Umbrella Derby & Derbyshire

Umbrella House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Umbrella House provides personal care for children and young people living in their own homes. On the day the inspection the registered manager informed us that there were 18 children and young people receiving a service from the agency.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Relatives we spoke with said they thought the agency ensured that their children received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Risk assessments helped staff to understand how to support children safely.

We saw that medicines were given safely and on time, to protect children's health needs.

Staff had been safety recruited to help ensure they were appropriate to work with the children who received personal care from the service.

Staff had training to ensure they had the skills and knowledge to be able to meet children's needs, though more specialist awareness of children's individual needs was not fully in place, which could have a potential impact on meeting children's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, children to have effective choice about how they lived their lives.

Relatives told us that children had been assisted to eat and drink and everyone told us they thought the food prepared by staff was satisfactory.

Staff had awareness of children's health care needs so they were in a position to refer to health care professionals if needed.

Relatives we spoke with told us they and their children liked the staff and got on very well with them, and we were told of many examples of staff working with children and their families in a friendly, encouraging and caring way.

Children and their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the children using the service, which covered their health and social care needs.

Relatives told us they would tell staff or management if they had any concerns and were confident any issues would be followed up.

Relatives and staff were satisfied with how the agency was run by the registered manager.

Management carried out audits and checks to ensure the agency was running properly. However, audits did not include the checking of all issues needed to provide a quality 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.

People said that they felt safe with staff from the service. Staff knew how to report incidents to the management of the agency. Staff recruitment checks were in place to protect children from unsuitable staff.

Medication had been supplied as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained to meet all the care needs of children, though specialist training of children's health conditions was not comprehensively in place.

Children's consent to care and treatment was sought in line with legislation and guidance, through their parents.

Where relevant, children were encouraged to eat and drink.

Is the service caring?

Good

The service was caring.

Relatives told us that staff were very friendly and caring to them and their children.

Children's relatives had been involved in setting up care plans that reflected the individual needs of children.

Is the service responsive?

Good

The service was responsive.

Care had been provided to respond to children's needs. Care Plans contained information on how to respond to childrens needs, though one care plan needed clarification on when to contact emergency services to protect a child health.

Staff were aware of how to contact medical services when children needed health support.

Relatives were confident that any concerns they identified would be properly followed up by the provider.

Is the service well-led?

Good

The service was well led.

Relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to children to meet their needs.

Systems had been audited in order to provide a quality service although some systems have not been audited.

Relatives and staff told us that management listened and acted on their comments.

Umbrella House

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 12 January 2016. The inspection was announced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the children who used the service and asked them for their views about the service. There were no concerns about the agency.

During the inspection we spoke with five relatives of children who use the service, the registered manager, the human relations manager, and four care workers.

We also looked in detail at the care and support provided to four children including their care records, audits on the running of the agency, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

A parent of a young person using the service told us, "I know my son is perfectly safe with staff.'' Another parent said, "There have never been any concerns at all."

Care records for children showed risk assessments were completed to protect their safety. These included being at risk of falling or from traffic when walking or moving around, ensuring a feeding pump was free from kinks to prevent it blocking and contacting emergency services if the feeding tube came out, and risk assessments to prevent pressure sores developing. Equipment to be used was listed in the care records. This meant that staff were aware of all issues and children could receive help and support to keep them safe when they needed it.

We found a risk assessment contained conflicting information. For example, an epilepsy risk assessment for a child stated if the seizure was over ten minutes, staff should use prescribed medication. However, in an e-mail from a medical professional, this stated that if a seizure lasted longer than five minutes then the emergency services should be contacted. The registered manager said this issue would be followed up and the risk assessment reviewed and made clear.

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect children from identified issues in the environment such as fire, pets, trip hazards, security, hot water, sharp objects, substances hazardous to health, kitchen equipment and electrical appliances.

We found that sufficient numbers of staff were available to meet people's needs, as parents told us that calls were on time and they received the full agreed time for personal care and activities for their children.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. Staff were also aware of reporting concerns to other relevant outside agencies if necessary.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the children using the service. However, they did not contain the contact details of all relevant agencies where staff could report their concerns to. The registered manager said this information would be included and swiftly sent us this amended procedure.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks were made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are

of good character. These showed that the necessary documentation for staff was in place to demonstrate they were fit to safely work for the agency.

The registered manager said that staff only administered medication to one child. All the other parents supplied medication to their children.

We looked at how medicines were managed in the service and we saw evidence that the child had received the daily prescribed medicines.

We saw that staff had been trained to support children to have their medicines and administer medicines safely. Where as needed medicines had been supplied there was information in place to indicate when these medicines needed to be supplied to the child.

Good

Is the service effective?

Our findings

All the parents we spoke with said their children received the care the support they needed from staff who had been trained to meet their children's needs. A parent told us, "The staff member we have has been trained and does everything professionally."

One staff member said, "I have had all the training I need to do what I need to do. If I need any more then the manager will arrange this." As an example, she said she had received training in how to supply oxygen for the child she provided care to. Another staff member told us that she had carried out training in issues relevant to children's needs. She said, ''Staff have the best possible training, qualifications, support and advice.'' All staff members said that if they needed further training, they knew they could speak to the registered manager and this would be arranged. A staff member said that she would appreciate more intensive Makaton training, which is communication by hand signals, to help her to more effectively communicate with a child. She said she would be requesting this from the registered manager.

The staff training matrix showed that staff had training in essential issues such as such as protecting children from abuse, moving and handling techniques, autism, health and safety, infection control and fire procedures, moving and handling, infection control, health and safety, food hygiene, first aid, and dealing with behaviour that may challenge the service. New staff are expected to complete induction training, which covers all essential issues such as health and safety. A number of staff had also completed other relevant nationally recognised training.

The matrix did not include that staff had received specific training in relevant health conditions that children had such as depression, chronic lung disease, and hyper pulmonary tension. The manager later stated that regarding chronic lung disease and hyper pulmonary tension, staff have received awareness training of these conditions from a specialist team in order to administer emergency medication if needed. The registered manager stated that staff received training in disability awareness as part of their induction. As to whether further specific training was needed, the registered manager said this would be reviewed to look at expanding the training programme. This would mean that staff would be fully supported to be aware of and able to respond effectively to children's needs.

Staff undertook an induction which included shadowing experienced staff on shifts. The staff we talked with said they had supervision and we saw evidence of supervision in records, although we found this had not always been carried out on a frequent basis as we saw that one staff member had not had supervision for over 10 months. The registered manager said that the frequency of supervision would be reviewed and provided regularly in the future. This would then provide staff with regular support to provide effective personal care to children.

We assessed whether the provider ensured that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs

to have their freedom restricted, in their best interests, to keep them safe.

We saw that the provider had relevant procedures in place, which emphasised consulting and involving children and relatives in the planning of the services that they needed and in how the service was to be provided. Relatives all told us that they had all been involved in detailed planning for their children's needs.

Staff told us that they talked with children they supported and asked them for their approval before they supplied care to them which told us that staff sought consent before providing personal care.

Staff told us that they had training in the Mental Capacity Act 2005 when we asked them. They were aware of how to look at capacity to make day-to-day decisions about aspects of their care and treatment. For example, a staff member told us that she provided a child using the service with drinks or snacks that she wanted, and whatever type of play she wanted to do.

We saw in care plans that consent forms were included. These included relevant issues such as giving permission for photographs taken, for the agency to contact other relevant services and for emergency treatment to be given when needed.

Staff members told us that people's choices were respected when they were involved in providing food and they knew what children and young people liked to eat and drink. We also saw evidence of this in people's care plans. We also saw that children were encouraged to eat if this was part of their care plan. There was also a reference to a child being monitored by the dietician to ensure he gained weight.

These were examples of effective care being provided to ensure that children's nutritional needs were promoted.

Relatives told us that they usually contacted medical services if the child needed any support or treatment. However, they were confident that staff would take appropriate action if their child needed any treatment if staff were with the child alone. We saw evidence in care plans that children had seen medical personnel in the past for any treatment they needed.

Good

Is the service caring?

Our findings

All the relatives we spoke with said that staff were friendly, caring and encouraging to their children. They also told us that they felt their children's dignity and privacy had been maintained.

Relatives told us that staff listen to them and their children so they felt able to express their views. A relative told us, "The staff member they placed with us could not be any better.'' Another relative said, "I cannot praise (name of staff member) enough. She is really interested in making sure my child is happy and there is a real bond between them.'' Another relative told us, "She (the child) doesn't want her to leave when it's time to go. I think that says it all!'' Another relative said, 'He absolutely adores (name of staff member) and loves spending time with him.''

Relatives told us that staff gave children choices. For example, what activity they would like to do, what food they would like to eat, or the clothes they wanted to wear

This presented as a strong picture that staff were caring and respected the rights of children and their relatives.

Staff told us that they respected the children's privacy and dignity. They said they always knocked on children's doors before entering their bedroom. One staff member told us, "We make sure we protect everyone's dignity." This was supported by care plans emphasising to staff that they needed to knock before entering a room. A staff member told us that children's dignity was protected by closing bedroom doors when they were receiving personal care.

We looked at the mission statement of the provider which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure children and families were all treated in the caring manner and respected.

Relatives told us that their child's care plans were developed with them and their children and this process was respectful and methodical to make sure that all their needs were included. The provider's mission statement outlined that the service would always involve families and children to produce a care plan responsive of children's needs. This meant that relatives and children had been given the opportunity to produce a plan of the care needed.

Staff we spoke with could describe how they encouraged children to do whatever they could. For example, some care plans outlined support to enable children to brush their own teeth, to use a spoon to eat and to provide support to walk. This ensured that children's independence was promoted and was another example of caring attitudes promoted by the agency.

Good

Is the service responsive?

Our findings

A relative told us, "The staff member goes by the care plan that has been set up, but will do anything else asked. Another relative told us, "If anything changes, then the staff member will be flexible." This was reinforced by comments in the parents questionnaire that we saw. For example, one relative stated, ''I have never used the service before but Umbrella have been extremely flexible.''

No one expressed any concerns about staff not staying for the full contracted time. We saw in records that visits were recorded so times could be checked to prove this.

We found that the staff we spoke with were aware of children's needs. For example, a child seen to act inappropriately at times such as lying on the floor in a public place. The staff member knew how to manage these behaviours through methods that were found in the care plan. A relative told us, ''Staff have dealt with behaviours really well and they are very flexible about the hours we need them. ''

A staff member talked to us about play opportunities for a child, which included creative play such as painting and modelling, and educational play such as reading. The child could not communicate by speech but the staff member understood the child's communication by sounds made by the child and eye contact.

Children had an assessment of their needs and a personal profile in the care plan. All the relatives we spoke with said that management spent a long time properly assessing their children's needs before providing a personal care service. Assessments included relevant details such as the support children needed and information as to their history and background. They had information about their preferences such as how they liked to spend their time.

This helped staff to respond effectively to children's individual care needs.

We saw that care records and risk assessments were reviewed by the registered manager to ensure the assessments of children's needs were up-to-date and their changing needs could therefore be responded to.

Care plans supplied detailed information to meet children's needs. We looked at the care plan of a child whose skin needed to be protected from pressure sores. This plan contained relevant issues such as the need to apply cream. This assisted staff to provide responsive care to meet the child's health needs.

We looked at a care plan for a child from a minority community. There was information regarding religious preferences. The mission statement from the provider explained that people from every group and community would be involved in the running of the service. Staff had been trained in equality and diversity. The staff member told us it was very important that the child had 'halal' food as this was a particular religious need for the child of a Muslim family. This told us that the provider emphasised that a responsive service would be delivered to all communities, irrespective of culture or religion.

Relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. Relatives told us that they were confident that the registered manager would be responsive to any issues that they raised. No one mentioned any situation or instance where anything raised was not dealt with in a professional and positive way.

Staff told us that they had never received any complaints from relatives but that they would report any issues to the registered manager and they were confident the issue would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This did not include information on contacting the local authority should a complaint not be resolved to their satisfaction. The registered manager said this procedure would be altered accordingly.

We looked at the complaints file. We found that no complaints had ever been made about the service and this was confirmed by the registered manager. We saw that staff had been provided with relevant forms by the provider to record any concerns they had about any aspect of personal care. This showed that the provider was proactive in having a system to respond to any concerns raised.

No one said that staff had ever needed to contact other professionals, such as medical professionals if a child had been unwell or an accident had occurred. However, parents were confident that if such a situation did arise then staff would refer to relevant professionals if this was needed. This told us that children would receive care responsive to their needs.

Good

Is the service well-led?

Our findings

A relative told us, ''Whenever I have contacted the office they have dealt with me professionally and promptly.'' Another relative said, ''The service is definitely well led. All staff are very thorough and professional and provide any help I need". Another relative stated in the parents and carers questionnaire, 'It's a great service.''

Staff were given information as to how to provide a friendly and individual service. For example, in every care plan followed by staff, there were statements included such as staff needed to ensure that privacy and dignity was respected at all times and for staff to respect the culture and practices of the family and their personal belongings.

We saw that the agency arranged regular meetings with relatives, called the parents carers forum, to discuss the running of the service and to ascertain their views on how the service should be provided.

All staff members we spoke with told us that they would recommend the agency if a relative of theirs needed this service.

Staff told us they could approach the registered manager about any concerns they had. One staff said, "I have come to (registered manager's name) about an issue and she spent time dealing with it, which I was grateful for." Staff told us that the registered manager led by example and always expected children and relatives to be treated with dignity and respect.

Staff told us that they felt the registered manager always put the needs of children and their families first. They thought that she was aware of the issues that faced staff. This made the registered manager very accessible to staff at all times.

Staff had positive views about the leadership of the agency under the registered manager and the vision and values of the organisation. All staff said they felt supported and were given clear guidance on maintaining personalised care for children. A staff member told us,'' We are here to offer the best service we can, embrace diversity and do as much as possible for children.'' Staff said that essential information about children's needs had always been communicated to them.

These are examples of a well led service.

Staff were supported through individual supervision and personal development meetings. Records showed that issues about staff practice were discussed in supervision sessions and the sessions included relevant issues such as staff training and their performance. This meant that staff were supported to discuss their competence and identify their learning needs. We noticed that staff supervision sessions had not always been frequent. The registered manager said that this issue would be followed up to ensure staff were all supervised on a regular basis.

We saw that relatives and staff had been asked about their views about the running of the agency through a satisfaction survey. This feedback had been collated and an action plan produced and acted upon, where necessary. For example, in the 2015 staff survey results, it was noted that some staff did not know who their line manager was, and it was recorded that this would be followed up. The registered manager later informed us that every employee was issued with terms setting out their line manager's name. We also saw evidence that staff had away days to focus on their suggestions about how the service was operating. There was evidence as to what staff had said and what the agency had done about the suggestions raised. For example, it was said that up-to-date training CDs were needed and there was evidence this was acted upon. This showed that the provider was proactive in promoting and acting on any issues raised.

We saw quality assurance checks in place. For example, we saw audits of care plans and medication records. Staff also had periodic spot checks where a number of relevant issues were checked by management such as staff attitude and call times being met, although these checks were infrequent. We did not see systems to evaluate issues such as the quality and extent of staff training and staff recruitment checks.

The registered manager said she would review the quality monitoring system to ensure that all essential systems had been checked to ensure a quality service had been provided to people using the service. This will then help to develop the quality of the service to indicate a fully well led service.