

Sunderland City Council

Support Services for Disabled Children

Inspection report

The Sandhill Centre
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Tel: 01915613185

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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

The inspection took place on 28 and 29 June 2016 and was announced. The last inspection of the service was February 2014, where the provider met all the regulations inspected at that time.

The Support Service for Disabled Children provided personal care to young people up to the age of 18 with a learning disability, physical disability, Autistic Spectrum Disorder or complex health needs. The support was provided in the young people's home to assist parents to get their child ready for school or college, as well as providing support to reduce pressures on families. The service enabled young people to access the community as part of their leisure time support.

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

Families were complimentary about the service and made positive comments. They were happy with the care and support their child received from the service. One parent told us, "The staff are very skilled." Another commented, "They are absolutely amazing." One young person had written a card to thank staff it read, 'Thank you for looking after me.'

All support staff along with the manager had been employed by Sunderland City Council (SCC) for a number of years and their recruitment had been carried out by the Council's human resources department. The Council's procedure included relevant checks being carried out before staff commenced employment.

We found the service employed enough support staff to meet young person's needs. One staff member told us, "We get a regular diary each week of our calls, we know just what we are doing."

Staff were appropriately trained to support the young people who used the service. The service had an electronic system of e-learning for a range of subjects, such as health and safety. Further subjects included face to face training for moving and assisting, first aid and the Council's own safeguarding training. Mandatory training was up to date for all staff. Staff felt supported in progressing their skills and knowledge, and received regular supervision and appraisal to aid their development.

Staff had an understanding of safeguarding and whistleblowing. They knew how to report concerns about young people's care, health and wellbeing. Staff felt the manager was responsive and felt concerns would be acted on. The provider had a process of recording of all safeguarding alerts on a central system which showed appropriate action had been taken using a multi-disciplinary approach. Support staff were made aware of any changes from the manager if they were not directly involved in safeguarding meetings.

The provider had systems in place to manage complaints, accidents and incidents. Records were kept on a

central system along with actions which showed the service responded to situations and lessons had been learnt from such events to reduce risk. Relatives knew how to make a complaint and were confident that the service would respond.

Risk assessments and support plans had been developed and reviewed with parent's involvement. These included how staff were to support young people safely, detailing their likes, dislikes and communication preferences. The service worked closely with other teams in the Council to develop strategies to manage behaviour that may challenge.

The service did not provide support in the administration of medicines to young people. Any medicines administration would be the responsibility of the parent. One young person did have emergency medicine to take with them when they were in the community but were fully able to administer these themselves when they need to. Records showed that this was agreed with the parents and social worker.

Parents felt the service was well managed and that they were involved in decisions relating to the support of their child. Staff felt the manager was supportive. One staff member told us, "I am well supported by the manager."

The provider followed their data protection policy and stored records securely. Records were also stored electronically and protected with a user password.

The provider had a range of quality assurance processes in place. Parents and the young person's views were sought in assessing the quality of the service. Support plans were audited by the manager to ensure the information within was relevant, valid and current. Other management records such as policies and procedures were reviewed by the Council's policy department. The manager had plans in place to increase the knowledge and skills of staff to support the increasing number of young people on the Autistic Spectrum who were accessing the service.

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 report concerns about the safety and welfare of the children they supported.

There were enough staff deployed to meet children's needs.

Risks to children's safety were assessed regularly and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff told us that they had completed relevant training to enable them to care for children effectively. Staff completed bespoke training to manage behaviours that may challenge.

Staff received regular supervision and an annual appraisal to support their learning and development.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between the families, children and staff that supported them.

Staff knew the children well and understood their likes, dislikes and personal preferences.

Children were supported to maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff supported children to access education provision.

Children's needs were being met and changes were identified and acknowledged.

The complaints policy was accessible to families of children who used the service.

Is the service well-led?

Good ●

The service was well-led.

Parents felt the manager was approachable, always responsive and helpful towards the whole family.

Parents and children using the service were asked for their views of how the service was run.

The provider had systems in place to monitor the quality of the service.

Support Services for Disabled Children

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.

The inspection took place on 28 and 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary service; we needed to be sure that someone would be in the office.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience contacted grandparents and parents of the children who used the service to obtain their views on the service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

During our inspection we spoke with four relatives. We spoke with four members of staff including the registered manager. We looked at quality survey responses to see parents and children's views. We contacted four health and social care professionals to obtain their views of the service. We gained verbal information from two and written information from one health and social care professional.

We viewed a range of records about the young people's care and support needs and how the service was

managed. These included the care and support records of four young people, training, supervision and appraisal records for four staff, and records in relation to the management of the service.

Is the service safe?

Our findings

Parents and grandparents we spoke with felt the service was safe for their children and grandchildren. One grandparent told us, "The staff are very skilled, very good listeners and I am more than happy my grandchild is safe with them, they know how to work with them and they are very respectful." One parent commented, "I know [child] is safe with the carer."

All support staff had been employed by Sunderland City Council (SCC) for a number of years and their recruitment had been carried out by the Council's human resources department. The recruitment process included checks made with the disclosure and barring service (DBS) before staff were employed. Records were in place to demonstrate that DBS checks had been updated for support staff already employed. DBS checks confirm whether applicants had a criminal record and were barred from working with vulnerable people. We saw proof of identification was available within the staff files we reviewed. This meant the provider followed a safe procedure when recruiting staff.

Training records showed staff had completed up to date safeguarding adults and child protection training, which also included whistle blowing training. Staff also completed training in relation to the impact of domestic violence on children and sexual exploitation awareness training. The manager told us, "This is very important training for staff." Staff knew how to raise concerns and were confident the manager would respond. One support worker told us, "I would not hesitate to make a full report to the manager immediately if I had any concerns at all of a client's safety"

We viewed allocation records against support plans which indicated the level of staff required to deliver safe care and found the service employed enough support staff to meet young person's needs and to ensure continuity. One staff member told us, "We get a regular diary each week of our calls, we know just what we are doing." One parent told us, "Holiday cover will be someone who has been before and is known to us."

Risk assessments were completed for young people using the service based upon their needs. For example, moving and handling and accessing the community. The manager told us, "There is multi agency involvement when risk assessments are reviewed, this forms part of the review process which is led by the social worker. Risk assessments can be reviewed at any time when there is a change, whether that is behavioural or a physical change." One occupational therapist whom we spoke with advised, "I have observed staff providing safe support when moving and handling a child."

Risk assessments were completed for staff working practices when working in the child's home. We found these were carried out as part of the initial assessment process and shared with support staff. Records showed changes to working practices identified as part of a review were reported and a new assessment carried out.

We reviewed accident and incident records. We saw the information was detailed and included what happened and the action taken following the incident. The manager investigated all accidents and incidents and where necessary provided an action plan to address any concerns. Any themes or patterns would be

discussed with the person's social worker as the support package may require a review.

Records containing personal information of children and families were stored securely with passwords used to access electronic records.

The service did not provide support in the administration of medicines, this was the responsibility of the parent. One young person did have emergency medicine to take with them when they were out in the community but were assessed as being fully able to administer these themselves when they need to. Records showed that this was agreed with the service, parents and social worker.

Staff were provided with personal protective equipment when supporting with personal care. Infection control procedures were covered in staff members' induction training.

Is the service effective?

Our findings

Parents and grandparents we spoke with felt that the service was effective. One parent told us, "The managers and the staff totally understand the needs of the family, they are very helpful, we could not manage without them." One grandparent told us, "We have well skilled caring people."

Staff we spoke with felt they received sufficient and adequate training to support children effectively. One staff member commented they had just finished lone working training which they found very useful. They went on to explain that safeguarding training had just been updated for staff. One health and social care professional told us, "They are appropriately trained, I have observed them providing support."

Records showed staff completed an induction when they started employment and completed a range of training courses. For example, Makaton, which is a special communication method for people with a learning disability, epilepsy training and mental health awareness. Staff completed e-learning courses as well as face to face training. For example, moving and handling and first aid. One parent told us, "The staff are very skilled, very good listeners. They know how to work with [young person] and are very respectful."

The manager explained that the service supported one young person who had a specific medical condition, We found training records to show that one member of the support team had been trained specifically by a specialist nurse in supporting the young person to enable them to manage a piece of equipment. The manager told us, "This staff member is able to support the young person which gives reassurance to the family." This meant that staff had the skills and knowledge to support children effectively.

Staff received bespoke training in supporting young people with behaviours that may challenge others. Team teach is an intervention that is used to deescalate behaviours. The manager told us, "This training shows staff what triggers may be present which impact on behaviours." We spoke with a member of the 'Quest' team, this is a team within the Council who complete an assessment with the young person to establish how best to manage behaviours that challenge to keep the young person safe. These strategies were used in the support of the young person by incorporating them into the support plan which staff followed. For example, using a guiding action to move the young person away from a situation. They told us, "I have close links with the team, they can maintain safety by using 'team teach', this is an intervention programme to deescalate behaviours."

Records confirmed that staff received regular supervision sessions and annual appraisals. A supervision and appraisal planner was in place. The manager told us, "I keep a track on when supervisions are due, I also carry out live observations whilst staff are working with young people." Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training. Caseloads were discussed during supervision we saw that staff made suggestions to improve outcomes for young people. For example, one support worker had negotiated with the parents to change the timing of support so the young person did not have to wait a half hour at home and their support could start straight from school.

One member of staff told us, "I absolutely love my job, I get a lot of support from the manager, and the

company helps me to understand the young people I work with."

Parents had overall responsibility for decision making on behalf of their child. Parents had signed an agreement for the care and support which was to be provided by the service. Parents we spoke with confirmed that they had been involved in how the care would be delivered. We looked at records of reviews, parents were present and their input was acknowledged. We did see evidence of staff supporting young people to make decisions. For example, choosing where to go or what to eat.

Staff supported young people with communication aids to help them make sense of information and to make their own informed choices and decisions. These included the use of a picture exchange system (PECS), gestures and simple pictures. The manager provided us with an example of what staff used with young people. The simple folder contained four pictures which set out what a young person could expect to happen. For example, a picture of a bus, so they knew they were going out, or a picture of food so they knew they were going to have a meal. One health and social care professional told us, "Staff were very helpful regarding communication with one family where language was a barrier, they enabled information to be passed to parents."

We saw evidence in records of cooperation between the parents, service, healthcare professionals including social workers, dietetics, community specialist nurses, occupational therapists, physiotherapy, and GPs to ensure young person received effective care to meet their physical, psychological and emotional needs.

Each young person had a health passport. These records were detailed and gave information and guidance on how to support the person. For example, how to manage an epileptic seizure, or how to support a young person to carry out a blood test.

Is the service caring?

Our findings

Grandparents and parents we spoke with felt the service was caring. One parent told us how they were extremely pleased with the care they were receiving from the service. They told us, "I have no complaints at all and wouldn't hesitate in recommending them to other people." Another told us, "The staff are so well trained, and they fully understand [young person's] needs." A third told us, "They are good listeners." "Outstanding, we have formed very good relationships." A fourth told us, "They are absolutely amazing." One young person had commented at a review, "I like them all." Another young person had written, "You have always been warm and cheerful." One young person had written a card to thank staff it read, 'Thank you for looking after me.'

One health and social care professional we contacted gave us a written example of caring staff. They informed us, "The worker had worked hard to develop a relationship with [young person] and parents so that [young person] can enjoy leisure activities, and now the [young person] enjoys the sessions." They went on to advise, "Staff seem to focus on the needs of the young person and are able to provide a supportive service."

The manager and staff we spoke with demonstrated a good understanding of the needs of the young people they supported. One staff member told us, "We get fully briefed in each case. The manager told us, "Some staff have worked with families for a number of years, they have seen the children grow and seen their needs change." We saw discussion records between staff and the manager. These set out scenarios about young people's care and support. They showed a staff member had made recommendations or suggestions about changes in support. For example, taking additional clothing when going on an outing and taking a towel to ensure privacy if the young person needed to be changed. One parent said, "Staff talk to [young person] all the time, even though they get no response." This demonstrated staff treated young people in a respectful and caring manner.

We saw that staff encouraged young people to maintain independence. For example, one young person required encouragement to mobilise rather than being dependent on their wheelchair. Staff supported independence during personal care by enabling the young person to carry out some tasks independently such as cleaning their teeth or washing their hands and face.

The service was provided to young people from different cultural backgrounds. The manager told us interpreters and advocates were available to ensure the service met the child's cultural needs. Information regarding advocates was available in the reception area of the main office and included in the literature given to families when commencing the service. This provided assurance the diverse needs of young people using the service would be met.

The manager told us that social workers, occupational therapists and the families worked together to ensure equipment was in place, such as moving and handling equipment. Parents, health and social care professionals and staff we spoke with confirmed this. Health and social care professionals we spoke with told us that they worked well with the staff. One occupational therapist told us, "The manager attends 'Child

in Need' meetings. They are able to provide the care team on what support their staff is offering, this is so beneficial."

Is the service responsive?

Our findings

Grandparents and parents we spoke with told us they felt the service was responsive and matched staff to young people. One parent told us, "The manager matches the carer to the child very well." Another told us, "Sometimes if needed, they will stay little longer, they never rush off." A third told us, "They are responsive, understanding and respond to the needs of the family." Review records showed, when a young person was asked about their care worker, there were lots of smiles.

Care records showed young people's needs were assessed and determined before the service was provided. The manager explained when a referral was received by the service; they discussed any queries with the social worker before undertaking a visit to meet the young person and their family. They told us, "I meet with families and the young person to complete a 'This is me' form." This form is used to determine the young person's likes, their preferences, what upsets them and what frightens and makes them angry. This information was used in formulating a support plan and risk assessments. The service also arranged a visit to the young person's place of education to carry out observations on how they were supported in school or college. This allowed the service to map support in line with how the young person was supported during their education. For example, using the same language and communication methods. The manager advised there was involvement from a multi-disciplinary team when setting up a service. For example, occupational therapists for moving and handling support. This ensured the young person received the right support for them.

The service also worked closely with other teams to enable a smooth transition from children's services to adult services. We found meetings were arranged by social workers to enable plans to be developed with the young person and their families.

Care records were detailed and person centred, informing staff of the level of support and assistance the young person required. One grandparent said, "I was fully involved in the care planning for my granddaughter." One parent told us, "The manager listens to our views and acts upon any changes." Support plans were revisited as part of the young person's review, the review was led by the social worker with input from all parties involved in supporting the young person. Where changes were made to support plans these were shared with staff and updated in the young person's home file. We saw risk assessments were in place; these were detailed and specific to the young person. For example, one young person did not like loud noises. Steps were in place to support the young person if they encountered a noisy environment.

We saw in one young person's records that staff go to the hospital to support them when they were an inpatient. This maintained continuity for the young person and enabled them to still access the community. The support plan set out the contact staff must have with hospital staff before embarking on any outing.

One health and social care professional said, "The team is very responsive, they often put in referrals for additional support. Whenever I have needed to contact them the manager responds. We work together like a well-oiled machine." Another told us, "I have rang [manager] for additional support during holidays or at times of crisis and if available [manager] will adjust support to ensure the child's needs are met."

Staff supported young people and their families, which enabled the young people to access educational facilities which were suitable for them. They did this by providing support with personal care, which included washing and dressing them. The service also provided 'Leisure Link' where staff supported young people to go out. For example, working with a young person to access a youth club and building confidence when being out in the community.

A complaints procedure was in place and this was included in the information given to parents when their young person started using the service. Parents we spoke with told us that they would speak to the manager if they had any concerns and were confident that any issues raised would be dealt with promptly. Complaints information was available in different formats which included a pictorial format and different languages as well as addressing the need for advocacy if necessary.

The manager confirmed that no complaints had been received in the last 24 months. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the manager. This showed us the provider had systems in place to support people in raising concerns or complaints.

Is the service well-led?

Our findings

The service had a registered manager in post. The service complied with the conditions of their registration. Notifications were submitted to the Commission where necessary.

Grandparents, parents and staff we spoke with felt the service was well led. One grandparent said, "The manager always responds on the same day, they know their team very well, they know who is the best carer for my granddaughter." One parent told us, "Management are very responsive and are quick to answer any questions."

Staff told us they were well supported by the manager. One staff member told us, "There is good communication between the manager and staff." Another staff member commented, "I feel I am part of a dedicated team, we have regular meetings and appraisals from the manager." The manager told us and records confirmed that support staff attended group meetings. These meetings gave staff an opportunity to discuss what is working well and to share practice.

Health and social care professionals we spoke with felt the service was well managed. They felt the service has had a positive impact on the children and their families which they support. One professional told us, "[Manager] has been extremely helpful in both enabling me to understand the aims of the service." Another professional commented, "[Manager] carries out joint visits, they are fantastic and keeps in regular contact. They update records on the system which is great."

We saw appropriate systems were in place to ensure confidential records were kept securely and were not accessible to unauthorised individuals.

The manager told us they encouraged parents whose children used the service, external professionals and staff from the service to approach her at any time with any concerns or issues they might have. They told us, "They can email me, telephone or pop in." We observed one staff member who had popped in to the office, the manager was open and approachable.

We found there were systems in place to monitor the quality of the service provided and this included seeking feedback from the families who used the service. Quality surveys were completed annually with families, feedback also being provided by young people. Comments from parents included, "[young person] and link worker have a good relationship they enjoy each other's company," and "there is nothing to improve, it's a great help." We saw comments from young people, these included, "[worker] makes me giggle". We also saw pictorial images to indicate young people were happy with the service. The manager told us, "I arrange visits to parents, this way we can meet and discuss the service."

The manager carried out reviews of care records to ensure they were up to date. Electronic records were also maintained and reviewed on a regular basis. The provider had internal quality processes to monitor the service. The manager received support from senior management in the Council.

The manager explained the service was currently part of a restructure, which was unsettling for staff. Until this is concluded they advised that plans for the service would continue to be delivered. For example, increasing training in Autism and improving supervision to be more reflective. The service had planned team development days to look at how to improve care and support delivery.

We found the service worked in partnership with external agencies to ensure young people received quality support that was appropriate to their needs and promoted their health and wellbeing.