

Ryedale Special Families

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Inspection report

121 Town Street
Old Malton
Malton
North Yorkshire
YO17 7HD

Tel: 01653699000

Website: www.ryedalespecialfamilies.org.uk

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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 31 March 2016. We gave short notice of the inspection because the service provides domiciliary care and we wanted to be sure people would be available to speak with us.

At the last inspection on 5 September 2014 the service was meeting the regulation that was assessed.

Ryedale Special Families is an organisation registered as a domiciliary care agency to provide personal care. The organisation provides support for children and young people in their own homes and out in the community.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff were robustly recruited, trained in topics relevant to the service and were in sufficient numbers to meet children and young people's needs. Staff were recruited and trained according to the individual child's care package and the range of activities being offered.

Young people were encouraged to help with recruitment and were actively involved in the development of the service. Staff were matched to work with children and young people wherever possible and the service regularly asked parents for feedback to ensure the arrangement was working well. The matching process ensured that staff got to know the child well, were properly trained and had the appropriate skills to meet their needs.

Only those staff who were trained to administer medicines supported children who might require such assistance. In these cases there were protocols around the use of medicines and when they could be administered.

Staff were aware of the Mental Capacity Act (2005), which would be applicable for some of the older children. However, staff were not responsible for the general welfare of the children or the younger people who lived with their parents or guardians. Staff had been trained in child protection and safeguarding topics and the parents we spoke with said staff followed safe practice and could be trusted.

The care service operated out of an adapted residential building and there were rooms for children's play, and a television room that could also be used for private conversations. Plans of care were individual to each child and these were reviewed to ensure staff were up to date with any changes. Staff completed a record either in the child's own home or on return from any activities and these were forwarded to the children's specialist team to ensure everyone knew what the children had done.

Children were provided with lots of different activities, youth clubs and outings. The outings were developed over time and were dependent upon how much the child enjoyed and participated in them. Parents told us they felt able to raise any concerns but did not have any. They said the registered manager and the staff team were very approachable.

Effective management systems were in place for the registered manager to analyse incidents, accidents and compliments to improve the service or minimise risks. There had not been any concerns or incidents since the last inspection. Policies and procedures were updated and the registered manager used audits to help them with their checks on the quality of the service.

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.

The provider followed the local safeguarding protocols including child protection procedures, which are in place to safeguard children and young people.

Risk assessments were used to manage risk appropriately while supporting children and young people to attend a wide range of activities.

Robust recruitment processes were followed and young people who used the service were actively involved in choosing the staff who supported them.

Staff were trained to support children and young people to take their medicines including emergency medicines were needed.

Is the service effective?

Good ●

The service was effective.

Appropriate management systems were in place to ensure staff received appropriate training and support to deliver effective care. Community nurses provided staff with specialised training as needed.

For older children they could be confident that the provider followed the principles of the Mental Capacity Act (MCA) 2005 to ensure their human and legal rights were respected.

Staff from the service worked closely with other health care professionals and social care professionals to ensure children and young people's needs were effectively met.

Is the service caring?

Good ●

The service was caring.

Parents and guardians of children and young people who used the service spoke positively about the care their children received. They said that the provider was always ready to lend a

helping hand and that the staff treated them and their family with dignity and respect.

Is the service responsive?

The service was responsive.

Each child and young person had an individualised plan of care. This was developed as part of the 'Team around the child' care planning to meet their individualised needs and preferences.

People confirmed that the staff listened to them and acted upon their comments.

Good ●

Is the service well-led?

The service was well led.

Effective management systems were in place to promote the safety and wellbeing of the children and young people who used the service.

Good ●

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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.

The inspection took place on 31 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we had about the service including notifications and the service's inspection and registration history. The inspector visited the agency office on 31 March 2016 and spoke with the registered manager, one of the trustees and members of staff who were available. The expert by experience carried out telephone interviews with parents and the inspector also spoke with a healthcare professional. We also requested and received written feedback from two members of staff, a teacher and a social care professional.

During the site visit the inspector reviewed records relating to the running of the agency including staff recruitment and training files for four staff, risk assessments, and staff rota. We observed the interaction between one young person who was present in the office and staff members.

Is the service safe?

Our findings

Safeguarding policies and procedures were in place and the registered manager had a clear understanding about how to use the reporting process in the event of concerns. The safeguarding policy was linked to the local authority child protection and safeguarding procedures. The child protection policy was contained in the staff handbook that was issued to every staff member. It included contact details for the relevant statutory agencies, the process to follow and how to recognise signs of neglect or abuse. The whistleblowing policy included details of the escalation processes that were available as well as the NHS whistleblowing policy, which was clearly referenced.

The service offered additional activities and outings in the school holidays, which resulted in an increase of newly recruited volunteers and paid staff during these periods. The registered manager told us that safeguarding training was a priority given the transient nature of some people's employment. All staff attended a briefing session prior to the holidays with a particular focus on safe working practices for staff and volunteers. This meant that staff and volunteers were provided with updated safeguarding training to update themselves on current practice.

Everyone told us that their care workers were polite, kind and respectful and that they were very well trained in managing risks, particularly when accompanying children on activities. The care plans and risk assessments were detailed and identified ways to minimise risks. We saw that plans and risk assessments were regularly reviewed and were up to date. People told us there was a high level of consistency in each team. Comments included, "It's really important that it's the same team because my child will really struggle if it was anybody they didn't know. Thankfully that's never been a problem." One person said, "They are excellent and are always concerned to ask how I am as well which is nice. It's a completely inclusive service and the best thing of all is how they focus on my child so that even when I go out I can hear them chatting away to him."

Relatives of people who used the service felt that the staff had a good understanding of how to minimise risk and respond to incidents. Records also demonstrated that this was the case. Appropriate risk assessments were in place and these had been reviewed. A teacher told us that the staff always completed an initial visit in order to establish pupil need and ensure safety. Care workers told us that planning for the trips was always done with each child's needs taken into consideration. For example, children who prefer quiet environments were not asked to sit on noisy buses in case it caused anxiety and distress. They said that individual needs were also taken into consideration as well as the needs of the staff that were supporting them. This meant for children who required either two members of care staff or another member of staff was available to offer support at changing times, transitions, transfers or where necessary. Care workers were encouraged to keep in touch with the office so that staff could ring ahead and let parents know if there were any unexpected delays.

The registered manager described good recruitment processes and safe recruitment and employment policies and procedures were in place and available to staff within the staff handbook. Records confirmed this was the case and good recruitment practices were being followed. Personnel files were well maintained

with a clear record of the recruitment process that had been followed. The provider told us that staff were recruited with specific care packages and activities in mind so there was no issue about the adequacy of the staffing levels.

Clear medicine policies were in place for children who may need emergency medicines when they were out on an activity. This included a policy for children who had not previously received emergency medicines and specified in these circumstances staff waited for a paramedic before these were administered, in case of an adverse reaction. Staff confirmed that in the case of them being required to administer medicines or provide care then appropriate training was always provided. This was confirmed by the specialist community nurse who provided staff training for children with complex care needs. Medicine record charts (MAR) were completed and these were passed back to the specialised nurses on the disabled children's team for auditing purposes.

Is the service effective?

Our findings

Everyone who spoke with us said that their children's care workers were skilled and experienced. One person said, "They are amazing. They provide a lifeline to us. Every year we complete a full update about my child, preferences, any changes and so on and any team member who comes knows all about my child."

During our visit we looked at the way that staff induction, supervision and training was structured. Some staff only worked during school holidays or on a part time basis whereas other staff worked full time. This meant that it was not appropriate to have the same appraisal and supervision system in place for all staff. For staff who worked full time it was necessary for managers to meet with them on a more regular basis than those that only worked throughout holiday times. Staff confirmed that they received updated training on a range of topics including safeguarding, epilepsy awareness, and moving and handling and records confirmed this was the case. Staff confirmed that they were never expected to carry out tasks they had not received training for. For example, all those that supported a child who suffered from epilepsy were required to complete epilepsy awareness training before being allowed to support the child.

Discussions with senior staff during the inspection indicated that they had a clear understanding of roles and responsibilities and this was clearly communicated to staff through both staff meetings and during supervision sessions. Staff records contained evidence of discussions held with staff such as issues that might impact on work, any situations that had arisen and feedback about the person's performance. The registered manager told us that they also used these supervisions sessions to discuss personal development requirements and opportunities. Staff confirmed they could also request additional training they would like to access.

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.

We checked whether the service was working within the principles of the MCA We found staff were aware of the Mental Capacity Act (2005), which would be applicable for some of the older children. However, staff were not responsible for the general welfare of the children or the younger people who lived with their parents or guardians.

There was evidence of good communication between the service, the consultant paediatrician and specialised nurses including the paediatric epilepsy specialist nurse. We spoke with a nurse who provided staff with child specific training such as percutaneous endoscopic gastronomy (PEG) feeding. This is sometimes known as tube feeding. Training was provided in the child's home and they said wherever possible it took place at the time when the child needed personal care. This meant staff could have supervised, 'hands on' training. If this was not possible the nurse told us they took a model which they could use for training purposes. Parents were also involved with this training if they wished to be. This clearly enhanced their own confidence in the care workers who were going to support their child and meant that

they knew the staff very well. One person told us, "I worry when my child is out because there are problems with eating and my child won't always eat but I have developed tactics which encourage that and I've been able to talk to the staff who are more than happy to use the same techniques. They let me know how it's gone every time and we have regular meetings."

Another parent said, "We have access to the google calendar that the staff use so we can see at a glance who is doing what. It can be difficult to find staff with the right skills and motivation for this kind of work but we are involved in the selection process which is incredibly reassuring." Staff completed a record either in the child's own home or on return from any activities and these were forwarded to the children's specialist team to ensure everyone knew what the children had done.

A teacher who provided us with written feedback also commented positively on staff knowledge and skills. They said, "They have made a significant difference to the lives of some of our more vulnerable children. Some of these are not in any school provision currently and input from [the service] has ensured improved social skills, quality of experience and thus better placed to start new school provision." This view was confirmed by one parent who said, "They challenge [my child] to do a bit more than they want to do. They are fully aware of my child's capabilities so it's not inappropriate but it's important to stretch my child."

The care service operated out of an adapted residential building and there were rooms for children's play, and a television room that could also be used for private conversations.

Is the service caring?

Our findings

All parents we spoke with told us that their children's care workers were kind and compassionate. Comments included, "Nobody involved ever says no. They go the extra mile for me and I couldn't do without them. I would recommend this service to anybody who asked." Another parent said, "It really makes such a difference to my child's life having this service. My child is just really happy which is so important to me."

People spoke extremely positively about their level of involvement in planning their child's support. Health and education professionals all reported being impressed by the staff and were very complimentary about the quality of support that was provided. One professional who described some of the children as having very complex care needs said, "I am exceptionally pleased with the service. They have made a difference to the experiences of these children." Another professional who also singled out individual staff for particular mention described the service as a whole as, "Effective and making a much needed difference." Feedback from staff was equally positive. One member of staff said, "I love my job." Another staff member said, "Absolutely love it, best job in the world."

Care plans included information about what the child's preferences were and what was important to them. A one page profile provided staff with a quick reference guide to the most important aspects of need for each person they supported. These forms were sent out to families annually to ensure they remained up to date and relevant. They were also updated if there was any change in needs identified. For example, for one child their care plan stated, "If I'm getting upset I like to be bounced or rub my chest."

Staff were able to give us clear examples of how they supported children and were mindful of privacy and dignity issues. When we spoke with relatives they told us that they felt staff did this very well. One parent told us, "There are occasionally continence problems with my child but they deal with it quite cheerfully and just let me know what they've had to do. Not everyone could do it but they never bother and just get on with it without any fuss at all."

The registered manager stressed the importance of matching staff who were compatible and had shared interests with both the child and the wider family members. They said they encouraged all parties to give feedback on whether the relationship was working well and everyone knew this arrangement could be changed on request. One parent said to us, "Communication is really good. They have worked really hard to identify people who work best with my child. It's important that anybody who works with my child has a lot of energy because my child can be very 'full on' and doesn't rest. I've never been told that they can't manage." Another parent who told us they felt very involved said, "I never have to worry about a thing. The service will sort out any changes for us so it saves me having to worry and nothing goes wrong." Staff also reported a high level of satisfaction about the matching process and felt that it had enabled them to become more confident working with children that they could manage easily and had gradually been able to do more work with a variety of children. One care worker who told us, "They [the managers] hold high standards towards supporting the children, matching staff to each child to provide the best care and support."

Is the service responsive?

Our findings

Parents told us that managers and staff were extremely responsive and they said that the service was as flexible as possible. One parent told us, "The whole service is amazing. They help all of us, not just my child. I have another child and they are just great with that one as well even though they don't need any support."

People told us that they were involved in regular reviews of the service as well as ongoing contact and were readily able to discuss any changes. The registered manager explained that there was a system in place called Team around the child (TAC). This was an identified group of staff who worked consistently with the child. They had regular meetings where all the staff involved would come together and discuss what was working and not working, how to develop the service and whether the one page profile was up to date. The service for each child was tailored to both their individual needs and the funding and care needs assessment done by the local authority. Each child had an individual care plan, which contained detailed information. Parents confirmed they had been involved in the development of these, as had their children wherever possible. Care plans were detailed and personalised and gave clear guidance for staff about how to support each individual. They included a one page profile, titled 'It's all about me'. This document included information about the child or young person such as their care needs including medicines and allergies; support, guidance and help needed; mobility, communication and behaviour.

A teacher who reported staff as being responsive to the highly complex needs of the children said activity sessions were successful and engaging. A parent described the activities, which the service offered, "There is so much. I couldn't do half these things myself. There is canoeing and body boarding, swimming, rock scrambling, cycling and pony riding. There are visits to the cinema and there has been overnight stays at an outdoor centre. It has totally transformed my child's life. The best thing that has ever happened for my child."

Staff told us that the children were generally well behaved and settled; they played well together, enjoyed chatting to the adults on the trips and were encouraged to respect other people at the venues that they visited. They said children were never pressurised to do anything that they did not wish to do however they were encouraged to try things out and good manners were always promoted. They explained that sometimes new children presented as being more anxious and upset at first however this soon seemed to settle as they began to enjoy the trips. After each trip staff wrote session notes to record what happened, what went well and anything that went wrong and action points taken. This could be as simple as removing a child from a potentially distressing situation.

We were also told that people had been given an information pack, which included full details of the complaints procedure, but people were emphatic that they had never needed to complain and didn't anticipate ever having to. A care worker told us they felt the level of communication with parents was friendly, open and considerate. They told us that problems were discussed amongst themselves openly with a view to finding solutions and better working practice and said team leaders are approachable and friendly. For example, at meetings they discussed child safety, whether the children had enjoyed an outing, and any problems encountered such as accessibility for wheel chairs.

Is the service well-led?

Our findings

Everyone told us that they thought the service was well managed and run. Two parents we spoke with are trustees and one told us, "I wanted to get more involved on the board because I wanted to give something back. We have gained such a lot from this [service]. I've lived in other parts of the country and never found anything like this. It helps me so much."

One person said, "There are no problems at all. We would all recommend them to anybody. I hope nothing gets changed because that's my only fear to be honest." Another parent said, "They do try so hard to be accommodating and are very sympathetic and understanding."

There was a registered manager in post. When we spoke with parents and staff they were positive about the way the service was managed. Support workers spoke positively about their work and said it was a good company to work for. One care worker said, "I think that team leaders and support workers communicate well and confidently" and, "I have always felt that staff are positive and friendly towards me."

The local authority Disabled Children and Young People's team told us they had contracted services from Ryedale Special Families for over a decade. They stated that they felt they supplied a support service that provided safe, effective and responsive services to the disabled young people and their families in Ryedale. They said that the recent management changes had been managed well with a continuation of the high quality services they had come to expect from the organisation.

We found that the registered manager had effective management systems in place for monitoring and auditing the effectiveness of the care and support given. Comprehensive policies were in place and these were made available to staff through the organisation's intranet. The age range of people supported was from toddlers to young adults. The support and services being offered to those at the older end of the scale was being developed in consultation with the young people using the service. This meant that they were actively involved in developing their own service according to their needs and what they wished to achieve.

Effective systems were in place to identify, assess and manage risks to the health, safety and welfare of children and young people using the service. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents took place and appropriate changes were implemented. Relatives we spoke with said that the management within the service were approachable and acted upon what they said.

The trustees of the organisation included the parents of children that used or had used the service in the past. They met regularly to discuss the service including staffing, funding, groups, activities, partnership working and budgets. The registered manager also told us that they used these meetings to focus on The Charities Commission publication "The Essential Trustee." Meetings were well attended and allowed those who attended to maintain an overview of all areas of the service. We spoke with one of the trustees told us about the development of the service and future plans. This included looking at ways to develop the current provision for young adults and support for younger children and their parents.

Questionnaires were sent out after the summer holidays to assess the quality of the programme and make any necessary changes and improvements. Staff attended meetings and were encouraged to share ideas about different activities, groups and clubs. This ensured that staff were actively involved in the monitoring and development of appropriate activities within the service. This showed us that there were systems in place to gather feedback and information regarding the quality of the service and ways in which it could be development to ensure that the service continued to meet the needs of children and young people who used it.

Appropriate management systems were in place for updating care plans and we saw this was ongoing when we visited. There was also a system in place for dealing with complaints and concerns. Any incidents and accidents were recorded on appropriate forms and a good level of detail was recorded. However, the registered manager reported there had been no incidents that required reporting since the last inspection.