke with told us they were confident their child was safe when cared for by support workers from the service. One parent said, "I am wary about letting people into my home, but I had no concerns with the care staff. I felt ok leaving [child] in their care."

The registered provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to the safeguarding of children. The registered manager told us all staff had their training refreshed each year and safeguarding was discussed at every team meeting and during staff supervision. The registered manager told us they held a safeguarding day each year at the service to promote safeguarding within the team. Each year was themed such as child exploitation last year and female genital mutilation is planned for next year's session. This demonstrated the service was actively seeking to raise awareness about current safeguarding practice.

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep children and young people safe. They were able to describe the type of abuse you might find in a community setting. They all told us the steps they would take if they suspected abuse although this had not happened. Staff knew the principles of whistleblowing, the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals and they were confident their concerns would be acted upon.

We looked at how the service managed risks to children and young people using the service. We reviewed the individual risk assessment in place for the three children supported with personal care. Each person had a recorded general risk assessment in their file which contained general risks such as environmental risks, risks associated with delivering personal care. Each risk detailed who might be harmed, what control measures were in place, the level of risk and additional control measures required. The control measures were typed and generic but they contained sufficient information to identify and reduce risks. One child required physical assistance to be moved and positioned. The risk had been assessed and a safe method to move the child had been determined. However, the recording of the method lacked the detail required for staff to follow and this was discussed with the registered manager. On discussion with staff supporting this child, they could describe in detail how they were supporting the child to be handled safely.

We saw evidence the service promoted the health and safety of children and young people using the service. For example, safety was discussed at team meetings and during supervision to ensure staff considered this aspect of care at every intervention with the child. We saw positive risk assessments were used where appropriate, to balance the risk of keeping the young person safe and allowing them to develop skills important to their development.

We were told staff utilised restrictive physical intervention when this was required and staff confirmed this during our discussions. We saw they had utilised this with one young person whose file we reviewed. There was a detailed record of each time this had been used. This included a detailed analysis of the event leading up to the restrictive practice including the sequence of events, the reason for use, the method applied, the

duration of the restriction and any intervals and the type of hold. A meeting was held after each episode to fully discuss the incident. This meant the service only used these techniques where they were absolutely necessary and they had only been used as a last resort and the least restrictive option.

There were accident and incident policies and records in place to document whenever a child, young person or support worker working for the service had an accident. The documentation we reviewed demonstrated these had been recorded thoroughly and action had been taken to prevent accidents or incidents re-occurring.

We were told parents ordered and stored the medicines required by the children using the service. All staff had been trained and had their competency checked to ensure medicines were managed safely. Medicines administrations were recorded and checked by senior staff. Where specialist training was required, this had been provided by nursing staff. This ensured the service managed the administration of medicines safely.

We looked at three staff files to see whether all necessary recruitment checks had been made to ensure staff suitability to work. The registered provider kept a detailed record of their recruitment processes which included checking candidates against the Disclosure and Barring Services (DBS), reviews of candidate's employment history and reference requests and receipts for each person. We saw evidence that support workers had not begun to work in the service until all of their recruitment checks had been completed which meant children and young people they cared for were protected from the risk of receiving support from support workers that were unsuitable. The registered manager told us parents and young people were on the interview panels for potential recruits which we confirmed with one of the parents we spoke with as part of our inspection. They also told us they had a team of young people they had trained as recruiters once a candidate had been shortlisted and they were involved in the interview process. They told us this had proved very successful and ensured children were involved in the running of the service.

Is the service effective?

Our findings

All the parents we spoke with told us staff were well trained and had the knowledge and skills to care for their child. Each of their children had specialist needs and each parent described to us how the staff had received specific training to care for their child such as stoma care, diabetes care and gastrostomy care. Parents told us communication was good between the management team, support workers and themselves. One parent told us, "They fill a diary in every time. They record the blood sugar level, and how much insulin [child] has. I feel fully informed."

New staff underwent a thorough induction into the service and underwent a probationary period to determine their suitability. The registered manager told us this was extended if required to ensure the person was supported to get to the standard required of a support worker at Barnardo's Include Me 2. The service used a mentoring system to ensure staff were supported to gain the skills for their role and the registered manager told us the outcome of this scheme had been a success ensuring staff felt more supported and comfortable in the workplace. They ensured mentors and mentees were well matched to ensure the programme was a success. The induction referenced the Care Certificate and Skills for Care Guidance and all staff attained nationally recognised qualifications required for Children and Young people's workforce.

The service used a mixture of on line, and classroom based training followed by competency and observation checks. This way they ensured the theoretical training was matched by an ability to put the learning into practice. Senior staff held qualifications in Level 4 and above including teaching and social care qualifications.

Mandatory training was provided in Safeguarding (Local authority and Barnardo's), health and safety, equality and diversity, recording, communication, challenging behaviour management, and autism awareness. One member of staff described the training on offer as 'Brilliant'. They said they had worked in education for 17 years but they had been offered more training opportunities in the two years they had worked at Barnardo's Include Me 2 than in their previous 17 years.

The service had trained staff to become trainers for their colleagues. They had 'train the trainers' in Makaton, moving and handling, disability awareness and MAPA (Management of Actual or Potential Aggression) and we saw training was up to date at the service in these areas.

We found staff were supported to develop in their roles and received monthly supervision to measure and review their performance. We looked at a recent supervision session and found staff were receiving meaningful and reflective supervision which was used as an effective tool for supporting staff to develop. Staff had an annual appraisal and objectives set at these yearly meetings were reviewed monthly during supervision. Other staff and children were able to offer feedback to inform staff appraisal utilising the 360 degree model to give a rounded view of the person's performance. We were shown comments made by a young person when asked what they thought the staff member did well when working with them and what they could do better.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the Deprivation of Liberty Safeguards. The latter do not apply in people's own home and for those under 18, but as staff worked in a variety of settings they had all been trained to understand this aspect of protecting a person's human rights.

We saw documentation in care files signed by parents or the young person to give permission, for photographs to be taken, care plans to be implemented or medication to be handled on their behalf. This included consent to carry out an invasive clinical procedure, intimate care or therapeutic massage. There was a policy in place for obtaining consent from children under 16, and for 16-17 years old.

Is the service caring?

Our findings

Parents were very positive about the caring service they received. One parent told us, "Brilliant. They are perfect. The service has been incredible. I would not have been able to cope without their help." Another parent who had received the service for a number of years said, "They have become part of the family." All the parents we spoke with told us their child and support staff had developed a good relationship. They told us the service provided consistent staff which was a benefit to their child.

One parent told us the care and support they had received from the support worker enabled them to spend time with the rest of the family's children to maintain a good family life, but also the support worker included other children in activities which was important in maintaining family relationships. One parent told us the support provided by Barnardo's enabled them to undertake the household chores such as cleaning and laundry knowing that their child was receiving safe support, tasks which they would otherwise not have the time to do.

We visited one child in their own home and observed the support worker with the child. They were smiling and happy with the support worker and it was clear they felt comfortable and happy with the staff. It was evident relationships had been created with the parents who told us this support helped them to cope with their caring role and they had the confidence in the support worker to leave their child under their care.

The registered manager told us they ensured staff were providing a caring service by observing them in their role, observing children's reactions to the staff member. They said, "I am left with no doubt they are caring and compassionate. When you sit in a multi-agency review and parents talk about how supportive staff from Barnardo's are. We hear it from the parents."

The service supported young people, volunteers and staff to treat all people as equal and with dignity and respect. They held a lesbian, gay, bisexual and trans (LGBT) awareness session in February 2016 and made positive posters, display boards and held discussions to raise awareness of the challenges faced by LGBT people. They were able to evidence how they supported a child to transition, ensuring the needs and views of the child were of primary concern, free from prejudice and discrimination and respected as an individual.

The registered manager told us they referred to advocates in children's services when required but they also took on an advocacy role. We saw evidence to support they made sure the child's voice was heard and their opinion sought at every opportunity.

Support staff told us how they were mindful of the importance of keeping personal care as private as possible but tried to maintain each child's independence. Staff gave us an example of how they supported one child to assist with their own personal care 'to the best of their ability.' They described how they ensured doors were shut when assisting with bathing and personal care was done in bedrooms, or changing rooms with curtains shut to ensure the child's privacy and dignity were maintained.

Is the service responsive?

Our findings

The parents of the children we spoke with all told us the service was responsive to the needs of their children and focussed on the child but also the family. They had all been involved in the care planning process and felt able to make suggestions for change when required. One parent said, "I feel able to speak openly to staff. We can discuss things; they are not at all defensive."

The registered manager told us they worked creatively to provide a flexible service which could be adapted to the changing needs within a family and ensured that when a family hit a crisis they could adapt their service. Such as when a parent was admitted into hospital the package could be changed from support in one setting to support in the child's home. Each child was allocated a keyworker and along with a consistent staff team meant relationships were developed and sustained.

The registered manager told us the benefit of their provision was that they could put in additional resources to support families when needed to ensure they were responsive. They were able to put informal family support and also advocate on behalf of parents to ensure the package of care was effective.

We reviewed the three care plans for those children and young people receiving a personal care service in their own home. Support plans were person-centred and contained information about children's and young people's needs, which gave support workers information on how best to meet their individual needs. Each file contained a section titled, "All about me" which was designed to give an at a glance picture of the needs of the child. Where appropriate the child participated to build the picture to ensure they were at the centre of decisions made about them. The child's routines, such as morning routine were recorded detailing the time the support was required and what support was required at this time.

There was a record of how each child communicated and if a child had limited communication, what tools such as picture cards were used to assist. Visual cues were recorded to enable the support worker to understand what the child's actions meant. One child used Makaton as a means of communication but was also able to speak. There were instructions for staff to "use clear, direct and short sentences" when communicating.

Information on how to manage a child's behaviour was recorded and we saw a behavioural support plan in one of the files we reviewed which had been signed by the parent. We saw triggers and frustrations which might lead to behaviours which challenge were recorded to alert staff to the response required. The registered manager told us where the service worked with other agencies; they ensured their behavioural plans reflected the other agencies plans to ensure behaviours were managed consistently.

Care files contained information from multi-disciplinary children in need meetings, which demonstrated a range of professionals were involved in the care of each child and ensured all the needs of the child were considered in the planning of the care

Recording sheets were used to evidence what support had been provided at each visit and the emotion of

the child. For example, "[Name] was laughing and smiling. Having a bath, brushed teeth and got dressed." This meant the service was recording an accurate and up to date record of how they were meeting the child's needs.

Parents were always included in planning and regular reviewing of care and support plans and they confirmed this with us when we spoke with them. We also saw this evidenced in the care files and in one file we saw the views from the parent and the child had been recorded. The parent stated, "I really value your service." A child's outcomes were regularly measured and the registered manager appreciated a disabled child would take longer to achieve milestones.

Support workers told us that it was important to provide children and young people with choice in all things so that they learned to make decisions for themselves and have control over their lives. Children's and young people's needs and choices were therefore respected whenever possible

The registered provider had a complaints policy in place which was available in different formats. They also had a pictorial complaints leaflet for children titled "Not happy. Don't be shy tell us why." The registered manager told us they had not received any complaints but they regularly received compliments about staff which were utilised to motivate staff. The registered manager told us they discussed compliments in team meetings, "It's motivating to staff when they realise their work has been recognised". Parents understood how to make a complaint about the service and information on the procedure was included in the folders kept at their homes.

The registered manager told us that although they were not formally involved in transition between children and adults services, they shared care plans, and behavioural plans. New staff also shadowed their own staff to ensure the process was seamless to the young person.

Is the service well-led?

Our findings

The registered manager was very visible at the service and told us they had an open door policy where staff were free to discuss issues freely. Staff told us they felt supported by managers at the service and also by their own colleagues. They told us they felt confident to discuss any issues they might have. One member of staff described the registered manager as, "Passionate about children and young people. With great empathy, caring and fair with the staff both on and out of work."

The registered manager told us staff were involved in the running of the service and were able to make suggestions for change and improvement. They told us there was a strong culture of creativity and innovation at the service. They gave us an example of how they had changed the way they provided support for one child once staff had identified the current service was not working and how it could be improved. This was reinforced by a professional we spoke with after our inspection who told us they always looked at different ways to meet a child's needs.

The registered manager told us their aim for the service was 'to make sure the family feels we are making a difference. For the child to develop independence skills to be the best they can be.' Their vision was, "To increase our packages but keep our focus on where we can make a difference to the families." They told us they wanted to pick up the packages where the support enabled the families to manage ultimately without support; to enable and make a difference to families.

The registered manager told us they ensured they followed best practice at the service by following national guidance from Barnardo's and from the Commission. They told us many staff were from an academic background and this contributed to a 'very learning environment'. They had forged links with the local university which enabled them to attend their training opportunities.

The service had a range of health and safety policies in place which we reviewed as part of our inspection. The registered provider undertook a full health and safety quality assurance review annually to check the service was working to its mandatory requirements and required the evidence to ensure the service was meeting these standards. We were shown the latest review undertaken in December 2015, which was a thorough assessment of this aspect of safe service delivery and demonstrated the service was meeting its health and safety requirements.

Barnardo's had a wide range of policies in place to ensure they were addressing all aspects of service delivery such as a missing child policy, Barnardo's information security policy, moving and handling, photography and videoing children and young people, contagious illness, whistleblowing, and safeguarding. These policies defined the processes to be followed in these circumstances, which meant staff were given the required assistance to raise concerns.

Barnardo's had a policy to ensure they learnt from inspections carried out by external regulatory bodies. This ensured quality assurance and improvement processes were always updated to ensure they were measuring the quality of their services. The registered manager explained that the results of all inspections

were shared to ensure they continually improved the service provided to children and young people. The assistant director and regional director attended the service to monitor the quality of the service and regular audits were carried out. This ensured the service continually strived to improve by benchmarking and improving on the way it delivered its service.

We found children's and young people's diverse needs were supported and the service could demonstrate they were delivering Barnardo's national equality and diversity strategy. They ran an Ally scheme where staff and young people became allies to create a culture where lesbian, gay, bisexual and trans (LGBT) people experienced full equality in the workplace and where people could be challenged and supported to ensure equality at the service. Young people from the service attended the UNCRC (United Nations Convention on the Rights of a Child, a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children) conference in Geneva which demonstrated the importance the service placed on meeting the rights of the child.

Policies such as the medicines policies referenced the importance of protecting the human rights of the person supported and ensured they worked within the legislative framework of the Mental Capacity Act 2005.

Barnardo's Include Me 2 held regular team meetings with staff and we reviewed the minutes of two recent team meetings. These demonstrated all staff were able to contribute to the development of the service and actions were identified at each meeting detailing who was responsible for completing the actions, although we did not see evidence that these actions were reviewed at the following team meeting. These meetings evidenced a sharing of information and an opportunity to cascade information about changes in policy and strategy which meant all staff were fully informed about the direction of the organisation.

The registered manager told us in addition they held a team event every three to four months to ensure the quality of service provision was maintained at a high level and staff were fully informed of the direction of the organisation. They said staff stayed in post for years, and there was not a high turnover of staff, in part due to the fact the service had a career pathway for staff which enabled them to progress.

The service as a whole had sought the views of parents and children using the services. This was not specific to those children receiving domiciliary care but showed that the service was seeking views in order to come to an informed view about the services they provided and act on suggestions to improve as a continuous cycle of improving the service.