Barnardo's

# Barnardo's Disability and Inclusion Support Service (NE region)

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires improvement |
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

We undertook an announced inspection of Barnardo's Disability and Inclusion Support Service (NE region) on 12, 13, 19 and 23 January 2015. We last inspected the service in October 2013. At that inspection we found the service was meeting the regulation we inspected.

Barnardo's Disability and Inclusion Support Service (NE region) provides a range of short and longer term services, which includes the provision of personal care to children and young people with disabilities and support to their families. These services include personal support

# Summary of findings

, community outreach and short break services, crisis intervention and mediation services and holiday schemes, throughout the North East of England. This allows children and young people to live their lives in their own homes and within their own communities.

The service had a registered manager who had been in post since July 2012. 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 two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found shortfalls in how the quality of the service was monitored and staff did not always receive training they required. You can see what action we have told the provider to take at the back of the full version of this report.

One parent we spoke with told us, "(Support worker) deserves a medal for all they do. We're very happy with the service and the level of support. I have no concerns at all over safety."

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the service and felt safe and secure when they received their support.

Staff we spoke with were able to tell us what they would do if they suspected abuse, or that someone was at risk. There were effective processes in place to help ensure children were protected from the risk of abuse and staff were aware of safeguarding children procedures.

Staff had access to information relating to medicines and detailed policies were accessible.

Support workers and parents of children who were supported by the service told us that the provider's current staffing levels were low. This meant that if their usual support worker was absent, then replacement cover was not usually available.

We found there were gaps in the provision of training for all staff. This meant people were at risk of unsafe working practice from staff who did not have the skills and knowledge to consistently meet their need. Some staff had not received, or were overdue medicines and emergency first aid training. Staff told us, and records we examined showed that regular supervisions and annual appraisals were being carried out.

The service were starting to take on young adults for support. They identified the staff needed further training on the Mental Capacity Act 2005 (MCA) and how this would apply to people and the service. We saw the registered manager and the senior permanent staff members were scheduled to attend a local MCA training session. As a result, a MCA training plan would be developed for other support staff.

Where required, children were supported to make sure they received food and drink which met their nutritional needs.

Parents of children currently using the service gave positive feedback about the care provided and the staff who provided their support. They also told us staff treated them with dignity and respect.

Staff were knowledgeable about the children they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service. Support staff we spoke with confirmed they received equality and diversity training. Staff also told us that they were able to build caring relationships with people by supporting them to take part in activities important to them.

A complaints policy and procedure was in place. People told us they felt able to raise any issues or concerns. However, parents told us they had not received any information about how they would make a complaint, or a copy of a complaints procedure. Two previous complaints received had been had been dealt with efficiently. We noted the service had recently received a number of compliments.

Detailed care support plans were in place outlining the children's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. However, we noted updates and changes made to them were unnamed and not dated.

# Summary of findings

The service had a registered manager, however quality monitoring systems currently being used did not always ensure the service was operating safely and effectively. Frequent and effective quality assurance audits were not being undertaken.

Support staff who were regularly based at the provider's head office told us they appreciated the registered managers' open-door policy and said they felt very well supported. Support staff who were not based at the provider's main office told us they had limited contact and communication with managers. Therefore they did not always feel adequately supported.

Younger adults using the service and their parents were consulted about the service they received. This was done by means of a quality questionnaire, to obtain their views and feedback on important issues. People were satisfied and positive with the overall service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires improvement**

The service was not always safe. Due to the staffing model used by the service and the nature and frequency of the work, the service was reliant on sessional staff who could assist as and when required. Parents of children who were supported by the service told us that the provider's current staffing levels were low and this meant that if their usual support worker was absent, then replacement cover was not usually available.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the service and felt safe and secure when they received their support.

Staff we spoke with were able to tell us what they would do if they suspected abuse, or that someone was at risk. There were effective processes in place to help ensure children were protected from the risk of abuse and staff were aware of safeguarding children procedures.

Staff had access to information relating to medicines and a detailed policy was accessible.

**Is the service effective?**

**Requires improvement**

The service was not always effective. We found there were gaps in the provision of training for all staff. This meant people were at risk of unsafe working practice from staff who did not have the skills and knowledge to consistently meet their need.

Staff told us, and records we examined showed that regular supervisions and annual appraisals were being carried out.

As the service were starting to take on young adults for support, they identified the staff needed further training on the Mental Capacity Act 2005 (MCA) and how this would apply to people and the service.

Where required, children were supported to make sure they received food and drink which met their nutritional needs.

**Is the service caring?**

**Good**

The service was caring. Parents of children currently using the service gave positive feedback about the care provided and about the staff who provided their support. They also told us staff treated them with dignity and respect.

Staff were knowledgeable about the children they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service.

# Summary of findings

Support staff we spoke with confirmed they received equality and diversity training. We saw staff were aware of and understood the children's moods and requirements. They were able to adapt their communication and approach to care around this. Staff also told us they were able to build caring relationships with people by supporting them to take part in activities important to them.

**Is the service responsive?**

**Requires improvement**

The service was not always responsive. A complaints policy and procedure was in place. People told us that they felt able to raise any issues or concerns. However, parents told us they had not received any information on how they would make a complaint, or a copy of a complaints procedure.

Detailed care support plans were in place outlining children's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

We noted the service had recently received a number of compliments.

**Is the service well-led?**

**Requires improvement**

The service was not always well-led. The service had a registered

Manager, however quality monitoring systems currently being used did not always ensure the service was operating safely and effectively. Frequent and effective quality assurance audits were not being undertaken.

Support staff regularly based at the provider's head office told us they appreciated the registered managers' open-door policy and said they felt very well supported. Support staff who were not based at the provider's main office told us they had limited contact and communication with managers. Therefore they did not always feel adequately supported.

Younger adults using the service and their parents were consulted about the service they received. People were satisfied and positive with the overall service provided.

# Barnardo's Disability and Inclusion Support Service (NE region)

**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 12, 13, 19 and 23 January 2014 and was announced. We gave the provider two working days notice of our visit. This was because of the domiciliary care services provided to people living in their own homes. We also needed to be sure people in the supported living services would be in when we visited. The inspection was carried out by three adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We spoke with three parents of children currently being supported by the service, by visiting them in their homes, with their permission.

Following the inspection, we contacted two local authority social workers and a local authority Children and Young Adults Team Senior Practitioner.

We also spoke with the registered manager, a team manager, the provider's People Administrator (Human Resources), an administrative assistant, two social workers employed by the service, five support workers, two senior support workers and one volunteer outreach worker.

We examined the care records and support plans for eight children. Furthermore, we examined selected documents including policies and procedures, staff training, supervision and appraisal records, recruitment records for five staff members, questionnaire's and minutes of staff meetings.

Requires improvement

# Is the service safe?

## Our findings

One parent we spoke with told us, "(Support worker) deserves a medal for all they do. We're very happy with the service and the level of support. I have no concerns at all over safety."

The registered manager and staff told us they had very few people and children who required support with medicines. They explained parents usually administered their children's medicines, as they were present most of the time. However, procedures were in place for those times when staff needed to administer medicines. These included policies on managing medication, invasive procedures and supporting children with clinical needs. The provider also had an overall medicines policy which included administration, recording and disposal of medicines.

The registered manager told us a large part of the service's work crisis intervention. This meant that a large volume of the children they supported were already part of a safeguarding referral. Staff we spoke to told us as part of the care plans they received prior to delivering care they always got a telephone number for the social worker which they could use to discuss any further safeguarding concerns. The registered manager told us if staff felt immediate action was required they had out of hour's telephone numbers they could use to alert the appropriate people. All of the staff we spoke with were able to tell us what they would do if they suspected abuse, or that someone was at risk. A senior support worker told us, "The training in safeguarding and capacity is really good, because it is linked to scenarios and real situations. It means we can recognise cases where we would need to put our training into practice." A support worker said, "The safeguarding training is really good because it's Barnardo's own. They include complex needs such as physical disabilities in it so we can apply the training straight to our day to day work."

We saw that following each visit, support staff were required to complete a session report. We noted as part of the session report there was an area for staff to record any concerns they identified during the visit. Staff told us if the concerns were low level, they would record them on the session report. One staff member told us, "Risks are well managed because we are all so well trained. We get very good child safeguarding training and child protection training at the highest tier. There is a solid process in place in case support workers have any concerns about what they're doing or anything that they've been asked to do that might be risky."

The provider had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider. However, the majority of support staff we spoke with told us they were unfamiliar with the provider's whistleblowing policy and how they would implement it if they needed to. One support worker told us, "I know it's available, but I've never seen it. It seems non-specific to me – if I had any concerns I'd just go to the manager." However, we noted the whistleblowing policy was readily available and was clearly documented within the Barnardo's Staff Induction Handbook. It was also covered in the first week of all new staff and volunteers induction training.

We noted the service used standard templates for risk assessments. However the content in the care files we viewed was varied and vast depending upon the individual and the risks apparent. We saw each risk assessment had been individually assessed and included a wide range of information for staff to use to ensure children were supported appropriately. Risk assessments included areas such as, history of aggression, what the trigger factors were, where and when aggression was most likely and appropriate and inappropriate physical intervention. We noted that each risk assessment also included the required training that staff would need to follow the plan appropriately. We concluded from the level of detail provided that each risk was analysed effectively. This meant staff had access to relevant information to understand what to expect and how to act in relation to any risks.

The registered manager told us that if any accidents or incidents happened an incident report was completed. We noted there had been three incident reports complete in the last 12 months. We saw the report included full detail of events leading up to the incident, any action that had already been taken to prevent reoccurrence as well as further action that needed to be taken. We noted each incident report form was reviewed and signed off by the registered manager. The registered manager told us this process allowed her to have an oversight into what incidents were happening and whether there were any trends.

Requires improvement

# Is the service safe?

The service had a unique staffing model due to the nature and frequency of the work. They employed project workers, which were contracted staff who oversaw the weekly work of the crisis intervention service. The service also employed sessional staff who were on a zero hours contract and were called to work as and when they were required. The registered manager explained that as the majority of the work was in crisis situations they could not forward plan when staff would be required, instead they tried to keep a bank of staff available who could assist as and when required. Every member of staff we spoke with said that the provider's reliance on zero-hour contracts meant that there was little flexibility in terms of staffing.

We spoke with three parents of children who were supported by the service. They told us the provider's current staffing levels were low. This meant that if their usual support worker was absent, then replacement cover was not usually available. One parent we spoke with told us, following a seven week absence of one support worker the provider had been unable to provide another member of staff to provide support. This parent told us, "It was really disappointing, because we have such a great relationship with (support worker). We'd hoped that Barnardo's could have supplied a replacement; instead we had to look to the local authority for help."

One staff member we spoke to said, "The low staffing levels rarely impact current clients but it does mean we have to turn down a lot of new ones. We have a great team of people here but unfortunately zero-hour contracts are not dependable and so we have lots of other commitments."

A senior support worker said, "We're not very responsive when someone goes sick because we are very short staffed. Most of us are on zero hour contracts and so we have other jobs. If someone is sick, usually the child doesn't receive any support because we don't have enough staff to be responsive to their needs." Another social worker said, "Short staffing is managed as well as it can be."

We examined five records for staff who had recently been employed at the service. We found the service operated comprehensive, appropriate and safe recruitment practices. We saw staff member's file had a completed application form, detailing their employment history, reasons why their employment had ended and proof of their identity. We also noted that security checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. At least two written references had been obtained and verified, where possible, from a previous employer.

We also saw contingency plans were in place in case of a fire, flood, loss of utilities, or other emergency. The registered manager told us, and records confirmed, the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies. Support workers and senior support workers we spoke with told us managers were easily contactable by phone and that they were happy with the level of out of hours support provided. One senior support worker said, "You always know who is in charge out of hours and I've never felt unsafe – you can always get through to someone straightaway if you need to."

Requires improvement

# Is the service effective?

## Our findings

We reviewed the training system that was in place for the service. The registered manager told us she was aware that some people's training was out of date. We examined staff training records and saw gaps in the provision of safe working practice training. For example emergency first aid and medicines training. Computerised training records held on the provider's system at their branch office were incomplete, inaccurate and not up to date. The registered manager us told these issues had already been identified and the service was looking at IT solutions to address the issue. We saw an email had been sent to all sessional staff workers asking them to provide their training history, so this could be collated and recorded.

We found computerised training records held at the provider's main office which were maintained by the provider's People Administrator and Administrative Assistant were well maintained. These provided a more precise reflection of the training undertaken by staff. However, they were also inaccurate, incomplete and conflicted with the information we had previously viewed at the service. We also saw these records contained details of staff no longer used or employed by the service. The provider's People Administrator told us the computerised training records used at the branch office and the provider's head office were incompatible. She also told us she personally monitored staff training on a monthly basis to identify any shortfalls. Staff training monitoring arrangements were under review by the organisation and a new IT 'Training Pathway System' was currently being implemented.

The registered manager and the provider's administration manager told us all new staff and volunteers received appropriate induction training. This included a period of shadowing an experienced and established colleague before working unaccompanied. The registered manager told us that all staff and volunteers were required to complete their initial induction programme within two weeks of the commencement of their employment. This included data protection, equality and diversity, health and safety, safeguarding and information sharing. This was followed by role and location specific induction training. Staff suitability to perform their role was reviewed regularly, during a four month probationary period for volunteers and a six month probationary period for support workers.

The registered manager told us all new staff were required to undertake and complete an Induction Learning Programme, E-learning courses, or their offline equivalent. All children's services staff were issued with and were required to complete a Children's workforce Development Council (CWDC) induction standards workbook. This set out what new workers should know, understand and be able to do within six months of starting work.

We spoke with the registered manager about the induction programme for new staff members. She told us, "I know there is a problem with the induction but it is hopefully in the process of being put right." She continued to explain a number of new staff members had not been able to access the mandatory induction workbooks electronically so had requested paper copies. The registered manager advised that unfortunately this had not be done and the staff member was working without completing the induction workbooks. The service was currently in the process of updating their records to identify how many people required their induction.

The registered manager and the provider's People Administrator told us, the majority of regulatory and statutory training requirements for all staff were refreshed every three years. These included, emergency first aid, health and safety and fire safety, moving and handling principles, equality and diversity and safeguarding children.

The registered manager told us that at the time of our inspection, 26 staff were employed by the service. She also told us, and available records confirmed, 10 staff had not either undertaken, or required refresher training in emergency first aid. We noted that all of the staff currently had not undertaken medicines training. Records available confirmed 12 staff had completed care of medicines training in September 2014. However, at the time of the inspection the registered manager was unable to confirm whether the remaining staff had undertaken medicines training. One support worker told us, "My emergency first aid training expired some time ago and I have been asking the manager to have this updated since then; but nothing has happened." Another support worker told us they had first aid certification from another employer and they were able to use this in their work for Barnardo's. The registered manager told us emergency first aid training, along with medication training was not given to all staff and was only undertaken on a 'needs by needs' basis, or they were

# Is the service effective?

considered appropriate for the services to be provided. However, we noted there was no system available to assess who required this training in line with the care packages they currently supported.

We also found relevant training certificates were not always available, or held within staff personnel files. We were unable to confirm some training had been undertaken and had been successfully completed. In addition, where staff had indicated they had achieved relevant certificates and qualifications, this was not always verified. One support worker told us they had undergone two days of emergency first aid training in September 2014 but had not received a certificate, despite requesting it.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Support workers we spoke with told us, and records confirmed, support staff received training that was specific to the needs of the children they cared for. For example, we saw three support staff had received specific training from a paediatric diabetic specialist nurse in the use of an insulin pump. The majority of support staff told us the service was responsive to the individual needs of the children they supported. A senior support worker told us about the additional specialist training they had undertaken in order to provide more specialist care to children. They told us, "I had some training from nurses in the community to be able to look after someone with a PEG feed (specialist feeding technique by which the person receives nutrition, fluids and medication) and hoist training from an occupational therapist." However, the senior support worker also said, "I have had three hours of physiotherapy training to help a young person I look after. Three hours just wasn't enough, it needs to be more detailed. I keep asking managers for this but nothing happens." A support worker commented, "All of the training given is specific to that role and fits the purpose of the job very well. Children's' needs are assessed in advance and a manager matches the child to the most appropriate member of staff. We can ask for extra specialist training if we need it though this isn't always approved."

Despite our findings of gaps in the provision of safe working practice training, staff were positive about the training and support they received. One staff member said, "Managers check our knowledge of safeguarding policies in each supervision and they check our awareness of whistleblowing policies periodically. Our training is hands-on and we have to demonstrate that we can safely meet the needs of the particular child we're looking after." The staff member continued to say, "We also have really good crisis management training so that we know what to do if a child reacts badly to a place or situation. For example if they start screaming we know what to do to help them." Another support worker commented, "The training has always been good. It's Barnardo's in-house training and it's relevant and detailed. They give us a mix of theory and practical exercises and I feel that I can provide a better standard of care because of it."

During our inspection support staff told us, and records confirmed one to one meetings, known as supervisions, as well as annual appraisals were regularly conducted. Supervision sessions are used, amongst other methods to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. Staff files and records we examined showed that regular supervisions and annual appraisals were being carried out.

Due to the nature of the service the staff were predominantly provided with a list of key requirements that were needed and did not routinely make referrals or seek external professional advice although this was not unknown. The registered manager told us that in most cases referrals had already been made and the staff members just keep on top of these and ensure the relevant people were involved.

Staff we spoke with told us they spoke to the children's social worker if they felt there was any extra support from other professionals that would help. They gave us examples where they had discussed extra support and this had been arranged, such as with the children's community nurses and the ageing and vitality department (a Newcastle Hospitals and Newcastle University partnership established to help healthy ageing and living).

The registered manager told us most meals were provided by the family members of the children. However, staff had

Requires improvement

# Is the service effective?

been involved in weight monitoring and food diaries in the past. Staff told us they would support the families with any recording or diet that was in place and that in most cases this information would be provided to them in advance.

The registered manager told us that as they were starting to take on young adults for support they identified staff needed further training on the Mental Capacity Act 2005 (MCA) and how this would apply to people and the service. We saw the registered manager and the permanent senior staff members were scheduled on to a local MCA training session. We were advised that following on from this they would produce a plan on how this would be rolled out to the session workers.

We noted that as the service had previously only supported children with support from either a social worker, or their family, that an understanding of the MCA had not been needed. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' The Act applies to anyone aged 16 or over in England and Wales and also ensures unlawful restrictions are not placed on people in care homes and hospitals.

Good

# Is the service caring?

## Our findings

Parents of children currently using the service gave us positive feedback about the care provided and the staff who provided their support. They also told us staff treated them with dignity and respect. One parent told us, "I have no concerns about the support worker being able to handle anything thrown at them. They are great at interpreting [child] needs and making sure they speak to them as an individual. I really like that the workers speak straight to them and not just through me. This shows me that they care and are respectful."

A local authority social worker we spoke with told us, "Yes I feel the children are well cared for and staff genuinely care about the welfare of the children. I worked with a case where the children were removed and placed for adoption and long term foster care. The workers were brilliant with the children; but also the mother… they supported her through a very difficult time." The local authority Children and Young Adults Team Senior Practitioner we spoke with commented, "I feel that there are four sets of carers in my LA that have been excellent over the 14 years that I have been in post in the Disabled Children's Team; both with long term and respite links that they have. These carers have been through many changes of management and staff from the service and they have continued to provide an excellent service to the children and young people and to each other. I would be very happy to name these carers as I feel that they have been the face of Barnardo's for years."

Support staff we spoke with confirmed they received equality and diversity training. One support worker told us, "We've had training on equality and diversity so we have a good understanding of the principles of this."

Staff were knowledgeable about the children they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. We saw staff were aware of and understood children's moods and requirements and that they were able to adapt their communication and approach to care around this.

Staff told us that they were able to build caring relationships with children by supporting them to take part in activities important to them. One parent told us, "[Support worker] deserves a medal. They do wonders with [child]. They treat them as an individual and [child] is always so much happier after an afternoon out with them."

Staff had a good understanding of the importance of maintaining people's dignity and treating them with respect. During our observations we saw support staff were caring and spoke to people politely. We also noted staff were attentive and gave people information in a way that was appropriate to their needs. A senior support worker told us about the activities one of the children they supported usually enjoyed, but told us, "I always have a back-up plan in case they've changed their mind, or in case they feel anxious going out into the community." A local authority social worker we spoke with was complimentary about the relationship one support worker had made with one child and commented, "Support workers are very responsive and I've seen them build very compassionate, supportive relationships with children and families. I know that one support worker was able to stay in a respite facility with a child the first night they used it, to make sure they felt safe with a familiar face."

We discussed with the registered manager what arrangements the service had for advocacy. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and have their voice heard on issues that are important to them. The registered manager told us information and contact details of advocacy services were only provided to people using the service living within one local authority area out of the nine North East local authorities where the service would provide support and services. This had been specifically requested to be included in information packs given to people using the service and their relatives by the local authority. This meant advocacy information was not always easily accessible to people using the service and their relatives. We discussed this with the registered manager during our visit, who told us advocacy information and contact details would be included in the provider's service users guide called the 'Welcome Pack' and their statement of purpose in the near future and made readily available to all people who used the services and their relatives. The registered manager told us no people were using an advocacy service at the time of the inspection.

Requires improvement

# Is the service responsive?

## Our findings

Before the service commenced, each child's individual care needs were assessed to confirm what care and support they needed and what their parents required from the service. We noted care support plans were thorough and detailed. They clearly indicated the children's needs, what support was required and key information for support staff to refer to. This included important information, including family dynamics, such as siblings, previous behaviour that challenged others, other support received and specific details on what was essential to each individual. They also contained important information received from the health and social care professionals involved with each child.

We also noted comprehensive and appropriate risk assessments were in place. This meant that risks had been identified and there was information recorded as to how these risks would be managed.

We saw care support plans and any updates or changes made to them were not named or dated. Therefore we could not confirm if the information was still relevant, accurate and up to date. We discussed this with the registered manager who informed us this would be addressed immediately and all care support plan entries and amendments would be dated.

Support staff we spoke with told us important information and any changes in a child's condition was documented after each support session. We noted records were kept in each child's home and recorded the activities the child had been supported in. For example, a trip to the park and museum. A senior support worker told us, "The parents have a copy of the support plan and staff keep a record of every session. They record the child's behaviour, mood, how they communicated, what activities they took part in and any personal care given. We use this document to record any spending and parents always sign this when we're finished." One support worker told us, "We complete a record sheet after each session of support so that managers can keep track of things like the child's behaviour, mood and any problems." Another support worker said that handovers between other support staff was good and that this helped them to provide the most appropriate level of care and support to children.

We saw the provider had a written complaints policy and procedure and this was reviewed annually by the registered manager. This detailed the process that should be followed in the event of a complaint and indicated that complaints should be documented, investigated and responded to within a set timescale.

We spoke to three parents of children who received support from the service about making complaints. They told us they were aware of how they would make a complaint, but told us they had not received any information as to how they would make a complaint, or a copy of a complaints procedure. One relative told us, "I haven't received any documentation from Barnardo's; there's no handbook or complaints guidance as far as I'm aware. If I needed to complain, I'd speak to the support worker in the first instance." Another relative said, "Communication has been a problem, it is difficult to get a response from managers. We raised a complaint… The manager didn't get back to us; we need to chase that. The problem is that managers are hard to contact, we don't really know who's in charge. We had involvement with the manager when we first started getting support, but we've heard nothing since then." One relative told us that previous complaints made had been dealt with promptly and they had been satisfied with their response and the actions taken. This relative commented, "Problems have always been sorted out quickly. We had a problem with a previous support worker and we felt that the managers listened to us and we were matched with a different person."

Support workers we spoke with all told us they were familiar with the provider's complaints procedure. One senior support worker told us, "We're responsive to the family's needs on a day-to-day basis when we spend time with them. If they bring up a problem or concern, we can usually handle it ourselves. Support workers know that they should escalate any issues to a senior member of staff. There's always a manager at the end of the phone; they're really good at helping us with any issues." A support worker told us, "A family had a mis-match between a support worker and a child a few months ago and head office were good at reassigning that member of staff. It meant that the child was happy and well looked after. The support worker was better placed to match their personality and skills." The local authority Children and Young Adults Team Senior Practitioner we spoke with told us, "I have never had any concerns of this nature (complaints), however I generally find that any issues raised by others that I have shared have always been followed up, but not always by management."

Requires improvement

# Is the service responsive?

We examined the complaints file held by the service. The registered manager told us, and we saw no complaints had been received by the service during the last 12 months. We saw evidence where two previous complaints had been had been dealt with efficiently. We noted both complaints had been recorded, investigated and resolved, where possible to the satisfaction of the complainant. There was also confirmation that responses had been given to both complainants.

The registered manager told us the service had a young people's forum that met every Monday during school term time. They said the young people's forum helped the staff and managers get realistic views and feedback on the service. They told us how in the past the young people's forum had helped with recruitment and been a part of the interview process. Staff told us the young people's forum had arranged a family night in November 2014, where all supported families and their children could get together. We saw the service had created a photo book following the event so everyone could see the photos of the night.

Younger adults using the service and their parents were consulted about the service they received. This was done by means of a quality questionnaire, to obtain their views and feedback on important issues. The registered manager told us the returned questionnaires were reviewed by herself and team managers. She told us any negative comments were investigated and the complainant and/or family members would be contacted in order to try and address any issues raised. We noted in the December 2014 evaluation questionnaires, people were satisfied and positive with the overall service provided. Comments included, "Thank you for the great work you do," "The girls who take my son out are extremely helpful and (child) loves being with them," "No comments because the service is good – getting improved," and, "(Child) enjoys the varied jaunts out and the range of company."

We saw a number of compliments had been received by the service throughout the past 12 months. We saw comments included, "They (support workers) were very kind and very helpful; very friendly thank you," "I would say Barnardo's support planning service has been the starting point for giving me more independence… I have been given the confidence to go on to do other things," "The support service has been very good. [Person using the service's name] is thriving; he is still doing the voluntary work and has increased the hours he does," and, "The support service has worked really well for [Person using the service's name]… His confidence and independence have greatly improved and mum is now having to hold him back, because he can now do much more than he could have done before."

Requires improvement

# Is the service well-led?

## Our findings

We noted the service completed a yearly audit called a 'Quality Assessment Framework'. We saw this was last completed in March 2014. This had identified areas for improvement which had been completed and updated. We spoke to the registered manager about any additional audits or checks that were completed. They advised that other than the yearly audit and the file sign off when a case was closed they didn't do anything. The systems in place to assess the quality of the service were infrequent. This meant there was a risk that issues, or concerns may not be identified in a timely manner.

The registered manager told us they had identified improvements were required to induction training and training overall. They had an action around this and were developing a database. We noted at the time of our inspection that although work on this area was on-going, there was no documented action plan as to when this would be resolved.

We found that when the service was no longer involved in a child's care the file was signed off by the registered manager. We noted the organisation had a pro-forma for this which included the registered manager checking that all the records were complete, the events recorded and any safeguarding concerns had been dealt with appropriately. They then completed a closure summary prior to signing of the file. The registered manager told us this was a requirement of Barnardo's and each registered manager had this as one of their individual key performance indicators. We noted there were a number of files that had not been signed off in the timescales indicated by the provider. The registered manager told us, "We haven't met the criteria nationally, all of the managers are behind."

We saw the registered manager produced a report on cases that had been open for over three months. However, we could not see what action had been taken following this report. The registered manager advised they would use this report to check the case still needed to be open and wasn't incorrectly assigned.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager and she had been in post since July 2012. The registered manager spoke enthusiastically about her role in ensuring the care and welfare of the children who used the service. People and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

The registered manager was due to commence a pre-planned ten month absence from her role as manager at the service. At the time of our inspection a replacement manager had not been appointed and the post had not been advertised. This meant the provider had not pre-planned and no arrangements had been made to ensure a replacement manager was in place to cover the period of absence.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends, or concerns.

We spoke with three parents, who all told us they found that communication with local support workers was very good. However, communication with managers and the provider's head office had been difficult. One parent told us, "After our first assessment from a manager, we've had no further contact. No-one has ever called to ask how we're doing, or if there's anything we need. The staff that come in to the house are fantastic; but we don't know anything about what goes on outside of them." Another parent commented, "Communication with managers is difficult. We called them three months ago with a concern… but they haven't ever come back to us."

Support staff we spoke with who were regularly based at the provider's head office told us they appreciated the registered managers' open-door policy and said that they felt very well supported on a daily basis. One senior support worker said, "Management support is very clearly in place and helps us to do an effective job. I think they also do a good job of developing staff professionally." However, support staff we spoke with who were not based at the provider's main office and worked in other local authority

Requires improvement

# Is the service well-led?

areas told us they had limited contact and communication with managers and did not always feel adequately supported. One senior support worker told us, "I have given a lot of supervisions to support staff but I have them very rarely myself. I think it's because we're so far away from head office. I'm in touch with a manager only if something goes wrong." A support worker told us, "Managers are slow to respond unless it's an emergency. There's no structure to care – the whole thing is left up to us to sort out. I feel a bit forgotten down here. It's hard to manage with such a large area. I know that managers are always at the end of the phone, but it's difficult to manage with such a large area." Another support worker commented, "We always ask the child what they'd like to do and we meet their needs very closely, but support for this from higher up isn't great. I can get good support when there's a problem; but on a day-to-day basis, no-one higher up really knows what's going on or what each child's level of support needs are." Support staff we spoke with were unable to describe the values and culture of the organisation.

The registered manager told us, and records confirmed, that staff meetings were held monthly for management and contracted staff. These meetings were used to keep staff informed of best practice and to discuss essential issues. She also told us the provider's Assistant director for Children's Services conducted quarterly visits to the service to monitor the effectiveness and quality of the services provided to people.

The provider had an arrangement with an external organisation called the Employee Assistance Programme. This provided all Barnardo's staff and immediate family members with a free, independent and confidential counselling and information service in relation to personal matters and issues.

We noted other positive feedback received included the comments of a Senior Practitioner Nurse, who had contacted the service complimenting the crisis intervention service and had commented, "(Support worker) had worked closely with both young people away from the home environment to allow them the opportunity to share their feelings and views," and, "Work undertaken by (support worker) and has been involved with has been essential in maintaining their placements with their families."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.<br><br>Regulation 18 (1), (2)(a)(b). |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.<br><br>Regulation 17 (2)(a) |