

Barnardo's

Barnardo's Indigo Project

Inspection report

13 Granville Road
Ilford
Essex
IG1 4RU

Tel: 02085542888
Website: www.barnardos.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 23 February 2017.

Barnardo's Indigo Project provides respite care for children and young people with learning disabilities in their own homes. The level of support provided ranges from daily support or weekly assistance as per individually agreed care packages.

The service has 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 and associated Regulations about how the service is run.

At the last inspection in November 2015, we found two breaches of the regulations. Sufficient systems were not in place to show how the registered manager monitored the quality of the service provided to the children/young people. Risks relating to children and young people's care and support and how to mitigate these were not always appropriately assessed.

At this inspection, we found improvements had been made and that the service now met the required standards.

Referrals for the service were received via the London Borough of Redbridge children with disabilities team. The care package was agreed by a panel of professionals. The service's manager then carried out an assessment of the child/young person's needs prior to allocating suitable staff to provide respite care.

Staff were caring and treated children/young people with dignity and respect. Staff understood the requirements of the Mental Capacity Act 2005 and its application for young people aged 16 and over, who used the service.

Systems were in place to manage risks to children/young people and staff. Children and young people were safe at the service and were cared for by staff who were knowledgeable about safeguarding children and young people. They knew how to report concerns.

The recruitment process was robust to make sure that the right staff were recruited to keep children and young people safe. Staff confirmed and personnel records showed that appropriate checks were carried out before they began working at the service.

Children and young people received the care they needed. Care plans were person centred and were reviewed and updated when needs changed.

Family members told us that the staff were kind and polite. They said the staff were punctual and stayed the

duration of their allocated time.

Medicines were managed by family members, however staff were aware of the procedure to follow should they be occasionally required to administer medicines. They were trained and assessed as competent to administer medicines.

Staff were supported by the registered manager, through regular supervision and received an annual appraisal of their practice and performance.

There were sufficient qualified and experienced staff to meet children and young people's needs. Staff received the support and training they needed to provide an effective service that met children and young people's needs.

The children and young people were provided with meaningful and individualised activities and outings. The outings were developed over time in conjunction with the child/ young person and their family member.

A pictorial complaints procedure was available. Children and young people and their relatives were aware of the complaints procedure and knew who to speak with if they had any concerns.

Systems were in place to evaluate and monitor the quality of the service in order to make continuous improvements.

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. Risk assessments were in place to ensure the children and young people's safety and well-being. Safeguarding procedures were in place. Staff were knowledgeable about what actions to take if abuse was suspected.

The provider's recruitment process ensured that staff were suitable to work with children and young people who need support.

Is the service effective?

Good ●

The service was effective. Staff sought children and young people's consent before providing support to them. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Staff received appropriate support and training to meet the needs of the children and young people they supported.

Is the service caring?

Good ●

The service was caring. Caring relationships had developed between the children and young people and staff who supported them.

Staff knew the children and young people well and treated them with kindness and compassion and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred, were reviewed and updated in response to children and young people's changing needs. Staff supported the children and young people to participate in activities of their choice. Children and young people and their relatives were provided with information about how to make a complaint and felt confident to do so.

Is the service well-led?

Good ●

The service was well-led. Children and young people and their relatives spoke positively about the care and attitude of staff and the registered manager.

Staff told us that the registered manager was approachable, supportive and listened to them.

The provider encouraged feedback about the service through regular contact with the children and young people and quality assurance surveys.

Systems were in place to regularly monitor the safety and quality of the service children and young people received and results were used to improve the service.

Barnardo's Indigo Project

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 23 February 2017 and was announced. The inspection team consisted of one inspector.

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one relative, 2 members of staff, the registered manager and the operations manager of the service. We looked at three care plans and two staff records. We also looked at a range of records relating to how the service was managed and policies and procedures.

Is the service safe?

Our findings

Family members told us the children and young people were safe with the staff and they did not have concerns.

At our last inspection of this service in November 2015, we found the service was in breach of a regulation because sufficient risk assessments were not in place to guide staff about how to manage children and young people's specific health conditions.

During this inspection, we found these issues had been addressed. Care and support was planned and delivered in a way that ensured that the children and young people were safe. The care plans we looked at had been updated and included risk assessments, which identified current risks associated with children and young people's care. Where risks had been identified, there was current guidance for staff about how these should be managed. For example, managing epilepsy, asthma, road safety and Percutaneous Endoscopic Gastrostomy (PEG- a tube inserted to the stomach to enable children and young people to receive nutritional support).

Staff explained how they would recognise and report any safeguarding concerns they had about children and young people's safety and wellbeing. They told us if they had any concerns, they would inform the registered manager. Procedures were in place that ensured concerns about safety were appropriately reported to the registered manager, to the local safeguarding team and other relevant agencies. A whistle blowing policy was in place. Staff were aware of this and knew the process to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at.

The provider had a satisfactory recruitment and selection procedure in place. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with children and young people. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field. At least two references were obtained, including one from the staff member's previous employer. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

There was a system in place to assess and monitor staffing levels in relation to children and young people's needs. Rotas showed that staffing levels were organised to ensure that children and young people's needs were met when they provided respite care and suitable staff were available to supervise and support them when out participating in activities. Relatives told us that staff worked flexibly and were always available to assist when needed. Family members told us that a core of regular staff visited which ensured consistency in the level of support provided.

Although families usually gave medicines to the children/young people, staff occasionally did this when they were on outings or providing respite in people's homes. Staff told us that they sometimes administered medicines. They had undertaken training in the management of medicines and were aware of their

responsibilities when supporting or prompting young people with their medicines. The manager ensured the staff were competent to carry out the task.

Is the service effective?

Our findings

Positive feedback was received in the quality assurance survey carried out by the provider in October 2016. Family members' comments included "[The child] is always happy and well looked after." And "Caring and supportive staff."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection, we recommended that where children/young people did not have the mental capacity to make decisions, the staff should have the knowledge and understanding to ensure that required processes were followed to protect them from unlawful restriction and unlawful decision making.

At this inspection, we saw that staff had completed Mental Capacity Act 2005 (MCA) training. They explained that family members were responsible for making decisions that were in children and young people's best interests. Staff understood the importance of seeking consent before offering support to children and young people. They told us that when supporting children and young people who could not verbally communicate, they looked for signs from body language and responses. The staff were able to explain the importance of respecting the children/young people's choices. A staff member told us how they would use people's facial expressions and body language to gauge people's responses. They said that they would take their time and use visual prompts to help assist with making choices. A staff member told us, "You can't decide things for them, you have to involve them in making decisions and give them choices, for example about activities and food."

At the last inspection, we also recommended that regular supervision was provided to staff to review their practice and to develop and motivate them. At this inspection, we found that staff felt supported by the management team. They confirmed and records showed that they had two monthly supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers to develop and motivate staff and review their practice or behaviours. Annual appraisals also took place. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

Staff received the training they needed to support people effectively. They spoke positively about the training they received. Staff told us that they received training relevant to the work they did. They told us that they found the training valuable and it gave them confidence to carry out their role effectively.

Mandatory training was completed in areas including emergency procedures, falls awareness, infection

control, safeguarding children and young people and medicine management. Mandatory training is training the registered provider thinks is necessary to support people safely. Some staff had also received specific training to meet children/young people's individual needs such as epilepsy management, autism awareness and stoma care to enable them to provide the specialist care that children and young/people needed. Therefore, children and young people were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge to carry out their roles.

Training was organised centrally by the registered provider. The registered manager used a chart to monitor staff completion of training. New staff completed an induction programme consisting of shadowing more experienced members of staff, mandatory training and learning the service's policies and procedures.

The service provided was mainly respite care for children and young people with in their own homes by staff, to give families a break from their caring responsibilities. Therefore the staff were not responsible for meeting the children and young people's health care needs or meeting their nutritional needs.

Is the service caring?

Our findings

Family members of the children/young people who used the service told us they were happy with the support they received and that the staff were supportive and had a caring attitude. They told us the service was caring and staff treated the children and young people with dignity and respect.

The children/young people were mostly cared for by a team of regular staff, who knew them well and who had particular skills and experience to meet their individual needs and preferences. They told us about children and young people's personal preferences and interests and how they supported them. Family members told us that their child/young person was very happy and liked to go out and spend time with the staff member.

Family members told us that staff treated them and their child/ young person with respect. The staff respected their privacy when providing respite in their homes and the privacy and dignity of the child/young person they supported. They told us that the staff asked them how they wanted the support to be provided and respected their decisions.

Staff were matched to the children/young people they supported according to the needs of the person, ensuring that communication, cultural and religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak and understand their language as well as their traditions and religious observance. Staff sometimes took the children/young person to eat out and were aware of their specific dietary needs such as no beef or pork.

The registered manager enquired about people's interests and hobbies during the assessment, so that staff from similar backgrounds were allocated to them when possible. Any requests for same gender care were also considered and met as far as possible. This meant that the service was able to identify and meet the children/young people's specific cultural and religious needs and preferences.

Staff told us there was good teamwork and that they worked flexibly to ensure that the children and young people were cared for in a way that they preferred and needed. The children and young people were encouraged to remain as independent as possible and to do as much as they could for themselves.

We saw that people's records were held on a computerised system at the offices and only authorised staff were able to access personal and sensitive information. Staff had received guidance about how handle confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Family members told us the service was responsive to their needs and the staff were supportive. They told us they and their child/ young person were involved in planning and agreeing their own care.

Children and young people's needs were assessed before the service began. Their needs were assessed by the registered manager to ensure that their needs could be met by the service. Care and support was delivered in line with their individual care plan. We reviewed care planning for three children and young people.

The care plans were person centred and reflected the children and young people's needs, preferences, likes and dislikes and the level of support they needed. They were drawn up in consultation with family members and the professionals involved with the children and young people. The records contained sufficient information to enable staff to provide personalised care and support. For example, "[The person] communicates by making sounds, pointing or taking you to things" and "Carer to assist [the person] by using hand over hand technique while eating."

The staff and relatives confirmed that six monthly reviews were held to keep up to date with changes in children and young people's care needs. Family members told us that the children and young people were supported to take part in activities and interests that met their personal preferences. For example, swimming, looking through books and magazines, listening to Indian music on their I Pad and sensory activities. One member of staff described to us the activities they were involved in, as part of one young person's care package, such as swimming, and confirmed that a support plan and risk assessment were in place for this. The staff and family members also said they always discussed the outings with each other to ensure the children/young person went where they wanted to. Therefore, activities planned were suitable for the age and abilities of the children/young person the service supported.

Staff kept daily records about the children and young people's day to day wellbeing and activities they participated in to ensure that planned care met their needs. The staff told us that they always read care plans and notes of previous visits to check for up to date information. They also said that the registered manager informed them of any changes or updates to care plans. This ensured that staff were up to date with any changes in people's care needs.

Family members told us they would contact the registered manager if they had any concerns or complaints about the service and felt confident that they would be listened to. The complaints procedure and contact details were included in the information pack given to families at the start of the service. The service had not received any complaints since the last inspection. Staff knew how to respond to complaints and understood the complaints procedure.

Is the service well-led?

Our findings

Family members were satisfied with the way the service was managed and knew who the management team were. They spoke positively about how the service was run. A family member commented "I am very happy with the service."

At our last inspection of this service in November 2015, we found that sufficient systems were not in place to effectively monitor the quality and safety of the service. At this inspection, we found that arrangements were in place for checking the quality of the care the children and young people received. The registered manager carried out regular service reviews including checks on care records, accidents, incidents and complaints. Any issues identified were noted and monitored for improvement. This helped to ensure that children and young people were safe and appropriate care and support was being provided.

Family members and children and young people were involved in developing the service. Yearly surveys were sent to seek their feedback. We looked at the results from the most recent survey and noted that the comments were positive. Results of the survey had been analysed and used to highlight areas for improvement. For example, developing a structured activities plan and the provision of age appropriate interactive toys and games, which the manager had auctioned. This showed that people's views about the service were sought and they felt comfortable living at the service.

Staff meetings, handovers and one to one supervision were used by staff to relay information about the children and young people and informed the management team about improvements that could be made.

Staff felt supported by the registered manager and were comfortable discussing any issues with them. Staff told us "They are very supportive" and "They always support and assist you. They provide good training."

At provider level, there were various systems such as regular audits, quality assurance questionnaires and checks of care records, to analyse any issues and identified areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events.