Barnardo's

Barnardo's West London Short Breaks

Inspection report

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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

Overall summary

The inspection took place on 10 February 2015 and was announced. The last inspection of the service was on 2 October 2013 and there were no breaches of legal requirements at the last inspection.

Barnardo's West London Short Breaks is a domiciliary care provider that provides personal care for children and young people. At the time of our inspection they were providing a service to 26 children or young people, who had been assessed under the Children Act 1989 as 'children in need' because of their disability. The children and young people that receive a service have autism, learning disabilities and behaviours that challenge. Many are unable to communicate verbally.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Parents told us they felt confident with care workers looking after their children. Care workers knew what action to take to ensure children and young people were protected from harm. Risks to young people's welfare had been assessed and clear guidance put in place to minimise the identified risks, be it at home or in the community.

Care workers were carefully selected at recruitment stage. The service ensured children and young people were matched with care workers who were able to meet their specific needs and interests. Care workers received appropriate training and support, and the service made sure their skills and knowledge were kept up to date.

There was an emphasis from parents and the service to provide continuity and consistency of care workers to the children and young people they provided a service to. There was a primary and secondary care worker so that children were as far as possible cared for by someone they knew.

People were encouraged to make comments and complaints about the care and support they experienced. The service had appropriate arrangements in place to deal with these effectively.

All support plans for children and young people were thorough, comprehensive and reviewed regularly. There were systems in place to monitor the safety and quality of the service. Parent's views and experiences were continually sought about how the service could be improved and these were acted on.

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?

Good

The service was safe. Parents told us they felt their children were safe and were confident when care workers were looking after them. Staff were knowledgeable about the procedures for safeguarding children and young people at risk.

The service undertook assessments of children's and young people's needs. Risks were identified so that children and young people were supported in the least restrictive way.

Incidents and accidents were recorded and appropriate action taken so the possibility of a reoccurrence was minimised.

Appropriate recruitment checks were undertaken so that only suitable people were employed by the service.

Is the service effective?

Good

The service was effective. Children and young people were supported by care workers who were appropriately trained to meet their needs. Care workers also received regular one to one supervision sessions with their managers.

The service matched the needs of children with skills and attributes of care workers wherever possible to help ensure children's and young people/s needs were met.

Parents gave prior written consent to the provider for certain activities and emergency medical care. Children and young people were consulted whenever possible so they consented to their care and support.

Is the service caring?

Good

The service was caring. Parents were provided with a range of information from the service.

Children and young people had the opportunity to meet care workers prior to being cared for by them. The service emphasised continuity and consistency of workers.

Children and young people were encouraged to be as independent as possible. Parents told us privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive. Children and young people had individualised care plans. These plans were continually reviewed and updated with parents and their children where possible, and with social services.

Parents were encouraged to say what they thought about the service and felt managers would listen to them and act upon their comments.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the service which was open and inclusive.

Summary of findings

There were systems for monitoring the quality of the service and working towards continuous improvements.

Community professionals and commissioners told us the service worked well with them in order to achieve the best outcomes for children and young people.

Barnardo's West London Short Breaks

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 10 February 2015 and was announced. We gave the service 48 hours' notice of the inspection because the service is small and the manager is often out of the office. We needed to be sure they would be available to speak with us on the day of our inspection. The inspection was completed by a single inspector.

Before our inspection we reviewed information we held about the service which included notifications we had received in the past 12 months. The service is required to submit these notifications to CQC, and it includes any event which significantly affects people who use the service, or the service itself.

During the inspection we went to the provider's office and spoke with the service manager, team manager and two project managers. We looked at records for five children and three members of staff and other records relating to the management of the service. After the inspection visit we contacted four parents whose children used the service and spoke with a care worker. We were not able to talk with children and young people directly as many of them could not communicate verbally with us. After the inspection we also had telephone feedback from two social workers and a local authority commissioner.

Good

Is the service safe?

Our findings

Parents told us they felt their children were safe with the care provided. One parent told us, “We are really, really happy”. Another parent said of the service their child received, “Excellent attitude, efficient and always on time and I can totally trust her”.

The service had taken steps to make sure children and young people were kept safe. We asked care workers what they would do in a given scenario and were assured they understood what abuse was and what they would do if they suspected abuse. Care workers told us they had received training about keeping children and young people safe. Computer records confirmed workers had received training in safeguarding children and young people at risk. This included guidance on how to recognise if children were at risk and how to report their concerns. We contacted a social worker in the local authority who was the link person with the service. They told us there had been slight delays in referring children where possible safeguarding issues had been identified. However, the service had now put procedures in place to help prevent a reoccurrence.

The Children Act 1989 defines children and young people with a disability as ‘children in need’ and as such any involvement from a local authority requires the completion of the Common Assessment Framework (CAF). The CAF is a standardised approach of conducting assessments for children who have additional needs including disability. As all the children and young people referred to the service were from the local authority or the health service, a CAF had already been completed for them. We saw that the service had received the CAF from local authorities who then defined, based on the children needs, what work needed to be undertaken.

We saw the service had undertaken their own assessments to determine any risks to the child and to staff supporting them. For each child there were general risk assessments such as for swimming or the need for first aid. Other risk assessments were specific to the child or young person and focused on activities they might particularly enjoy or behaviours that challenge. For example, with one child it was the risk of them absconding and hitting and scratching others. We saw these risk assessments were reviewed regularly every six months in line with statutory requirements and could be done sooner if circumstances changed.

The service maintained incident sheets which recorded any significant or untoward event that occurred in people’s homes or out in the community with the care worker. We saw that incident sheets were reviewed as soon as possible after the event, so that senior staff could investigate and take action to prevent the risk of the incident occurring again. The service also kept an activity record which the care worker completed after every session of working with a child or young person. We checked a sample of the activity records and saw they were of variable quality. We discussed this with the team manager, who told us they were aware of the issue and had already begun to address it with care workers during one to one supervision meetings. We saw evidence this was being undertaken.

In general there were sufficient numbers of suitable staff to keep children and young people safe. Staffing levels were determined by the number of children using the service and their needs. For example, in some situations there was one care worker for two children, and in another situation one child required two care workers. Information received from professionals and parents showed there was an issue getting and retaining care workers. We discussed this with the service manager who told us they had recently had a recruitment drive and a number of new care workers were now in post. One parent told us, “Initially workers kept changing; now the ones we’ve got are brilliant. There are three workers who are on rotation”. Parents told us they valued the continuity of care workers as this gave their child consistency.

The service followed safe recruitment processes. We saw the service carried out appropriate pre-employment checks of staff regarding their suitability to work. The information included two references, two forms of identity, a completed application form and notes from interview and evidence of a criminal records check. Where it appeared complete checks had not been fully undertaken, for example one person had a reference from a job centre and personal reference with very little information on it. The team manager had authorised the recruitment based on their judgement which they had documented and were able to explain. In this way the provider was ensuring that only suitable people were employed.

Children and young people received their medicines as prescribed. As much of the care provided was in the child’s own home, with parents retaining parental responsibility, the care workers infrequently administered medicines.

Good

Is the service safe?

However, if medicines were to be administered then there were protocols in place. This included care workers receiving appropriate training and medicines administration records being used to record the information. We were told by the service manager that in situations where children had complex health needs, that Community Paediatric nurses were involved in specific training in relation to the medicines the children or young people were prescribed.

Good

Is the service effective?

Our findings

Parents told us the care and support their children received met their needs. One parent said, “On the whole they are quite flexible and will accommodate my boys”. Another parent said of their care worker, “she knows what she is doing”.

The service tried to match care workers with children’s needs wherever possible. For example, if there was a request for a male or female worker, or someone from a minority ethnic group. Where children had specific needs for example with communication, the service would attempt to match them with someone who had the suitable skills such as Makaton. Makaton is a language programme using signs and symbols to help people who cannot communicate verbally.

Care workers received appropriate training and support. We spoke with a relatively new care worker who told us their induction had been thorough and they felt it prepared them well for their role. It included three sessions where they learnt about equality and diversity, first aid and safeguarding children at risk. This was followed by online training and shadowing other care workers. We saw the service monitored training records to assure themselves care workers remained up to date with their training and when they were due to attend refresher training.

Care workers told us they received appropriate support from their managers, this was in the form of regular one to one sessions. The frequency of the sessions varied depending upon the numbers of hours they worked for the service. We were told by managers and saw evidence that notes from supervision sessions were written up within 15 minutes of taking place. Within the agenda items, training was always discussed. In this way the provider could ensure the continued professional development of workers they employed.

Parents had signed consent documents for their children and were held at the office. The consent forms included permission to take children out, for photographs and for emergency medical treatment.

The Care Quality Commission is required to monitor the Mental Capacity Act 2005. Currently the service is only providing care and support to children and young people therefore the Mental Capacity Act does not apply. However, should the age range be extended, as suggested by the placing authority, then the service manager was aware that the service needed to implement training for all staff and introduce policies and procedures so that everyone is made aware of possible implications. We were told the service does not use any restraint techniques with children and young people.

Care workers are rarely asked to provide food and drink for the children and young people they care for. On occasions parents will provide snacks for their child to have whilst in the community with the care worker such as a treat when being taken to the cinema. Information about specific food allergies and likes and dislikes were nonetheless recorded and held by the service.

Good

Is the service caring?

Our findings

Parents were positive about the service and the care provided. In particular, the impact it had on the rest of the family and the opportunities it gave their children. For example, on parent told us, “The service allows me to spend time with my daughter, otherwise she misses out”. Another said “They take [child’s name] out and he really enjoys it”.

The service used information gathered from parents and from experience to develop positive relationships with children and young people. Care records contained a lot of information about a child’s early life, how they reacted to certain situations and how best to care and support them now. For example, if there were possible triggers listed for individual children such as loud noises or an unfamiliar environment. The care worker we spoke with said they had been given a lot of information about the children they were going to be working with prior to starting work. They also had an opportunity to visit parents and their children with a manager before they started working directly with them. In this way, the service could ensure children felt comfortable their care worker.

The service tried to provide a consistent care worker for each child and young person. We were told there was a primary and secondary care worker for each child and young person, so if one worker was unavailable, care could still be provided by someone familiar to the child or young person. This was particularly an issue when children had very specific communication needs or behaviours. The service took particular care to ensure changes in care workers were kept to a minimum. So for example if the primary care worker was on annual leave, the secondary care worker would be available. In some situations parents told us if their child’s care worker was off sick for example, they would prefer not to have anyone at all, rather than a care worker they did not know as their child might find the change very disruptive and disturbing. The service was sympathetic to these situations and was able to accommodate these requests.

Parents told us that they had been provided with an information pack which outlined what they could expect from the service, details of the emergency contact numbers for out of hours working, some of the services’ policy’s and the how to make a complaint. We saw that care workers had identity badges, but did not wear a uniform. The service had adopted this approach as young people did not want to be identified as being with a care worker when out the community as some felt it stigmatised them.

Children and young people were encouraged and supported to be as independent as possible. Records showed prompts and guidance for care workers so that children could gain as much control and independence. For example with assistance with eating and drinking. Care workers were able to tell us how they promoted privacy and dignity whilst providing care.

Good

Is the service responsive?

Our findings

Care records showed that children and young people's care and support needs had been assessed and that individualised support plans had been tailored to meet their needs. For example, many parents spoke about the need to have care during holiday times in particular over the summer holidays. The service tried to accommodate these requests whenever they could.

There was clear information recorded about each individual child and their specific needs. For example in relation to how children communicate whether using Makaton, Picture Exchange Communication Systems (PECS) or by the use of their own developed signs.

Care workers documented the care and support they provided during each session of work they undertook with children or young people. These were factual outlining where they went, what they did and if they had anything to eat or drink. There was also information about the child's general mood and wellbeing, for example "[child's name] managed to sit quietly for first half of film and then became restless". This information was significant so that the young person's response to activities could be gauged and this helped plan future sessions. One parent told us how important it was for them to know exactly what had happened in each session and how their child had reacted.

Each set of care records were reviewed and updated every six months in line with 'children in need' requirements or sooner if it became necessary. Risks and triggers that could affect the delivery of care were assessed, recorded and shared with relevant staff to prevent reoccurrences. For example, if a child had reacted negatively to being near a dog, this was important information that needed to be relayed to all care workers involved with the child, particularly if the child was likely to abscond as a consequence. A care worker we spoke with told us that changes to care information were relayed to them quickly so they could respond appropriately to working with particular children. Care workers were also given information about children particular dislikes for example, topics of conversation that could potentially unsettle them.

We saw regular review meetings were held by social services, with parents and all those agencies involved with a child or young person being invited. The service also had an internal tool to measure their effectiveness in working directly with the children. They had identified seven outcome areas which included family life, confidence and mood, communication and personal care. Each of these outcome areas were scored and rated, and in this way the service could continually monitor the effectiveness of the care they were providing and identify any areas of concern quickly.

We spoke with parents and asked them what they wold do if they had any concerns or complaints about the service. They told us they knew how to make a complaint and they would raise issues with the care worker directly but also felt the office staff were approachable. Parents we spoke with knew there was a complaints policy and had all received a copy. Parents felt their views and concerns about the service would be listened to and acted upon.

We noted the service had a complaints policy, but it had not been reviewed and updated for some considerable time. We discussed this with the service manager who agreed they would contact the provider's policy department so the policy could be reviewed. We saw where the service had complaints these had been dealt with in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

The service continually monitored the views and experiences of parents and other stakeholders to identify if the quality of the service could be improved. The local authority commissioner we spoke with explained they had a quarterly meeting with the service and potential issues could be identified quickly. The commissioner explained there was 'good two way communication'. Community professionals told us how the service worked with them to promote best practice. Where issues had been identified the service manager had taken these on board and made the necessary changes.

There was a clear management structure in place. There was a registered manager, supported by a team manager and two project managers. People we spoke with were clear about the roles and responsibilities within the organisation.

The team manager from the service attended the six monthly care reviews held by the local authority. In this way, the service could have direct contact with the parents of children receiving a service. Parents also told us they had regular telephone contact with the service. Annual surveys had been sent to parents which asked them to rate their satisfaction with the support they received and to make suggestions for improvement. However, we were told the response rate to the surveys had been poor. The service had therefore been considering other ways in which parents could evaluate the service. In particular they were looking at options for gathering information from children and young people directly about their views of the support they received.

The provider carried out checks of the service to monitor the quality of the service provided. There was a regular audit of care plans that were held on the computer system. One to one sessions with care workers also prompted a number of audits such as training that was due for renewal.

In discussions with the service manager it was clear they had a well-developed understanding of the values of compassion, equality and diversity and dignity which they could put into practice. Parents and staff we spoke with felt the service manager was approachable and open. They felt if they had any issues they could raise them with the service manager and they would be listened to and acted on appropriately. People considered the service manager to be experienced and knowledgeable. This helped to ensure there was an open and transparent culture within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.