

Derbyshire County Council

Disabled Children Service North -The Outback

Inspection report

Spire House
93a Sheffield Road
Chesterfield
Derbyshire
S41 7JH

Tel: 01629537541
Website: www.derbyshire.gov.uk

Date of inspection visit:
22 November 2019

Date of publication:
16 January 2020

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

About the service

Disabled Children Service North -The Outback is a domiciliary service to support disabled children with their daily routine and parental support. The service also supports children from its office base at The Outback, this aspect of the service did not form part of our inspection. At the time of the inspection the service was supporting five children aged between five and eighteen. All the children receiving the service required support with personal care. CQC only inspects where people or children receive personal care. The help involves tasks related to personal hygiene and eating. We also consider any wider social care provided connected with their care plans. We will refer throughout the report to the children who received the service as people

People's experience of using this service and what we found

Staff ensured people were safe from harm through training and the confidence to report any concerns. Any risks had been assessed and measures were in place to reduce them or provide guidance to manage them. There were consistent staff who worked flexibly to meet the needs of people. Staff had been recruited to ensure they were suitable to work with people. Infection control was managed, and lessons learnt when events had occurred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received the required training to enhance their skills and support their role. Peoples health and wellbeing was monitored to ensure they received the correct support, equipment and care with meals.

The staff were caring and had all developed relationships with the people. There was a small team which ensured consistency. Individual needs were respected and recognised. People's independence was encouraged, and small steps celebrated.

People received responsive care which was care planned and developed with the person and their family. Communication was an integral part of the care to ensure the person could make their own choices. A complaints policy is in place which people and relative were aware of, however had not felt the need to access. End of life care was considered as part of the care planning process.

The service was run by staff who shared the same values. There was an open culture and the registered manager understood the requirements of their registration. Audits and quality systems were in place to ensure the service continued to meet people's needs. Improvements were ongoing, and the service worked with a wide range of professionals.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection was Good. (Published 29 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Disabled Children Service North -The Outback

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to disabled children living in their own houses and flats with family members to support their daily routine.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and gave the provider and registered manager the opportunity to share with us any information about the service during the inspection.

During the inspection-

We spoke with two relatives who used the service and made a home visit to one family to observe the interaction between the staff and the person receiving care. We spoke with four members of staff including the registered manager, the deputy, and two support workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received emailed feedback from four professionals who have regularly links with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from the risks associated with people's care and support was managed in a consistently safe way
- At the last inspection risks had not always been identified or risk measures considered. At this inspection we found any identified risks had been recognised and the required measures were in place.
- We found risk assessments covered all areas of people's care. For example, specific equipment to support people to move and any specialist training to ensure the person would maintain a level of independence without placing themselves or staff at risk.
- Other risk measures relate to people's long-term conditions. For example, we saw where people were at risk of seizures, the guidance provided detailed action for staff to reduce the impact on the person in obtaining the correct medical care. A professional told us, "When we provide advice it is followed, and staff will ask if unsure of the approach I want them to take."
- Risks were also assessed when people were taken out or when they were supported with meals to reduce the risks of choking.
- Evacuation plans were in place should the person need to be removed from the home in the event of an emergency, for example a fire or flood.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- Staff had received training and understood the importance of reporting concerns.
- A professional told us, "The manager is proactive and responsive to safeguarding children and encouraging their team to develop new skills and work flexibly to meet the needs of the young people." Another professional said, "The team are very good at safeguarding and will always put the needs of the child first, they are not afraid to challenge other professionals in these circumstances."
- We saw how a safeguard had been raised, which had resulted in a positive outcome for the person. Staff had reflected on this experience and shared in a team meeting their learning. This also enabled staff to receive support from each other

Staffing and recruitment

- There were appropriate levels of staffing to support the assessed needs of the people. Staff told us they worked as a team to support people and to provide consistency whenever possible.
- Relatives told us they were happy with the staffing and reflected how the consistent staff made a real difference to the person and the family.
- We saw that checks had been carried out to ensure that the staff who worked for the service were suitable

to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- At the time of our inspection no one was receiving medicine support from the staff. However, staff had received training in the administration of medicine should this be required, this included any rescue medicines and as required medicine to support symptoms of pain or anxiety.

- Family members remained in control of the persons medicine. Some parents had given permission for medicine to be given if an emergency should arise. Alternative family members had been identified to support where permission had not been given to the Outback service.

- Preventing and controlling infection

- People were protected from the risk of infection

- Staff knew to follow infection control procedures and used aprons and gloves when providing care or support with medicines and meals.

Learning lessons when things go wrong

- Opportunities to learn from events had been used to develop the service.

- Following an incident when staff had to pick up additional calls for one person, it was identified that not all the persons daily routines had been documented. Since this occasion all the people's routines have now been recorded. This ensures should there be an emergency this detail is now in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed following a referral to determine if the service was able to provide the support required. These were used to develop care plans for each person.
- Nationally recognised tools were used to assess risk and manage care. For example, the management of Epilepsy.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and knowledge to provide good quality care and support.
- Staff received training to cover mandatory skills along with specific needs for the individual. One professional we contacted said, "The staff are particularly skilled and motivated. They recognise that by helping the child improve their skills, this can limit negative behaviour."
- Staff told us they were supported to develop their skills. One staff member told us they had requested to complete Makaton sign language, and this had been arranged. They told us, "If you see some training you think would help you just have to say, and you are supported to complete it."
- Another staff member told us they had received 'Skip' training. This is training to support how to manage behaviours which challenge. They said, "You learn about de-escalation and thinking about how to distract or tackle the behaviour." This reflected staff who were confident in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection staff were not required to prepare any meals. However, staff had knowledge of people's diets.
- Staff did support people to eat their meals and there was a detailed plan which recognised any related risks to choking.
- Some people had an endoscopic gastrostomy. This is a feeding tube placed into the stomach, to allow nutrition, fluids and/or medications to be put directly into the stomach. Staff had received the required training to support people to receive the fluid intake through this method of feeding.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to be in the best possible health.
- Staff often acted as a 'bridge' between Social Care when they ask parents to complete information, for example, a 'Child Protection Plan'. This supported the person to access any additional support with their health care.

- We saw the records detailed any changes in people's health or guidance following appointment with professionals. The feedback we received from professionals reflected the ongoing contact with them to support health and well-being.

Adapting service, design, decoration to meet people's needs

- Each person received the required aids and equipment to ensure they were able to be supported in their daily routines.
- Equipment was monitored to ensure it was still appropriate as the person grow and developed.
- The service supported parents to access adaptations to their home. For example, one person was to have the doors widened to allow the wheelchair to move more freely around the home.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the people using the service were under the responsible care of parents and were not subject to an MCA assessment or the Court of Protection requirements.
- Staff had received training in MCA and were aware of the legal requirements. They also followed the values of ensuring the person was able to make daily choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a strong visible culture which was reflected by the staff who were kind and caring.
- A relative told us how staff had exceeded their expectations. They said, "In the last 18 months the changes have made such a difference and that is down to these staff who are so committed." They told us how staff had been proactive in creating a new toy or suggesting places to visit which were focused on a sensory aspect.
- People's disabilities were acknowledged and worked with to ensure the best care and continued development. A professional told us, "I have observed staff with a family and they were respectful of the family and supportive and had a good understanding of the family's issues."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be independent and make decisions.
- Each person had a programme of support, including physiotherapy. We saw how the physiotherapy had been linked with the daily tasks. The physiotherapist we contact told us, "This person therapeutic needs to develop understanding of their environment, routine, behaviour and physical skills have been interwoven into the support they receive."
- Another professional told us, "I found staff members eager to learn the techniques, this is so important to support the interventions that our team introduce to families. It can be overwhelming to families, so having other professionals who can learn and practice the techniques with them is invaluable."
- Staff told us they felt confident in developing their skills through these support networks.
- There was a strong emphasis on encouraging individual choice and when required advocates were used. A recent example shared with us was when a person was supported to change schools. The impact was a real positive change in the person and their home life.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of privacy.
- A relative told us how staff respected their home and understood the importance of all the relationships within the home. For example, the care ensured the parent could spend time with other children. They told us, "Staff come in and know what to do. They are responsive to the changing needs of the home or [name] and work with us."
- A professional told us, "The staff are very welcoming and confident to show how the person has progressed. They have an excellent relationship with them. Constantly listening and looking for the person's feelings; responding with respect and using skills to prevent escalation of negative behaviour."

- We found records to be stored securely in the office and an accessible copy was in the home

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support from staff who knew them well. Each person had a consistent team of staff.
- Care plans were reviewed, and any records updated. A professional told us, "There is good dialogue between the social care manager and the 'Outback' managers and there are always updated recorded on the person's files by the staff."
- Staff told us how they had office time to keep the records updated or time to read other care plans changes to maintain their knowledge of each person's care needs.
- Staff told us they followed a 'meet and greet' protocol when commencing a new package of care. They also read the care plan. One staff member said, "I would want to know all the details as it's not fair to the person."
- The service was responsive. One professional told us about an emergency situation which occurred over a weekend. This required an immediate package of support for the person and the 'Outback' service stepped in and provided emergency support until a formal plan was put in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the AIS.
- People's care plans contained information about each person individual communication needs and staff demonstrated a good understanding of this.
- We saw some people used electronic aids to support their decision making about their daily routines. Within the care plans there was detailed guidance with photograph to support or aid the staffs understanding.
- Information was available to people in a range of formats. For example, we saw pictorial information about the service.
- A professional told us, "Staff are a very proactive team, who use great communication systems with the young people, making an adapting resource to provide individualised care." This meant people were supported to understand their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for meaningful activity. For example, we saw how the service had supported one family to enjoy activities in the school holidays.
- Each person was supported through their daily routine to enjoy games or activities.
- Staff were developing memory books, which contained a Compact Disk (CD) of the sounds of the activity to support those people with sensory needs.
- The service produced a newsletter to share in ideas of activities which could be considered. This also included a picture guide of all the staff working at 'Outback', so people and relatives could relate to the names of those staff on a more personal level.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, which was also available in a pictorial format. At the time of our inspection the service had not received any complaints.
- Parents we spoke with had no concerns about the service and felt confident to approach the staff or registered manager should this be required.
- We saw there was a compliments book. This contained many notes of thanks and positive and words of gratitude to the staff.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- The registered manager understood the importance of this area of care and was devising an assessment to include people's personal wishes and needs should these be required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear vision on the services purpose. This was delivered by compassionate staff, who looked to drive improvements to the service and support one another in their team ethos. One staff member told us, "It's all about the child and how we can help them develop and this will make a difference to them as an adult."
- A professional said, "The service is effective and reliable helping us to understand families better and how we can support them with their children."
- Another professional told us, "The service is well led and provides support for families ranging from parenting assessments, personal care support in the home and supervising of family time. It has also supported emergency situations and intensive interventions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The register manager had a good understanding of their duty to be open and honest with people and family members.
- Records showed the registered manager had been in touch with people and their families following incidents, to offer an apology and try to prevent the same from happening again.
- A professional told us, "The team is well lead by an experienced manager who is child centred."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and professionals, we spoke with were unanimously positive about the staff and management of the service.
- A professional told us, "The Outback is a fantastic resource as they are able to offer care and use interventions. We have seen the person develop and learn, being able to follow direction, something that we would have been unable to do without this additional support."
- The service followed a Lone working policy. This involved staff sending a text to confirm when they had arrived and left a call. One staff member said, "It's a good safety precaution." This also enabled the manager to ensure the call had been delivered on time and in accordance with the planned arrangements.
- Three monthly audits were completed on the service, these included the care plans, observations of staff practice and any other aspects of the service. The registered manager had an improvement plan which was regularly updated with actions and timeframes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were involved in decisions about the service and feedback was used to reflect on the service and drive improvement.
- Staff told us they felt supported. One said, "It's probably the most supportive place, I love it. We have our own support plan and the managers are amazing, they check you are supported and accommodate my needs if needed."
- We saw how the staff were involved in the team meetings and development days. Staff had championed new initiative to support team working, along with having fun and recognition of each other.
- The team had introduced a recognition scheme. This identified positive acts of kindness or celebration on achievements.

Working in partnership with others, Continuous learning and improving care

- The service uses a range of methods to review and learn from incidents.
- One staff member said, "We support the children fantastically. We are happy to see them and them us. We have a fantastic support team."
- The staff team at Outback worked in partnership with other professionals to ensure people received high quality support.
- A professional said, "We offer training for professionals and the Outback staff often attend and are always highly engaging. This service is a great example of joined up, multi-agency working. Whenever I visit The Outback I am greeted warmly, and whenever any of the families I work with are involved with the staff they always speak highly of them. Without the Outback many of the families we work with would struggle to find appropriate support."