

Barnardo's

Barnardo's Worcestershire Community Short Breaks

Inspection report

C/O Brookside Children's Centre
Borrington Road
Kidderminster
DY10 3ED
Tel: 01562825330
Website: www.wcsb@barnardos.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an announced inspection on 28 October 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a range of services to children with disabilities in their family home and or taking the children out in to the community to participate in different activities. We needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for children with disabilities. At the time of our inspection 16 children received care and support services.

There was 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

Summary of findings

'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.'

Children who used the service were safe. There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting children from the risk of abuse and harm and their responsibilities to report suspected abuse. Emergency medicines were administered by support staff that had received training to do this. The provider had procedures in place to check that children received their medicines as prescribed to effectively and safely meet their health needs.

Support staff had been recruited following appropriate checks on their suitability to support children in their homes and out in the community activities to keep them safe.

Parents told us they received reliable care from a regular team of staff who understood their child's likes, dislikes and preferences for care and support.

Parent's consent was sought and they were consulted in the care planning and review process for their child's support. The provider demonstrated that they worked in partnership with other agencies, including health

professionals, social services and special schools in order to provide the best outcomes for the child. Children were encouraged to choose their activities and the service was responsive to their requests.

Staff had received training in food hygiene and specialist feeding techniques to ensure the children were kept healthy and not put at risk of choking. The provider had been involved with health and social care agencies for training and advice on the use of specialist equipment and mobility advice to keep the children and staff safe.

Parents who used this service told us their child was happy, and the service had made a positive impact on their lives. Staff were caring and showed a genuine warmth and commitment to the children and the families they supported.

Parents and children were encouraged to share their opinions about the quality of the service, through reviews, telephone contact and customer satisfaction questionnaires.

Leadership at the service was open and transparent at all levels. Staff were encouraged to share any ideas or concerns about the service to shape future development for the benefit of children who used the service. Management reviewed and standards of the quality of the service and strived for continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Children were cared for by staff that had the knowledge and skills to protect them from harm. There were enough staff who knew the children's requirements to meet their care and safety needs. Staff were trained to give emergency medicines in a safe way.

Good



Is the service effective?

Children were supported by staff who knew their individual risks and care needs. Parents were consulted and requested to give consent for the child to receive care.

Good



Is the service caring?

Children were treated with dignity and respect. Children's preferences were listened to and followed.

Good



Is the service responsive?

Children received care that met their individual needs. Parents were involved in decisions that affected their child's care

Concerns raised with the provider were listened to and actioned.

Good



Is the service well-led?

The registered manager demonstrated clear leadership and supported staff to deliver high quality care.

Parents and children were listened to in order to develop the service.

Good



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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 was announced inspection which took place on 28 October 2015 by one inspector.

The provider was given 48 hours' notice of our intention to undertake an inspection. This was because the location provides a range of services to children with disabilities living with their family home and or taking children out in to the community to participate in different activities. We needed to be sure that someone would be available at the office.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to children receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

The provider had completed a Provider information Return form (PIR. This is a form that asks the provider to give some key information about what the service does well and improvements they plan to make.

We spoke with five parents whose children used the service, five support workers, one care co-coordinator, a service ambassador, registered manager and the area director of children's services.

We looked at the care records for two children including, medicine records, two staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Parents of the children who used the service told us their children were kept safe when receiving support from support workers. Parents had positive working relationships with staff and their children knew and liked staff. Parents said that they could raise any problems with either the care co-ordinators or the registered manager. One parent told us they had confidence in the support worker who supported their child to keep them safe either in the family home or on activity in the community.

Support staff were able to describe and showed an understanding of protecting children against different types of abuse that children could be at risk of. They were clear about the steps they would take if they had any concerns. Support staff told us they were confident to report any concerns with children's safety or welfare to the provider, registered manager, local authority and or Care Quality Commission if necessary. A support worker told us that they had been given a staff hand book on starting their employment which set out the procedures to follow should they need to raise a safeguarding alert.

The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. We saw when a child was thought to be at risk they had notified the local authority and so protected the child from harm. The registered manager had recently undertaken a refresher course on safeguarding with the local authority. As a result they had implemented a comprehensive form to gather information from staff about why they thought a child was at risk of potential abuse.

Parents confirmed that when their child started to receive a service that all aspects of care and risks identified were discussed with the family and support worker who delivered the support. This included safety measures and training for staff due to the children having complex health needs such as epilepsy. We saw risk assessments that were very detailed which support staff confirmed were easy to follow and outlined what they should do to prevent potential hazards to children. For example taking a child who had epilepsy swimming. The member of staff knew that they should alert the lifeguard on duty that the child had epilepsy and the child should wear their armbands. This demonstrated that staff had an understanding of each child's symptoms and the risks associated with them.

There was a culture of support staff reporting incidents and accidents and respond to the risks to the safety and welfare of the children. Support staff told us how they recorded any bruises on body charts and reported them to the care coordinator. These incidents were monitored by the registered manager and the care co-ordinators so learning could take place and reduce the risk of it happening again. We saw that the provider had requested extra risk assessments were required for "high risk activities" such as the use of the trampoline and horse riding activities, before the activity could commence. This was to ensure each child was kept as safe as possible.

Parents told us their child received care and support to access activities in the community and in the family home by staff they knew. Parents told us it was important to them they felt "comfortable" with as support staff worked in the family home, often when other siblings were around, whilst delivering support. The registered manager described the process of when a child was referred to the service they took great care to match a suitable member of support staff the child and their family. Only when all people felt comfortable with the arrangements would the support commence. Parents told us that their support worker was "very reliable and brilliant".

Staffing levels were based upon the assessment of children's needs a making sure they had enough staff, who would be available at the times the child needed care and support.

We saw the provider's records of the checks they made to ensure support staff were suitable to deliver care and support before they started working at the service. Staff told us they had completed an application form and were interviewed before they commenced their employment.

The provider made appropriate checks with care staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The support workers records we looked at showed the results of these checks which helped the provider to make sure that suitable people were employed so that children were not placed at risk through their recruitment practices.

A parent we spoke with told us their child needed assistance from support staff to take their emergency medicines in order to keep them safe. Support workers were trained to administer emergency rescue medication

Is the service safe?

for children with epilepsy or where children suffered severe allergic reactions they may be required to administer an “epipen”. We saw in the care plan that there were guidelines for support staff on how and when they may be required to administer medication for each individual

child’s needs. They were able to describe how they recorded and reported such events. We saw that medicines were audited by the care co-ordinator and any problems were recorded and reported to them and the registered manager so appropriate action of seeking medical advice.

Is the service effective?

Our findings

Parents we spoke with felt the service was effective, as support staff knew how to meet their child's needs. One parent told us, "My support workers give an excellent service". Another stated "Staff are absolutely brilliant...I can't fault them".

All new support staff received an induction prior to working independently with their child they supported, is included specific individual training requirements in order to effectively meet each child's needs. Only when the member of support staff felt confident with the training and signed off as being competent, were they expected to work with the child allocated to them. One member of support staff told us they were apprehensive about using a new piece of equipment with a child despite receiving training a few months ago. The registered manager had agreed to organise another training session with the physiotherapist and occupational therapist for them. The member of staff was reassured that they would not be expected to use the equipment until they were deemed competent by the professional training them.

One member of staff told us they had attended a specific medication training session for the child they supported at a local specialist hospital for children with the family and care co-ordinator also in attendance. A parent told us how impressed they were, that all staff supporting their child took time to be trained and they felt more comfortable leaving their child under the supervision of the support worker.

Support staff confirmed they had additional training to support children with complex health needs. A support staff member was able to describe to us how they assisted a child who had asthma and how they helped them use an inhaler to relieve their symptoms. We also heard how staff had received training in autism and how best to communicate with children effectively. For example

A staff member described how what they had into practice when working with children with such a diagnosis. They explained how important it was, understanding a child's facial expressions and hand gestures for example when they were becoming anxious and uncomfortable in certain surroundings. This enabled them to take preventative action, such as leaving the room for a quieter environment and assist the child to relax.

Support staff told us how they applied their knowledge when supporting children's behaviour. A member of support staff explained to us it was important to take note of a child's facial expressions and gestures. This was because these could provide early signs to confirm the child's unhappiness and or anxiety. Support staff said they did not use any physical interventions with children but would use distraction techniques. For example, one child had autism so if they started to become anxious, usually around personal care time staff would sing to them. This had proved very successful over the years and reduced their anxiety, so they were more able to tolerate their personal care needs being attended to.

The registered manager told us support staff were encouraged to share their different experiences of working with children who had complex needs at their supervisions, staff meetings and appraisals. So support staff could reflect the impact of these practices for future learning. Review individual development needs and support. Support staff told us they felt supported by the registered manager and the provider.

We saw in the care plans that before a child received support written consent had been granted by their parents. Parents we spoke with told us they were involved in the contents of the care plans and were invited to reviews, which occurred at least annually or when a child's circumstances changed). Support staff were able to describe how they maintained a child's dignity and respect. A support worker told us "When I take [child's name] to the bathroom I always let them know I stand outside the door, because they become anxious."

Staff had received training in food hygiene and specific techniques to help the children when eating their meals, so that children stay healthy. Although parents provide the food for their children, staff had been given detailed information on any specialised diet they needed to meet the child's dietary needs. For example a support staff told us that a child they supported was on specialised diet to assist in their epilepsy. They were aware of what food this child could and could not eat. So being able to keep them safe whilst out in community activities

Each child was supported to stay healthy and well by the means of a health support plan. These plans reflected the child's on-going health needs and guidance for staff in how to support them and recognise any deterioration in their

Is the service effective?

health. Records showed that the service had liaised with consultant paediatricians, physiotherapists, occupational therapists and school nurses for specialist advice as required.

Is the service caring?

Our findings

Parents were very positive about the provider and the service they received. One parent told us "I think this service is invaluable". Another described the support staff as "Brilliant". All the parents we spoke with felt their child liked the support staff and had developed a good relationship with them.

One parent told us the care and support they had received from the support worker had enabled them to and to spend time with the rest of the family's children to maintain a good family life. They said "They wouldn't know what to do without them".

When speaking with staff they showed they cared for the children and their families with genuine warmth. They were able to give examples how they included any other children in the family home in activities so they didn't feel left out and that it was important to be respectful when working within a family's home. Parents commented that the support staff were reliable and trustworthy.

Parents confirmed that support staff treated their child with dignity and respect. Support staff told us how they were mindful of the importance of keeping personal care as private as possible but tried to maintain each child's independence.

We saw that staff were kind and caring, when a support staff brought a child they were supporting into the centre. We saw staff helped this child in a kind, calm approach. As this child had communication difficulties staff had to anticipate their needs, they sat with them reading a book for a short period until the child lost attention, and then as a change of activity offered them a drink. It was clear from this child's facial expression and body language they were enjoying the support staff's company and trusted them.

Support staff spoke sensitively about the individual child's history and circumstances, acknowledging the need for confidentiality. They knew what activities he children liked and disliked, which included preferences with food choices.

The registered manager told us how they considered it very important to have the involvement of the family in the development of each child's care plans and risk assessments. We saw from the records that the care co-ordinators had made home visits on a regular basis to discuss and review each child's needs. Parents told us they had been able to change the contents of the care plans and we saw from the records that this had happened when a parent wrote to the registered manager to change their child's epilepsy care plan.

Is the service responsive?

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Is the service well-led?

Our findings

Parents of the children who used the service told us they liked the registered manager, who was friendly and approachable. They said they were happy to contact them if they had a problem and felt confident they would deal with it promptly. All the parents we spoke with told us they were happy with the support staff who delivered the care to their child. We saw from the compliments folder that a parent had said “They were thrilled with the support worker service currently being offered. Another parent said “what a good impact using the service had on their family life.”

There was a clear management structure to support the staff on a daily basis. Support staff were allocated to a care coordinator whom they could call on for advice and support. Any concerns the support worker had they could call in to the office to discuss with more senior staff. A support worker told us “I love working here and I feel much supported in my work”.

The provider and the registered manager continually monitored the daily running of the service. The registered manager told us “I am always looking to improve the service and open to suggestions.” They had arranged for regular care-coordinator meetings to discuss how best develop the service; they had used these meetings to review for example, how they best write risk assessments, for children with complex health needs. They felt

employment of a registered nurse had helped them focus more on the assessment and recording of clinical needs of children and so thought this would make risk assessments more detailed.

The manager took an active part in monitoring the quality of the care plans and risk assessments before any could be used they read and signed them to authorise them as correct. Although it was the role of the care-coordinators to audit the medicines, they did a random monthly audit themselves to make sure no errors had occurred.

The registered manager had recruited a “service ambassador”, someone who had personal experience and using the service in the past. Their views were used to represent the children who used the service. They described how they requested that the ambassador opinion in order to improve the service. For example one suggestion implemented was making the feedback forms more user friendly.

Staff told us they felt part of future development of the service and felt their opinions mattered and were acted upon. An example given was that a member of staff had suggested that during each staff meeting time was allocated, for the staff to bring forward and discuss any area of concern with more experienced staff.

We saw the registered manager had worked with other agencies, such as health and social care agencies and special schools to achieve the best outcomes for each child. As a benefit of this relationship they were able to share training for the specific needs of the child, so putting them at the heart of the service.