Derbyshire County Council

Disabled Children Service North -The Outback

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 20 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records.

The service is registered with CQC to provide personal care and support to children and young people up to the age of 18 in their own homes, mainly in and around the north Derbyshire area. Although the service also supports children from its office base at The Outback, this aspect of the service did not form part of this inspection. At the time of this inspection four young people received support from the service.

The service is required to have a registered manager. 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. The manager had been in post for three months and had applied to the Care Quality Commission to become a registered manager.

Medicines were administered by staff, however records of medicines administration were not kept in line with the provider's expectations.

Policies and procedures were in place. The registered manager confirmed some policies, such as the medicines policy for the overall service, would be developed to be specific to staff administering medicines in people's own homes.

Systems and processes designed to check on the quality and safety of services were in place and further checks were being developed. The registered manager understood where shortfalls in the service were and took action to address those. This included shortfalls in risk assessments.

People told us they felt safe with the care provided by the service. Staff we spoke with had received training in safeguarding people and understood how to report any safeguarding concerns.

Staff recruitment and deployment was managed safely. Some people had not received a service when the member of staff who provided their support had not been at work. Additional staff had now been recruited to ensure the service could, in the near future, ensure sufficient staff were deployed to meet people's needs.

People were cared for by staff that were respectful and caring. Staff had developed positive and caring relationships with the people they cared for. Staff supported people with their independence and promoted people's dignity and privacy. People were involved in planning their care and support.

The registered manager understood how the Mental Capacity Act 2005 related to people using the service. For children under 16, the registered manager ensured consent to their care and support was obtained in

line with guidance.

People received support from staff who had the skills and knowledge to meet their needs. Although staff did not support people with their nutrition and hydration needs, information on these needs was available to help staff understand people. People were supported to access other healthcare provision when required.

People were supported to raise any worries or concerns. People received personalised and responsive care and their views and preferences were respected.

The service promoted an open and inclusive culture. The registered manager demonstrated an open and inclusive style of leadership.

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 consistently safe.

Records of medicines administration did not always meet the provider's expectations. The registered manager took action to ensure risk assessments were in place. Extra staff had been recruited to help ensure the service had sufficient staff to meet people's needs. Staff employed by the service had been subject to pre-employment checks to make sure they were suitable to work at the service and people felt cared for safely.

Is the service effective?

Good

The service was effective.

Staff training was planned to meet people's needs. Staff felt supported through supervision and meetings with their managers. People were supported to have good health and staff had knowledge of their nutritional needs. The registered manager understood how the Mental Capacity Act 2005 (MCA) applied to the service and people's consent to care and support was obtained in line with guidance.

Is the service caring?

Good

The service was caring.

Staff were friendly, respectful and caring. People identified what care and support they required and their views and decisions were respected. Staff understood the principles of dignity, respect and independence and supported these principles as part of their day to day work.

Is the service responsive?

Good

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected. People knew how to make suggestions or complaints. The provider had a policy to ensure any complaints would be

investigated.

Is the service well-led?

Good

The service was well-led.

Systems and processes designed to ensure the quality and safety of services were in place with other systems in development. Policies and procedures were in place and some were being developed to be more specific to the service provided. Some policies were not always followed. The management and culture of the service was open and inclusive.

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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.

This inspection took place on 20 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

In addition, during our inspection we spoke on the telephone with two relatives of the people being supported. We also spoke with the registered manager and the one member of staff who provided support to the people using the service.

We looked at four people's care plans and reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of young people's care, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

During our inspection, risks to people had not always been identified in a consistent way. For example, not all people who required support to help them mobilise had risk assessments in place. Risk assessments were also not in place for when people demonstrated behaviours that could present challenges for staff. Staff we spoke with understood the risks associated with each person. However, records of risk assessments are important so staff can refer back to the risk assessments when needed and are clear on what actions have been agreed to reduce risks. We discussed this with the registered manager who told us they had identified this shortfall and had planned to ensure risk assessments were in place where required. Shortly after our inspection the registered manager sent us copies of risk assessments to provide an assurance that these were now in place.

Staff had supported one person with the administration of a person specific non prescribed medicine. The provider had a policy in place to cover specific types of non prescribed medicines, however we found that a record of the medicines administration had not been kept in line with the provider's policy and expectations. This meant we were not able to confirm whether the cream being administered by staff was covered by the provider's policy. The registered manager confirmed records of any administration of a person specific non prescribed cream would now be kept. No other medicines were administered by staff at the time of our inspection. The provider had a medicines policy for the service, however this was not specific to the services being provided in people's own homes. We discussed this with the registered manager who agreed to develop a medicines policy specifically for services provided in people's homes. This would support staff working in this service with clear guidance.

Care plans to guide staff on what care and support people required on each visit lacked some detail. For example, information received from families showed some people had different ways of communicating, including objects of reference and facial expressions. When we spoke with staff they were able to fully explain the care and support people required and how they provided this. However, these details were not always reflected in care plans for people. The registered manager confirmed care plans were still being developed as the service had only started to provide support to people within the two months prior to our inspection.

People we spoke with told us they felt the care and support was provided safely. For example, one person told us staff always wore gloves and aprons to help control and prevent any infections. They also told us staff were very careful when assisting the person and were especially mindful on occasions when the person was experiencing more discomfort than usual. People told us they knew who to contact if they had any worries and told us they felt confident to do so. Staff could tell us about their safeguarding training and understood the type of issues that would require a safeguarding referral to be made.

Staff told us they knew how to report any accidents or incidents in line with the provider's reporting process. The registered manager confirmed no accidents had been reported in relation to care and support provided to people in their own homes. We reviewed the accident report form that was in place should staff need to report an accident and we found this provided an opportunity for the registered manager to review the

incident and identify any steps that would reduce any further risks. This meant there was a procedure in place to review accidents and reduce risks when possible.

The service checked to ensure staff employed were suitable to work with people using the service. We reviewed staff recruitment procedures and found checks on the suitability of staff to work with people had been completed. This included references from previous employers and records to confirm a person's identity. This helped to ensure people with the right skills and approach to working in care were employed by the service.

At the time of the inspection, just one member of staff supported people's calls in the community. People we spoke to told us they always arrived on time and stayed for the full duration of the call. However, one person told us that they had not received their service on one occasion when the staff member was not at work. The registered manager had recruited two additional staff members who were due to start work within the next few weeks following our inspection. The registered manager was also planning to advertise to recruit another staff member. Having a larger team of staff available to cover staff members' time away from work would help to maintain sufficient levels of staffing.

Good

Is the service effective?

Our findings

People we spoke with told us staff understood their relatives' needs. One person told us, "[Member of staff] is very capable of supporting [my relative]." Another person told us staff understood their relative's health needs. Staff we spoke with told us they had completed an induction when they started at the service. This had included reading the provider's policies and procedures and health and safety checks. Staff told us, and records confirmed, they had started to complete a programme of training relevant to people's needs. Some training, such as assisting people to move safely had been completed. Other training relevant to people's needs had been identified and had been, or was in the process of being booked. This included such areas as epilepsy care. The registered manager told us staff would not provide any specialist epilepsy care until they had completed their training in this area. The registered manager told us an induction period was also in place for new members of staff planned to join the service over the next few weeks. Staff were supported to have the skills and knowledge required for them to fulfil their role and responsibilities.

Staff told us they met with their manager for an individual supervision meeting to discuss their work. Records showed supervision meetings were planned on a regular basis and was structured to enable staff to identify what was working well, any worries and whether any changes were needed. This helped ensure staff received support to develop their skills and experience.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager was aware of this legislation and aware of how it was generally applied to children over 16 years of age.

Children, and people with the legal right to consent on their behalf, had been asked for their consent to care and treatment in line with guidance. For example, we saw that parents had signed consent forms for the time of the service and the support and care staff would provide at that time. People also told us staff checked with their relative as they went along to make sure they consented to the care and support that was provided. One person told us, "All the time [staff member] is checking if it's okay." Staff we spoke with were knowledgeable about people's needs and were able to describe how these were met. For example, staff knew people's communication methods and their health conditions. We found people had been asked about their care and treatment and their choices, views and preferences had been recorded.

At the time of our inspection, staff did not support people with their nutrition and hydration needs. However, we saw staff had previously been trained in these skills should people require this assistance in the future. Information on people's dietary needs had also been recorded to help staff have an overview of the whole person they were supporting.

People were supported to access other healthcare services. Staff knew of other health professionals

involved in people's care. Records showed people's care was supported by occupational therapists, paediatricians and physiotherapists when required.

Good

Is the service caring?

Our findings

People told us staff were friendly and caring when providing support. One relative told us, "[Staff member] always gets on well with [name of person]; they always have a little natter." Another relative told us, "[Staff member] is always chatting away to [name of person]." They went on to say, "[They] are building up a good relationship." Staff we spoke with told us how much they enjoyed caring for the people they supported. The service was caring and friendly and staff built positive relationships with the people they supported.

People also told us how staff supported and encouraged people with their independence. One relative told us they would often hear staff asking their relative, "Do you think you can do that today?" Staff told us and records confirmed, things people could do, such as putting the toothpaste on the brush, were clearly identified. They also told us staff were, "Very respectful," of their relative and were mindful of their privacy. This enabled people to be supported in their independence and treated with respect.

People told us and records confirmed, they were involved in providing information to help staff understand their needs. One relative told us, "We had a little meeting before [staff member] started." Another relative told us, "[Staff from the service] came out to have a chat with me and [name of person]; we went through what [name of person] needs assistance with."

People using the service at the time of our inspection had all started receiving support within the last two months. As such the information people had provided was being used by the registered manager to develop more detailed care plans as staff developed their relationships with the people they supported. People, and other people involved in their care and support, were involved in planning what care and support was needed.

Good

Is the service responsive?

Our findings

People had only started to use the service within the two months prior to our inspection. As such, no formal reviews of people's care had been completed. However, people told us they felt confident any changes in their care needs would be reviewed when needed. One person told us, "If we need any changes, we just let [name of staff member] know." People were able to contribute to the assessment and planning of their care, as and when required, and people received care responsive to their needs.

Relatives told us it was important the care and support was provided at the right time. This was because the care and support enabled their relative to get ready for the rest of their day. This could involve getting to school or another appointment on time or being able to follow their interests. One relative told us, "If it wasn't for [Name of staff member] I wouldn't be able to get my family ready." People received personalised and responsive care.

Relatives told us staff understood their family members' views and preferences. When we spoke with staff they understood individual people's preferences for care. For example, staff told us how one person did not like water on their face. They explained how it was important to help the person cover their face with a flannel when they were in the shower. Staff provided personalised and responsive care and respected people's views and preferences.

Relatives told us that they had not needed to raise any concerns regarding the service. However, they told us if they did need to raise a concern or make a suggestion they would know how to do so. One person told us, "I feel 100% if I said something, then something would be done." Another person told us, "[Name of staff member] has told us if anything is not quite 100% right then to let them know." Records showed people were provided with information on how to make suggestions or complaints when they started with the service.

The provider had a policy and procedure in place to manage and respond to complaints. In addition, the provider had an 'easy read' guide to making a complaint or suggestion using pictures for people using the service. No complaints had been received at the time of our inspection. People understood how to make a complaint and were confident to do so should they need to.

Good

Is the service well-led?

Our findings

Checks on the quality and safety of services were in place and further checks were also in development. We saw that processes to audit and check on care plans were in place every three months. However, at the time of our inspection no one had used the service for this length of time and therefore no care plans had been audited. Despite this, the registered manager was aware of shortfalls in care plans and risks assessments. Shortly after our inspection they sent through evidence to demonstrate these shortfalls had been addressed.

The provider had policies and procedures in place that covered such areas as safeguarding and the management of complaints. However, some policies and procedures, such as 'The Outback Medicines Policy' did not provide sufficient detail on how staff should manage medicines when supporting people in their own homes. We discussed this with the registered manager wo agreed to introduce a medicines policy for staff specifically supporting people in their own homes.

We asked the registered manager how they collected feedback from people and how they evaluated and used this information to improve services. The registered manager confirmed this was gathered on an ongoing basis as part of the regular contact staff would have with people and their families. In addition, people and their families were provided with information that prompted them to share their views on the service. As people had only been receiving support at home for up to the two months prior to our inspection, no formal overview of people's views had yet been completed. However, the registered manager was aware that it was important to involve people's views in the checks of quality and safety of services and to identify improvements. As such, they were planning to ensure people's views would be gathered and analysed as the service developed.

The service is required to have a registered manager, and a registered manager was in post. They had registered with the Care Quality Commission (CQC) to manage the service from 20 March 2016. The registered manager had information available on when they were required to send notifications to CQC. Notifications are changes, events or incidents that providers must tell us about. No notifications had been required to be submitted since the registered manager had been in post.

Relatives told us the service was well managed and well organised. They told us they had met other senior staff involved in the service and felt they were open and approachable. Staff also told us they felt the service was managed by open and approachable managers and they would be able to talk to their managers at any time. Staff told us they enjoyed working at the service and were motivated to care for people in their role. The service was led with an open and approachable management style and staff were motivated in their work.