EnViva Paediatric Care Limited

EnViva Paediatric Care Limited - London

Inspection report

30 Angel Gate
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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

We carried out an announced inspection on 10 March 2016. The last inspection of this service was carried out on 7 February 2014 and all the standards we inspected were met.

EnViva Paediatric Care Limited - London provide nursing and personal care to children in their homes. The service provides care and support for children with learning disabilities, physical disabilities and sensory impairment. There were 26 children being supported by EnViva Paediatric Care Limited London at the time of our inspection.

The service did not have a registered manager in place at the time of 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. The current manager had been in place since January 2016 and was in the process of registering with the Care Quality Commission to become the registered manager.

The manager, staff and health and social care professionals worked closely with children and their families to ensure the support offered was person centred and responsive to individual needs.

Staff had a good understanding of safeguarding children and adults and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including procedures to follow and how to report and record information.

Assessments were undertaken to assess any risks to the children using the service and to the staff supporting them. Measures were put in in place to minimise any risks identified.

Arrangements were in place to ensure the safe administration of medicines, including appropriate training for staff.

There were appropriate procedures in place for the safe recruitment of staff and to ensure all relevant checks had been carried out.

There were sufficient numbers of staff to meet the needs of the children they supported.

All staff had received induction training and mandatory training. They also received specialist training in areas such as ventilation, tracheostomy, nasal gastric tubes and epilepsy.

Staff received regular supervision and appraisal from the management team. This included a discussion about any arising issues with the children they supported and any training needs they had to better care for those whom they supported.

Staff treated children and their families with dignity and respect and they had a good understanding of equality and diversity and received up to date training in this area.

Children and their families were supported to actively express their views and be actively involved in making decisions about their care and treatment.

Information on how to make complaints was given to children and their relatives individually and discussed at the start of a service. Relatives told us they knew how to make a formal complaint and staff were clear about how to support people to do so.

There were regular checks, including spot checks of staff practice via field supervision that looked at how staff were working practically with children and their families and monitored their performance.

A client quality assurance survey had been undertaken in December 2015 to gain feedback on the service and the overall satisfaction rate was deemed as good, although this had slipped slightly since 2014. An action plan had been devised to ensure improvements were on-going around the issues raised by relatives and this was being monitored by the manager to ensure a high quality service was being delivered.

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 or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for children and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet children's needs.

There were suitable arrangements for the safe administration of medicines in line with the provider's medicines policy.

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory training.

Staff supported where appropriate with food and drink as well as with percutaneous endoscopic gastrostomy (PEG) feeding in order to maintain a balanced diet.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood children's individual needs and ensured dignity and respect when providing care and support.

Staff supported the same children and their families as much as possible in order to ensure consistency and to build relationships.

Relatives were involved in developing care and support plans for their children and identifying what support was required from the service and how this was to be carried out.

Is the service responsive?

Good

The service was responsive, care plans and risk assessments

were person centred and reviewed regularly.

The manager had implemented a number of processes to improve communication and dealing with emergencies, including formally recording telephone messages and introducing contingency planning.

The service had a complaints policy in place and relatives knew how to use it.

Is the service well-led?

Good

The service was well-led. The service was well managed and provided person centred care and support that met the needs of children and their families.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

There were regular surveys and checks taking place to ensure high quality care was being delivered.

EnViva Paediatric Care Limited - London

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2016 and was announced. . The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team included one inspector a specialist nurse advisor 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During the inspection process we spoke with ten people who used the service. We spoke with four members of staff including the manager. We also gained feedback from health and social care professionals and local commissioners.

We reviewed six care records, four staff records as well as policies and procedures relating to the service.

Good

Is the service safe?

Our findings

Relatives we spoke with said the felt the service was safe and that staff understood the needs of the children they were supporting. They were particularly happy with staff that had been with the organisation over a long period. One relative said, "Yes I am happy with this service" another told us they thought the care was good and staff supporting their child did so in a safe manner.

Staff had a good understanding of safeguarding adults and children and the types of abuse that may occur. They were also able to tell how to report and record concerns and use the whistle blowing procedures if required. One health care assistant said "I would always report any concerns I have to the manager and if need be, I would go higher up in the organisation".

Staff received training in safeguarding adults and children and we saw evidence of this in staff files and training records. The manager knew how to report safeguarding concerns to the local authority safeguarding teams and as they were the lead agency responsible for investigating safeguarding issues.

Assessments were undertaken to assess any risks to the child using the service and to the staff supporting them. This included risks due to the physical health, mental health, communication needs and associated behaviours of the individual. Assessments were person centred and were dependent each on the needs of the child and the family being supported. They also included areas such as administration of medicine, moving and handling and personal care.

We saw evidence that health and social care professionals associated with children's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted children's development and independence. This included information confirming the provider had regularly sought advice and intervention from professionals such as GP's, speech and language therapists and district nurses when required.

Recruitment checks were carried out before staff started working with people using the service. Each staff member had two employment references, identity checks and a Disclosure and Barring Service certificate (DBS). This meant staff were considered safe to work with people who used the service.

Relatives told us they thought there was enough staff available to support people, staff rotas we saw confirmed this. However, we heard from one relative that shifts had been cancelled at short notice and the service was sometimes unable to find a replacement worker. We discussed it with the manager who reassured us there were sufficient numbers of staff to keep people safe, however on occasions when a shift could not be covered, each child had an emergency plan in place, to access emergency support. This was usually from the local hospital for medical treatment and had been agreed with parents and the relevant hospital lead. We saw this was part of the risk assessment on each care record. . A care coordinator told us that they meet with a nurse manager to run through care packages before rotas were sent out to staff. This was to ensure children and their families had appropriate cover for each shift.

Good

Is the service effective?

Our findings

Relatives told us they thought the service was effective and the needs of their children were being met. One person said, "Yes I am happy with this service and when asked about the care and support received another said, "Yes they [staff] are care good"

Relatives told us that staff had the skills and knowledge to carry out their roles and responsibilities. Training was provided by the service as well as external training companies and was delivered in various ways, including briefings, eLearning and face to face training. There was an electronic system to monitor when staff training was due. All staff were up to date with their mandatory training which was aligned to the Care Certificate and included safeguarding, basic life support, moving and handling, fire safety and medication awareness. Other specialist training included, ventilation, tracheostomy, nasal gastric tubes and epilepsy. Staff told us the training was very good and assisted them to support and care for children appropriately as well as understanding the different policies and procedures that underpinned their work. Staff were required to complete an induction programme and staff we spoke with confirmed that it included a mixture of training and shadowing other staff and that they would not be expected to work unsupervised unless they were competent in the tasks they were performing. Each staff member had a workbook that would be completed by the supervisor as each competency was tested.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Records indicated that staff had received a one to one supervision, field supervision (announced or unannounced) or peer group meetings at least 3 monthly. The content of supervision sessions recorded were relevant to individuals' roles and included topics such as communication, relationships with staff , service users and families and training and development. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive. One said, "The manager is very supportive and always listens." We heard from a care coordinator that as well as regular supervision they met regularly with nurse managers to discuss care packages and any changes in needs or circumstances for each child being supported.There was evidence of regular annual appraisals from the staff files we looked at.

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.

The manager and the staff we spoke with had a good understanding of the principles of the MCA. They were aware of what to do if a person lacked capacity to make a decision and told us they would always involve relatives as well as health and social care professionals and consider what was in the best interest of the person.

Relatives told us staff worked closely with them to ensure their children received a balanced diet. One

relative said, "Staff are all very loving and caring and look after my daughter very well. My daughter has 4 feeds a day through a gastro-tube and she can't eat by mouth" Food preparation and assisting with eating and drinking was undertaken by staff for some of the children being supported and others were supported by their families. Some staff also supported children with percutaneous endoscopic gastrostomy (PEG) feeding and we saw from training records they were trained to do this. Staff followed individual guidance prepared by health professionals and training in PEG feeding included shadowing an experienced staff member and then being signed of as competent by the nurse manager.

Good

Is the service caring?

Our findings

Relatives were positive about the attitude and approach of the staff that visited them and told us they felt the staff were caring. One person told us, "They are very much caring. Depends on how well my daughter can communicate at the time but they do try to understand". Another said, "One member of staff is exceptional; [staff] is very, very professional.

The manager told us that staff supported the same people as much as possible in order to ensure consistency and for staff to build relationships with the children and their families.

Relatives were involved in developing care and support plans for their children. They assisted with identifying what support was required and how this was to be carried out. One relative said when asked about being involved in their child's care, "They listen to me. My daughter can change very quickly, she may be feeling well one minute and then ill the next, she can go down very quickly".

The manager and staff we spoke with all told us about the importance of treating people with dignity and respect and making sure children were seen as individuals and had their needs met in a person centred way. One staff member told us it was important to give the child and their family choice as much as possible. They went on to say, in terms of dignity and respect. "I always put myself in their shoes, if I thought I would need privacy, then that is what they must also need. I always explain what I'm doing even if I think they may not understand." Staff also told us they respected people's choices and wishes and encouraged them be as independent as possible.

Staff often went out of their way to ensure children were supported and had appropriate care. We heard of situations when staff stayed with children beyond their time or changed shifts at short notice to support families in emergency situations.

Staff were matched with children and families in relation to culture and ethnicity as much as possible to ensure good communication as well as staff having an understanding of people's needs in relation to this. They had received training around issues of equality and diversity and we saw a copy of the equality and diversity policy which detailed the rights of people using the service and the responsibility of staff.

Good

Is the service responsive?

Our findings

Relatives told us that the care and support received by their family member was responsive and met their needs. A relative told us about a situation where they had to be rushed to hospital and were admitted. The nurse manager stepped in very quickly to ensure her child was looked after during the day and night whist she remained in hospital. They went on to say that they are working with the service to plan for another hospital admission and to ensure that support is organised in advance as much as possible. A system of introducing emergency plans for each child has since been introduced to ensure a responsive process is now in place. Another relative said they thought the service was responsive but that it had taken time to ensure everything runs smooth. They said "What I can say there are a few problems, but I can say now that they have been rectified, they are trying. The nurse who is in charge of the package for my son is good to deal with. I have a very good relationship with her and I hope she stays"

Care plans were detailed and personal and provided good information for staff to follow. They were well organised and easy to follow. They contained detailed pre-admission information from the referring team. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of an emergency. The care records contained detailed information and guidance for staff about how people's needs should be met. Care records also included evidence that relatives, their key staff and appropriate healthcare professionals had been involved in the care planning process. Pre assessment information was included in the care records and the information was used to inform care plans devised by the service. Care plans were informative and were used effectively to ensure people's needs were met. They were reviewed annually and when any change occurred.

Information on how to make complaints was given to children and their relatives individually and discussed at the start of a service. Relatives told us they knew how to make a formal complaint and staff were clear about how to support people to do so. We heard from a relative that a formal complaint had been made to a previous manager and unfortunately a similar incident happened again soon after. However they told us that the last occurrence had been handled well and they had since worked with the current manager to avoid it happening again. We saw how the manager had been transparent and honest in handling the complaint and there was evidence of a newly introduced tracking system enabling nurse managers to respond to potential staffing issues more robustly, ensuring visits were not missed and people left without a service.

Feedback we received from relatives demonstrated that there had been some issues in the past with communication between parents and staff in the office but this was improving. The manager had implemented a number of processes to improve this, including formally recording telephone messages and introducing contingency planning for children and their families.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the service and the manager who had taken over recently. A relative said when asked about the management team, ""Yes they are good."

The manager promoted a positive culture that was person centred. Management and staff showed dignity and respect for the children and families they supported and done their best to ensure minimal disruption to family life. Relatives told us they were listened to and felt they had a say in the way the service was run. This was evident in the complaints process which had identified problems with staff not turning up and communication issues between relatives and staff at the office. Attempts to improve practice in these areas had seen the implementation, for example of a tracking system to minimise missed calls and recording of telephone concerns to ensure satisfactory outcomes were achieved.

It was clear from our discussions with staff that morale and motivation was high. Staff told us the manager and nurse managers had an open door policy and they felt they could always discuss issues or concerns. Feedback from staff and relatives was that there had been a definite shift for the better since the new manager had joined. They felt confident because of her nursing background and her approach in managing the service. Staff told us they had seen new systems implemented over the past few months that had improved practice for children receiving care as well as the supporting them in their work. A staff member said, "There's been a big improvement, the manager is a nurse with experience". Another said, "The manager is good, she cares about the clients and the staff, she listens and is very calm and always asks for suggestions. She's very supportive"

There were regular checks, including spot checks of staff practice via field supervision that looked at how staff were working practically with children and their families and monitored their performance. Managers also spoke separately with relatives during these checks and there feedback was used as part of the assessment. They would also recommended appropriate training and development as a result of these observations. We saw appropriate policies and procedures in place to support and guide staff with areas related to their work.

Peer group meetings were held monthly and staff were encouraged to raise issues and concerns regarding general practice and we also saw it was a forum to share best practice.

A client quality assurance survey had been undertaken in December 2015 to gain feedback on the service and the overall satisfaction rate was deemed as good, although this had slipped slightly since 2014. An action plan had been devised to ensure improvements were on-going around the issues raised by relatives. This was being monitored by the manager to ensure a high quality service was being delivered.

Health and social care professional we spoke with were positive about the service and felt that they worked well in partnership with them. Any issues raised were worked through and resolved and one professional in particular commented on their responsive approach to assisting a child and there family during a difficult time.