

Cheviots Children's Disability Service

Cheviots Childrens Centre

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 ●

Summary of findings

Overall summary

This inspection took place on 26 June 2017 and was announced. We gave the provider 48 hours' notice for this inspection because we needed to be sure that someone would be available to support us with the inspection process.

Cheviots Childrens Centre provides short breaks and family support to children with learning disabilities including autism and complex physical needs. This includes providing parents with a home sitting service in the children's own home so that the parents can have a break from their caring role. The home sitting service forms part of a combination of services in order to support and enable children and their families to lead ordinary family lives. At the time of the inspection there were three children using the service.

At the last inspection, the service was rated 'Good'.

At this inspection we found the service 'Good'.

Policies and procedures about safeguarding children and young people were available to all including home carers and detailed the processes to be followed to protect children and young people from harm. Records confirmed and home carers told us that they had received training on how to safeguard young people and children and the steps they would take if abuse was suspected.

Risk assessments had been completed which identified environmental risks as well as risks associated with the child's health and support needs. Risk assessments outlined the details of the risk, the signs to look for and ways in which the risk was to be reduced or mitigated in order to keep the child or young person safe from avoidable harm.

The service currently did not support anyone with medicine administration. However, policies and procedures were in place if this level of support was assessed to be required.

Safe and robust recruitment processes had been followed when recruiting home carers to work with vulnerable children and young adults.

All newly recruited home carers underwent induction and also received training as part of their on-going development. Home carers confirmed that they were regularly supported through supervision.

Care plans were person centred and gave detail about the child or young person, their likes and dislikes as well as information on how care and support was to be delivered. Each child or young person had been allocated a regular home carer with whom positive relationships had been established.

The service was registered to support children and young people under the age of 18. At the time of the inspection the service was not supporting anyone over the age of 16 years, therefore the legal requirement

to consider people's mental capacity and ability to make decisions was not required. However, records confirmed that parents had signed all care planning documents confirming that they had consented to the care and support that their child received.

The service had a complaints policy in place which was also available as part of each child or young person's care folder that was kept at the child's or young person's own home. The service confirmed that they had not received any formal complaints since the last inspection. Parents confirmed that they knew the processes to follow if they had any concerns and felt confident that their concerns would be addressed appropriately.

The service had a number of quality assurance systems in place to monitor and evaluate the quality of care provided which enabled the service to analyse the data in order to learn and make the appropriate improvements to the provision of care and support.

Further information about our findings is detailed in the sections below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Cheviots Childrens Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us during the inspection.

This inspection was completed by one inspector and an expert by experience. The expert by experience, on 26 June 2017, spoke with parents over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted a number of health care professionals and commissioners to obtain their feedback about the provider and the service that they provided.

We spoke to two parents to ask for their views about the service. We also received feedback from two home carers, the registered manager and two service managers.

As part of this inspection we reviewed three care records of children being supported. We also looked at the induction, training and supervision records for three home carers as well as policies and procedures relating to the service.

Is the service safe?

Our findings

Parents confirmed that their child or young person was safe with the home carers that supported them. One parent told us that they felt very safe when leaving the child with home carers although they only used one home carer at all times. They said they felt comfortable whilst having their respite. They also said that their older child loved having the home carer around who also looked forward to the visit.

Home carers demonstrated a good understanding and working practice of safeguarding children and young adults. They were able to list the different types of abuse and the steps they would take if they suspected abuse to be taking place. Home carers also understood the meaning of whistleblowing and that they could report their concerns to external agencies such as the local authority and the Care Quality Commission. One home carer explained, "I would report to one of my managers. Social workers can also get involved. We have forms that we can fill in."

Care plans that had been developed for each child or young person that received a service included completed generic environmental risk assessments as well as risk assessments for each child's individual identified health and care risks such as self-harm, awareness of cars, travelling by car, epilepsy and behaviour that challenges. Risk assessments detailed the identified risk, triggers associated with the risk and how home carers were to manage or mitigate the risk to ensure that the child or young person were kept safe from avoidable harm.

Each child or young person receiving care and support from Cheviots Children's Centre had one or two regular home carers allocated to them to ensure familiarity and consistency. As parents only received a home sitting service once a month, it was very unlikely that a situation would arise that a home carer would cancel the call at very short notice. Visits were normally scheduled in advance. However, both service managers explained that if ever a situation arose and a replacement home carer was required to replace the regular home carer, this would be planned and delivered in a way to ensure that regularity and continuity was maintained and would include a period of introduction and shadowing of the new home carer prior to the provision of service.

The service had robust procedures in place to ensure that all home carers recruited were checked appropriately to confirm that they were safe and suitable to work with vulnerable children and young adults. Records seen confirming this included records of interview, references, criminal record checks and identification checks. Records also confirmed that staff were entitled to work in the UK.

At the time of this inspection, the service was not supporting any child or young adult with the administration of medicines. However, we saw records confirming that the service had the appropriate policies and procedures in place to be used if and when medicines needed to be administered. This included a medicine policy, medicine administration consent forms, temporary medicine administration consent forms and Medicine Administration Records (MAR's). Each child's care plan also recorded a list of medicines that the child or young person had been prescribed for staff reference in case of an emergency.

At the last inspection in April 2015, we found that the copies of the medicines recording sheets were not kept at the office and that these were kept in children's homes. At this inspection we found that the service had addressed this concern and ensured that all medicine administration records where applicable were returned to the office on a three monthly basis.

All staff had received training in medicine administration and were also provided with specialist training on how to administer emergency medicines for health conditions such as epilepsy.

Is the service effective?

Our findings

Parents were confident in the skills and abilities of the home carers that supported their child or young person. Comments from parents included, "Well trained and amazing" and "Home carers know their child very well and are brilliant with them."

Home carers told us and records confirmed that they received a comprehensive induction as well as training in a variety of topics which gave them the skills and knowledge to support children and young adults effectively. Training topics included emergency first aid, manual handling and equality and diversity, autism, epilepsy, play therapy and speech therapy.

Both service managers explained that the majority of all training delivered was provided by skilled individuals that worked within the centre therefore refresher training could be provided at any time especially where a specific need was identified.

Staff also confirmed that they were supported regularly through supervision where they were able to discuss performance, support areas and learning and development. Records see confirmed these to be taking place. However, we did not see any appraisal records for the three staff files we looked at. The service managers confirmed that due to the nature of the contracts under which home carers were employed on, the local authority policy, was that they were not required to take part in an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was registered to support children and young people under the age of 18. At the time of the inspection they were not supporting people over the age of 16 years, therefore the legal requirement to consider people's mental capacity and ability to make decisions was not required. However, care plans and risk assessments had been signed by parents confirming that they had consented to the care and support that their child or young person received.

Home carers, during a scheduled home sitting visit, could be required to support children or young adults with meals or snacks. Care plans provided detailed information about the dietary requirements of each child or young person that the service supported. This included their likes and dislikes as well as any specialist dietary or nutritional guidance associated with supporting with meals. For one child, the care plan gave specific detail around their bed time drink that they liked to have, how this was to be prepared and how the child was to be supported with the drink. All support provided with meals were recorded on visit records so that parents were given the appropriate information and handover at the end of the visit.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children or young people's condition observed by staff when caring for someone were reported to the registered manager and their parent. Care plans kept at the child or young person's home contained appropriate and relevant contact information for home carers to follow in any

case of an emergency.

Is the service caring?

Our findings

Parents were complimentary about the service that they received and along with their child or young person had developed and established positive and caring relationships with the home carers that supported them. Comments from parents included, "Very caring and very respectful" and "We have had the same carer at all times and like him very much."

Staff knew the children they supported really well and had developed a positive relationship over a period of time. One staff member told us, "I have known the child that I support for almost two years now. They previously attended one of the groups that I used to support. I have got know the parents. We have a very good relationship."

Parents told us and care plan records confirmed that they and their child or young person had been fully involved in the care planning process. One parent told us that they were fully involved in care planning and making decisions and felt they were listened to by staff and management. The service had recently been part of a project which looked at a variety of communication methods in order to enable children to be more involved in a meaningful way with the care planning process and providing services with their feedback about the service that they received. As a result of the project a variety of specific communication tools were identified as methods that could be used to facilitate this piece of work and the service aimed to begin using these methods over the coming weeks.

Parents told us that home carers respected their child's privacy and dignity even though some children were unable to express their needs, choices and wishes verbally. Staff also explained how they respected children's privacy and dignity and gave examples such as maintaining privacy and dignity when supporting with personal care or toileting needs. One home carer told us, "If they have had an accident, we have to discreetly make them understand that they need to go to the toilet. We have to be mindful of their needs."

Care plans were person centred and gave detailed information about the child or young person, their likes and dislikes, behavioural traits and presentations as well as activities and games that they likes to do or play during their recreational time. Home carers told us that care plans gave them an insight into the child or young person and the things they would like to do during the home sitting session.

Is the service responsive?

Our findings

Care plans provided detailed information about each child or young person health and care needs and how they and their parents wished for this to be delivered. One parent when asked if home carers were knowledgeable around their child's condition and care plan told us, "Yes, they know everything and help me a lot."

A comprehensive assessment was completed prior to the provision of a home sitting service. The assessment looked at and included meeting with the family, identifying the needs of the child, young person and the parents and their expectations from the service. As part of the process the service matched the needs of the child and their parents with the personalities of the appropriate home carer and a period of introduction and shadowing took place to ensure that the allocated home carer was able to meet the needs of the child and their parents.

Care plans were reviewed on an annual basis or sooner if identified needs changed. Care plans contained documented evidence of each review which had been signed by the parent confirming their involvement.

A folder was kept at each child's home which contained a copy of the care plan, emergency procedures for home carers to follow, home care sitting session recording form and a copy of the complaints policy. Home carers were required to record and evaluate after each home sitting session. Records included details of the activities that the child had been supported to participate in, any noted behavioural changes, what they ate and any other significant information relation to the provision of care. Parents were also able to give their feedback after each session and were able to comment on how the session had been delivered and whether any noted improvements could be made.

Home carers explained how sessions were delivered and the variety of activities that were delivered as part of the home sitting session. For some children, the sessions were organised in the evening, so that parents could take a break. This meant that children or young adults were supported with their meal and getting ready for bed. However, for other children home sitting sessions were delivered during the day where home carers were able to engage children in activities such as going out, arts and crafts and cooking. One parent confirmed this and said, "Home carers involve children in activities that are meaningful and involve other members of the household."

Home carers gave examples of how they supported children and young adults to maintain their independence as far as practicably possible. One home carer told us, "We encourage them verbally and by demonstrating certain tasks. We try and encourage them to do as much as they possibly can." A second home carer explained, "We give the reins to at least let them try. It just not about doing things for them automatically."

Parents confirmed that they knew who to speak with if they had any concerns or issues to raise. They also stated that they were confident that their concerns would be addressed appropriately. The service had not received any formal complaints since the last inspection. One parent said they felt able to raise concerns

when needed. They said they were kept informed of any changes and that the new manager seemed more "with it" and "wants to get things done" so they were happy to call the office and raise any concerns or discuss changes.

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. 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 registered manager was responsible for the overall management of Cheviots Children's Centre under which home sitting service was provided. Two service managers were responsible for the day to day management of the home sitting service and short breaks service.

Parents told us that they were happy with the way the service was managed and knew the managers responsible for the day to day management of the service. Home carers were also positive about the way in which they were supported and how the service was managed. Comments from home carers included, "Management is good, very warm, open, professional and easy to talk to" and "Lovely manager, she runs the service well."

As part of the inspection process we had also obtained feedback from a healthcare professional involved with the service. The professional made a statement about the way in which the service was managed and told us that the service was well managed and that managers were approachable and proactive in making improvements to the service.

The service held weekly management meetings to discuss case work and health and safety and also met with home carers on a regular informal basis to ensure that the necessary information exchange required to support home carers in their role took place. In addition regular emails and phone calls to home carers were used as methods for information exchange. Home carers confirmed this to be happening. Annual staff meetings were also organised which addressed areas of training policy changes and generic reminders.

The service had a number of systems and processes which enabled them to monitor the quality of service provision. This included monitoring of accidents and incidents, home carer observational checks and quality satisfaction surveys. One service manager explained that all accidents and incidents were logged on a central system and these were analysed by the management team on a weekly basis for trends, patterns and triggers especially those relating to challenging behaviours. This allowed staff to reflect, change and improve the way they worked with children based on what they had learnt from the analysis ensuring a positive outcome for the child.

Annual home carer observational checks were completed which again allowed managers to observe how home carers interacted with the child or young person, whether the child or young person enjoyed the sessions and whether the home carer could change or improve the way they delivered the session in order for the child to receive a further positive experience.

Parents were asked to complete annual satisfaction surveys which allowed the service to measure their

satisfaction and experience of the service that they received. Feedback allowed the service to ensure a high quality service was being delivered and implement improvements where required.