

Nottinghamshire County Council

# Disabled Children's Support Services

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Disabled Children's Support Services is a domiciliary care service which provides personal care and support to children and young people in their own home. At the time of our inspection the Service was supporting 27 children living in Nottinghamshire. There were three types of services offered that the commission regulates. Overnight short breaks at home where staff supported a child in their own home, homecare service which involved working with parents to support their child in their home and the short-term assessment team which supported children and parents for a period of six to eight weeks.

This inspection took place on 14 April 2016.

There was a registered manager in place and they were available during the 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.

Relatives told us they were satisfied with most aspects of the service provided and spoke highly of the staff that were supporting their child/children. Parents and guardians told us their child was treated with compassion and kindness and that their privacy and dignity were respected.

Parents and guardians told us they felt staff provided safe and effective care. Staff we spoke to had a good understanding of the various types of harm people could suffer from and their roles and responsibilities in reporting any safeguarding concerns. Staff had also received safeguarding children's training.

Children's care plans reflected their individual needs and personal wishes, but did not contain enough information to make it child friendly. Relatives told us they were involved in the development of their care plans and were enabled to express their views on an on going basis.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the required skills and of suitable character were employed.

Relatives told us the children received their medicines as prescribed and we saw records that confirmed this. Staff received regular supervisions and annual appraisals and were able to reflect on the care and support they delivered and identified further training requirements. The service encouraged feedback from all people involved with the service.

Children received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

Relatives were positive about the leadership of the service. Staff were clear about the vision and values of the service. There were audits in place but these were not always carried out consistently. The registered manager agreed to improve the systems to monitor quality and safety during our inspection.

## 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.

Staff knew how to keep people safe and understood their responsibilities to protect children from the risk of harm

Risks to children's health and safety were managed and plans were in place to enable staff to support children safely.

Staff supported children to receive their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

### Is the service effective?

Good ●

The service was effective.

Children and their relatives were able to make choices about their support. Staff respected people's choices.

Staff had received an induction and the training required to carry out their roles effectively but not all staff received regular supervision and reviews of their performance. This meant the provider could not be reassured that the staff were performing or being supported effectively.

External professionals were involved in children's care as appropriate.

### Is the service caring?

Good ●

The service was caring.

Relatives and health care professionals told us the staff were very supportive, caring and compassionate towards the children.

Children and their relatives were encouraged to make decisions relating to the care and support they received.

Relatives told us that that staff respected and supported children in a manner that promoted their privacy and dignity.

### Is the service responsive?

The service was responsive.

Children were supported by staff that recognised and responded to their changing needs.

Relatives spoke positively about having the same carers regularly supporting their child.

Relatives felt able to raise concerns and had confidence in staff and managers to address their concerns appropriately.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Although audits were in place, regular audits of supervision and care planning documents at the service were not being carried out. This meant staff were not always supported effectively in their role.

Children's and relatives feedback was used to make improvements to the service.

**Good** ●

# Disabled Children's Support Services

## **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.

We visited the service on 14 April 2016, this was an announced inspection. We gave 48 hours' notice of the inspection as it is a small service and we needed to be sure that the registered manager would be available. The inspection team consisted of one inspector and one inspection manager

Prior to our inspection we had received a provider information return [PIR] This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also reviewed information received about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection we were unable to speak with the children who use the service why? but we spoke with five relatives which included parents and grandparents. We spoke with three members of care staff, two senior care staff, one team leader and the registered manager. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

# Is the service safe?

## Our findings

Relatives we spoke with expressed confidence in the service and told us they felt safe when their child was receiving care. One relative said, "Yes, I do feel safe and trust them [staff]." Another relative told us they had, "No concerns about safety."

Staff were aware of the signs and symptoms of children suffering any harm and were alert to these. They were able to describe to us the types of concerns that might arise and present a risk to the children they supported. Staff told us if they had any concerns about the safety or wellbeing of a child or parent they supported they would take swift action, including reporting their concerns to their line managers and making written records. One staff member told us, "I am always aware of any changes in mood, any signs things have changed, we have to be vigilant." Another told us, "If there is anything unusual you record it and you check it out, we make notes, we let the manager know." And another said, "If I have any qualms at all then I report it."

The service had a safeguarding policy and related procedures with regard to safeguarding children who used the service from harm. We were able to confirm that the policy and procedures were available to staff. Relevant information had been shared with the local authority when incidents had occurred and this shows the correct safeguarding procedures had been followed.

A relative told us, "Risk assessments are regularly updated with full agreement from me." Risk assessments provided staff with the required information about how risks should be managed to protect each child. The staff we spoke with were able to explain how they managed risks to children's safety when supporting them. Staff were confident and clear in how they support children and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks. Staff told us that they would be confident to raise any issues, concerns or suggestions about a child's safety.

Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to escalate concerns either within or outside the organisation, if they felt they needed to do so. One member of staff described an occasion when they had done this, flagging a concern up to a more senior manager, and the outcome had been satisfactory. Another told us, "We talked about whistle blowing on the induction and I know I can go to [Manager] any time if I need to."

A relative told us there are, "Always enough staff." Staff had enough time to carry out their roles and did not feel overly rushed or pressured to complete their tasks. Staff told us that if they did run over a little and a visit took longer than usual, they were able to contact senior staff to explain and this was agreed. One staff member told us, "The office are very good, they understand things don't always go to plan and you might need a bit longer some days." Another said, "There are usually enough staff to cover everything. Sometimes we get asked to cover extra calls when other staff are off, but it's fine, it's up to you if you do it. There is no extra pressure."

A relative described how on occasion the, "Rotas have been wrong and called the office. They are apologetic

and received an apology, overall have no concerns." The same relative said they, "Would call the staff member direct if needing to change or cancel support times."

A team manager we spoke with confirmed that a formal process was followed for recruitment, including a panel to shortlist and interview candidates and use of standard format questions for interviews and selection. DBS checks had been completed and any records of criminal convictions reviewed and the issues explored with the candidate to risk assess and determine if suitable to appoint. Staff files confirmed that appropriate pre-employment checks had been carried out.

Not all staff were involved in supporting children with their medication, but they told us that they did participate in medication awareness training on a regular basis, which they found helpful. Where staff were supporting with medication, one to one training was provided which was specific to each individual situation. This was provided by nurses linked to the service and delivered to ensure staff were aware of their role and responsibilities in relation to people's individual medication requirements. On the occasions where staff did support with medication this was done safely.



# Is the service effective?

## Our findings

Children received care from staff that met their needs and those of their family's.. A relative told us, "I have no qualms, very happy with their service. They have been brilliant." Another relative said, "Staff are skilled and I know they go on regular training. Being a parent you can tell who has had the training and has the skills to support disabled children." A relative told us, "Staff always introduce themselves before they start support which is really nice."

Many children being supported were under 16 years of age and decisions in their best interest were made by their parents and guardians. However there were some young people aged 16 to 18 who received support from the service and the Mental Capacity Act 2005 [MCA] could be applied to them.

The 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.

The registered manager accepted they needed to improve in this area and we saw records to show two senior staff were being trained in this area who were then to cascade the MCA training to their team.

Staff told us that they felt their colleagues all worked hard and that they were an effective team. One staff member said, "The staff here are just great." Another added, "I think everyone will agree we are a brilliant service." And another said, "The staff give 100%, people get a good service, but it falls down sometimes as communication can be poor." A social care professional told us, "Homecare has enabled families to put morning & evening routines in place, where other professionals had thought not possible."

The registered manager told us staff were staff were enrolled onto the Children, Young People and Families Workforce Development Council (CWDC) Induction Standards. The CWDC induction standards set out what new workers should know, understand and be able to do within six months of starting work. We were told that staff are put through an induction which included classroom style learning, mentoring, shadowing and observation of practice.

Senior care staff told us that they received regular training in how to move people safely. They also had annual moving and handling competency checks to ensure their practice was safe.

Staff confirmed the training they completed included, safeguarding, assisting and handling, MAPA (Management of Actual or Potential Aggression), first aid - including paediatric first aid, intimate and personal care, infection control and communication training. Records checked confirmed this. A relative said, "They [staff] have the skills to calm a situation if my [child] gets anxious. The worker has been well matched with my [child]."

A staff member said they had, "Quite a lot of training and it's quite good." Another staff member identified

that they felt the training was not always appropriate. They would have welcomed autism training, which had not been provided, and training on other aspects that were linked to specific needs of the children and families they supported.

One of the senior care workers described how she had trained as a sleep practitioner and was able to advise and support families where there were issues about lack of sleep and disturbed sleep patterns. One of the senior staff we spoke to told us this was a really helpful skill to have, "We can explore sleep issues rather than just provide overnight care. We are increasing the independence and resilience of families."

Some staff felt the support they got from senior managers was positive. One staff member told us, "If you make a mistake it is fine to say so and apologise. If there was a pattern of regular mistakes then managers would pick it up." Another told us, "The council are very supportive, if there is any sign of stress they really help you out." And another said, "If I have any issues I can ring, no problem."

Supervision arrangements varied. Some staff had a one to one meeting with their manager on a regular basis during which they discussed their development, performance and any concerns. However, not all staff received this type of support on a regular basis. The registered manager explained that the impact of recent restructure has meant some things have been missed. One staff member told us, "Supervision meetings can be hit and miss and you don't always get copies of notes from the meetings." Another commented, "You don't really get feedback, only if you have done something wrong." We noted one example from September 2015 where a staff member had been identified as performing poorly but there had been no formal supervision meetings or checks of their practice since that time. This meant the provider could not be reassured that the staff member was now performing effectively.

Relatives were responsible for making sure their children had enough to eat and drink., When staff had supported children with eating and drinking, they had ensured that information in relation to this had been documented in the daily logs and nutrition and fluid records.

Relatives confirmed staff supported their child with healthcare appointments when required. Staff were also available to provide support to a child, if their relative needed to go out for their own healthcare appointments or hospital operations. A relative told us, "When staff have supported as a respite service they have contacted appropriate health professionals to support our children whilst we were both unwell."

## Is the service caring?

### Our findings

Relatives we spoke with told us they were very happy with the care their child received from the service. A relative said "[name] responds so well to [staff member] love and compassion." Another relative told us, "They've always been there to help and support us. Their support has enabled us to stay together as a family and given [name] the love and support he needs." A relative spoke positively about the staff and told us, "As a parent you can tell genuine care and feelings by how they interact with your child."

Staff told us they enjoyed working at the service. One member of staff said, "As soon as I walk in, I see a smile on their face makes me feel really great. I love the children and having them smile." Staff we spoke with showed a genuine, caring interest in the families they supported. One told us, "I like to take an individual approach and take everyone's needs into account." They went on to say, "What we do is vital. I am very proud of what we offer as a service." One staff member said we do this together, by, "Having a laugh and joke along the way."

Staff were knowledgeable about the support needs of children they cared for. When we asked a staff member to tell us about a child they supported, they were able to easily describe the child's care needs and things that were of interest to them. Children were supported by staff that knew them really well.

Relatives confirmed they always found staff polite and that they treated their child with respect and in a kind and caring way. A relative told us, "They [the care staff] are compassionate and caring. That's why they do this kind of job." We found care records showed children and their parents had been involved in discussions about how they wished to receive their care and support. One parent said, "I am involved in it [care plans] and do input into it."

Another relative said of a worker who supported her child, "We are very satisfied with the service we get. We appreciate the worker we have. He has become a friend and we have a solid trusting relationship." A staff member told us, "Parents appreciate me going in, after their experiences with another agency. We work like how we would want to be treated. One parent left and tried a different agency and then came back to us as because they were having to teach them all [agency staff]."

Children's individual needs and preferences were discussed at assessment, including their cultural and religious needs. We were told that some care packages facilitated parents' attendance at their place of worship by providing respite care for their disabled child. A staff member told us of an example where for one child's personal care support was provided only by a female member of staff, in line with the family's individual requirements.

Staff were mindful of protecting the privacy and dignity of the people they supported. For example, they made sure they closed curtains and doors when assisting with personal care. A relative confirmed by saying, "Staff always knock before entering," and, "they make sure doors are closed." This showed staff respected the children and families personal space when working in their homes. Staff encouraged children and parents to become independent and to learn new skills. One staff member said, "I encourage, share a joke,

get them to do things for themselves, however simple it might be, it's all important."

Another relative said about staff that they were, "Quite mindful of children's space and maintaining their privacy and dignity."

## Is the service responsive?

### Our findings

We looked at one care plan and noted that it was not presented in a person centred or child friendly way. It included information about likes and dislikes and showed the views of the child and parent(s) had been gathered and taken into account but was very minimal in the detail it provided about actual care routines and the way support was to be delivered.

This meant that there was a lack of detailed information available to staff to help them deliver care appropriately. One staff member told us that there were some older format care plans in files in people's homes so they could be referred to. Overall the risk of inappropriate care being provided was low as staff knew people well because they regularly supported the same child.

We were told by a senior member of staff that work was underway to improve the care plan format to help make this more person centred and to meet the communication needs of people who used the service. The new format was to be based on an electronic tool for recording that would enable symbols and pictures to be used, where appropriate

A relative told us, "Every six months we have a care review. Any issues in between I phone up the office and it's dealt with." Another relative said, "Worker's adapt to the situations that we are in, ie in the summer we do picnics in the back garden." A staff member said, "If a child needs extra support we do not rush to leave and stay until they are settled and contact the office to let them know."

An assessment was completed prior to any support being delivered. A senior member of staff visited the child and their family to assess what support the child and parent needed and to find out about their likes, dislikes and preferred routines. This information was used to plan that support was provided by suitably experienced and qualified support workers.

We were told there was always an initial visit to introduce a new staff member to the family they would be supporting. The staff member would accompany a senior carer on a first visit to shadow them. Staff told us they referred to care plan documentation in peoples' homes and made a written note of each visit to confirm the support provided. However, if staff were picking up a call at short notice, for example to cover for an absent colleagues, they did not always get good, detailed information prior to their visit, so had to rely on direction from the parent or the records in the home care plan file.

Staff demonstrated that they understood how to communicate effectively with the children they supported. They described to us how they developed an understanding of how each child they supported communicated, as some were unable to communicate verbally. Staff knew what signs to look for and communicated with gestures, body language, pictures and sounds. The staff we spoke with gave examples of how they involved the children they supported in making decisions about their care and support. They knew their likes, dislikes, offered choices and promoted independence as much as possible. One staff member described how they offered choices of different shampoos and body wash when assisting with personal care and told us, "There is always a way of communicating." Another parent said, "[staff member]

goes out of his way to check football results for my son."

A relative described how on occasion the, "Rotas have been wrong and called the office. They are apologetic and received an apology, overall have no concerns." The same relative said they, "Would call the staff member direct if needing to change or cancel support times."

Relatives confirmed staff occasionally supported children to local theme parks and farms to develop positive experiences. Feedback from children about these activities showed that they really enjoyed them. We saw feedback forms about support at home which had been completed by children and relatives. They all spoke positively about the support they received. Staffing was consistent which meant children and their families were supported by staff that understood their needs and could respond appropriately when needed.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the managers. They were aware of the complaints procedure and felt confident in reporting concerns to management. There was a complaints procedure and this was kept in the service user guide. No formal complaints had been received. Relatives did confirm if they had a concern they would call the office direct and the concern would be dealt with effectively.

## Is the service well-led?

### Our findings

Relatives, staff and health and social care professionals told us they felt the service was well led. A relative said, "They [service] are managed very well." Another relative told us they had, " "Good contact with the office." A staff member said, "If we weren't doing a good job I think the parents would tell us." Another relative said, "They [service] come regular to review. Answer my concerns when you have any. Change support if it is needed and are flexible in how it is delivered."

Staff confirmed to us that their practice was checked by senior staff carrying out observations of them carrying out their role. These spot checks took place on both an announced and unannounced basis and the observations were recorded and discussed between the member of staff and their line manager. One member of staff told us, "Every so often a senior comes out to observe how we are doing – they make sure we are wearing the right gear and they give us feedback on how we are doing." However, there appeared to be no set frequency for carrying out these checks and they happened in a sporadic way. In some of the records we viewed it was evident these quality checks had not been completed for some months. There were no concerns from relatives about staff competency but better documentation to support these quality checks was needed.

The service had just gone through a recent restructuring and with reference to this one staff member said, "We have been kept in the loop about all the changes. They have made sure it's not had an effect on day to day running of everything." A relative said, "The team are so well organised.... so well done and thank you." The service was reviewing care planning documentation to make it more child and family centred.

We saw children had completed user friendly questionnaires which included examples of things the children enjoyed doing with their worker. One child mentioned his worker and that he, "Interacts with me and takes my opinions on board." A relative said, "Regular questionnaires come out and I fill out and then get a summary of all the feedback."

Another relative said of a worker who supported her child, "We are very satisfied with the service we get. We appreciate the worker we have. He has become a friend and we have a solid trusting relationship." A staff member told us, "Parents appreciate me going in, after their experiences with another agency. We work like how we would want to be treated. One parent left and tried a different agency and then came back to us as because they were having to teach them all [agency staff]."

Some relatives and staff raised some concerns about poor communication between them and the office. A staff member said about the office, "Not good at communication when trying to arrange annual leave " However, most relatives did say they would usually contact workers directly if there were any changes to their child's support needs.

Relatives received a text message a week in advance confirming their support hours which relatives and children found very helpful. As one relative said, "They send us a text a week in advance which helps [child] because she asks whose on." Another relative told us about their contact with the office team and, "They

had no concerns with management."

A relative told us that without the service their family would have not been able to cope and then told us, "I would highly recommend the service to others!" Another relative said, "They are very good managers at the office" and then went on to say, "The girls that come out are fabulous." Relatives spoke highly of the quality of care provided by the service.

Staff told us due to recent changes in the team structure that staff meetings have not taken place for a while. The registered manager agreed that team meetings had not taken place regularly and gave us assurances that these would resume on a regular basis now that the new deputy managers were in place. We did see evidence of staff views being recorded in surveys. Staff felt team meetings, the registered manager and the deputy managers were effective and supportive.

There were systems to ensure policies were in place, up to date and available to all staff. Nearly all staff told us they felt supported by the registered manager and told us that they knew their line management structure and were provided with clear guidance about their roles and responsibilities. Processes and records were in place to evidence and oversee adverse incidents such as safeguarding concerns, complaints, incidents or accidents. Staff told us they knew who to inform and contact to report any untoward occurrences and were able to give us examples who to contact, if they wished to raise concerns or if clients wanted to make a complaint.

We looked at the quality monitoring programme and noted audits by management were not being carried out regularly around care records and supervision and appraisal. The registered manager confirmed monthly management meetings would take place in future and two new deputies had been recruited to improve reviews and audits of the service. A social care professional linked to the service said, "Over the last year [manager] has been innovative and creative in developing her service to meet the needs of Children, Young People and Families."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

A health professional linked to the service said, "The managers promote partnership and integrated working and are eager to involve other services to ensure a young person receives the most appropriate and safe care possible." The registered manager sat on a children and families panel where the service was involved in supporting complex cases in partnerships with other agencies in providing a wider holistic package of support. A manager from another service commented, "I do feel they are an excellent service, with dedicated staff and they are integral to us be able to provide a good service to the children and families in our team."

The registered manager made sure that she and her team were aware of current best practice by being part of a wider local authority Children and Families service directorate, attending conferences and local peer support networks.

The service had clear values which were documented in their leaflets. Feedback from relatives, staff, external health and social professional confirmed that the service promoted independence by encouraging, empowering and enabling children and their families to stay together by supporting them in their homes.



