

Cheviots Children's Disability Service

Cheviots Childrens Centre

Inspection report

31 Cheviot Close
Enfield
Middlesex
EN1 3UZ

Tel: 02083664203

Date of inspection visit:
23 January 2020

Date of publication:
25 February 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Cheviots Children's Centre provides a respite, short break and home sitting service for parents so that they can take a break from their caring role. The service provides personal care and support to children with learning disabilities including autism and complex physical disabilities within their own home. At the time of the inspection there was only one child receiving a service.

The home sitting service forms part of a combination of services to support and enable children and their families to lead ordinary family lives. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The relative that we spoke with was complimentary of the care and support that their child received. We were told of how they received support from two regular home sitters who knew their child very well and supported them safely and with dignity and respect.

Risk associated with each child's health and care needs had been identified and assessed with clear guidance available to staff on how these risks were to be managed to ensure their safety.

Currently the service was not supporting any children with medicine administration. However, systems were in place to ensure the safe management and administration of medicines where required.

Safe recruitment processes followed, enabled the service to recruit staff that had been assessed as safe to work with vulnerable children.

Home sitters were trained and skilled to safely and effectively support children with their needs. Home sitters received appropriate support to effectively deliver care.

Children were supported with eating and drinking where this was an identified and assessed need.

The service currently supported children and young people under the age of 18. At the time of the inspection the service was not supporting any child over the age of 16, therefore, the legal requirement to consider mental capacity and ability to make decisions was not required. However, care records had been signed by parents confirming that they had been involved in the planning of care and consented to the care and support that their child received.

Care plans were person centred and detailed. Children's support needs, likes and dislikes, the things they liked to do and how care and support was to be delivered was clearly documented within their care plan.

Parents knew who to speak with if they had a complaint and told us that their complaint would be addressed immediately.

Processes were in place to monitor and oversee the quality of care delivery. Where issues were identified these were addressed and discussed with the team to promote further learning and improvements.

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

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cheviots Childrens Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to children living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started and ended on 23 January 2020 and included visiting the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with one parent of the child who received care and support about their experience. We used all of this information to plan our inspection.

During the inspection

We spoke the registered manager, the short breaks and family support manager and the short breaks and family support practitioner. We reviewed a range of records. This included one child's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two home sitters.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies in place guided management and staff to ensure children were protected from the risk of possible abuse.
- When we asked one parent whether they felt their child was safe with the home sitters that supported them they told us, "Yes, definitely."
- Senior managers understood their responsibilities around investigating and reporting safeguarding concerns to the appropriate authorities where required.
- Home sitters listed the different types of abuse and the ways in which they would identify signs of abuse. Home sitters defined the steps they would take to report their concerns. One home sitter told us, "I would report to my seniors and I am 100% confident that they would act on it."

Assessing risk, safety monitoring and management

- Risks associated with children's health, care and social care needs were identified and assessed. Guidance and direction was then provided to home sitters to enable them support children safely and protect them from the risk of harm.
- Risk assessments in place covered risks associated with moving and handling, the environment, and the use of specialist equipment.
- Risk assessments were updated annually or where changed had been noted.

Staffing and recruitment

- Home sitters had been checked and assessed as safe to work with vulnerable children.
- Recruitment checks included disclosure and barring criminal records check, conduct in previous employment and proof of identity.
- We were told by the service and the one parent we spoke with that children were supported and cared for by a team of regular home sitters allocated to them to ensure continuity and consistency.
- Visits were planned so there were no missed visits or poor time keeping recorded.

Using medicines safely

- At the time of the inspection, the service was not currently supporting any children with the management and administration of medicines.
- However, systems and processes were in place to support the safe management and administration of medicines where required.
- All home sitters had received training on medicines management and administration so that when required the appropriate support could be provided if required.

Preventing and controlling infection

- Children and families were protected from cross infection by home sitters that had received training on infection control.
- Home sitters were provided with personal protective equipment to prevent and control the spread of infection.

Learning lessons when things go wrong

- Systems were in place to record all occurring accidents and incidents. This included the recording of any behaviours of concern that occurred.
- All accidents and incidents were reviewed and analysed so that learning and improvements could be implemented to ensure children's safety and prevent future re-occurrences.

Is the service effective?

Our findings

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

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

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

- Children's needs were assessed upon referral to the service so that it could be confirmed that the service was able to meet the child's identified needs safely and effectively.
- Senior managers explained the process of assessing children's needs which included meeting the child and their parents, explore their needs and requirements and assess identified risks.
- Following the assessment, the service identified home sitters who would best match the personality of the child and an introduction would be arranged for the home sitter to get to know the child and the family.
- A comprehensive care plan was compiled from the information gathered at assessment. Care plans were reviewed and updated annually or where change was noted to ensure the child's needs were current.

Staff support: induction, training, skills and experience

- Children were supported by home sitters that had received the required training to enable them to effectively deliver in their role.
- The one relative we spoke with told us that the home sitters were, "definitely skilled and trained in their role."
- Home sitters completed a comprehensive induction prior to delivering care. The induction introduced each home sitter to the providers policies and procedures, expectations of the role, health and safety, the organisational structure and code of conduct.
- Following induction each home sitter received training in a variety of topics which included safeguarding, first aid, manual handling and medicines management.
- We also saw records confirming training provision for home sitters that covered identified specialist topics such as learning disabilities awareness, positive behaviour support and identified specific health conditions. Senior managers told us that specialist training would be provided to home sitters to meet the specialist and complex needs of children where identified.
- Home sitters confirmed that they were also supported through regular supervisions which gave them the opportunity to discuss issues, their wellbeing and further training and development.

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

- Children were supported to eat and drink by home sitters where this was an identified assessed need.
- For the one child that was supported by the service, the family prepared all meals and the home sitter was required to support the child to eat their meal.
- Where children had been assessed with special support needs and dietary requirements these were clearly documented within their care plan.

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

- The service worked with a variety of health and social care agencies to ensure children and their families received effective and consistent care and support.
- Care plans listed the details of all involved health care professionals so that the service and home sitters could access their support when and if required.
- The provider also delivered other services alongside the short breaks and home sitting service. This included day opportunities, after school clubs and play schemes for children with learning disabilities and complex needs. Senior managers explained the extensive links that they had with social services, schools, parents and other local providers of similar services which gave them access to specialist services on behalf of children and parents that they supported when required.
- Specific information about children's health and medical needs were recorded within their care plan along with guidance on how they were to be supported.
- Senior managers explained that parents of children they supported, managed and supported their child with their health and medical needs including contact with GP's and other health care professionals. However, we were given examples of where home sitters had identified concerns which had been brought to the attention of the service and the appropriate referrals and access to professionals had been sought.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of this inspection the service was not supporting any child over the age of 16. This meant that the provisions of the MCA did not apply. However, care plans did document the support children required to enable them to make their own decisions about day to day living activities.
- Parents had signed care plans to confirm their involvement in the care planning process and consent to the care and support that their child received.
- Home sitters gave examples of how they supported and encouraged children to make their own choices and decisions about things they wanted to do, where they were able to.

Is the service caring?

Our findings

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

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

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

- We were told that children were well cared for and looked after by home sitters who were kind, caring and friendly.
- The one parent told us that, "They [home sitters] are like family. They are very nice to my children and they know them very well." The same parent also stated, "They [home sitters] are very caring. They are always smiling and happy."
- Children's diverse and cultural needs were clearly documented within their care plan.
- Home sitters understood the diverse needs of the children they supported so that they were able to deliver the appropriate care and support to meet those needs. One home sitter told us, "You have to respect their beliefs and what they want. You learn about different cultures, it opens your eyes to different things. You look past any disability and that you don't make them feel that their disability is an issue. You want to make them feel safe and normal."

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

- Children were supported to express their views and be involved in day to day decisions about the care they received where possible. Parents also confirmed that the care planning and delivery process had been done with their and their child's involvement.
- Care plans detailed how the child communicated with people and how they would be able to express themselves. One home sitter told us, "I get [child] to do things where I can but I look for signs when she reaches for things and her eyes and I learn how to read them."
- We were told that home sitters were regularly supported the same child to support consistency. Home sitters had developed positive and loving relationships with the children they supported. We were told how children looked forward to their visits from the home sitters. One parent told us, "[Home sitter] plays with [child], they sing to her and if she is upset they will give her hugs."

Respecting and promoting people's privacy, dignity and independence

- We were told by the parent, that their child's privacy and dignity was always upheld.
- Home sitters understood the importance of respecting children's privacy and dignity and gave us examples of the ways in which they achieved this. One home sitter explained, "You have to be aware of them [children] growing, they might not want you to be with them in a changing room, you still allow them the space, making sure that they are covered, you ask them if it is okay to do things."
- Senior managers explained the importance of and focus upon promoting children's independence so that they could be enabled to enter their adult life with key daily living skills to support them to live an

independent life where possible. One home sitter told us, "We teach them when getting dressed, going through the process of showing them what to do, give them the chance to put dishes in the sink, tie their own shoe laces."

Is the service responsive?

Our findings

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

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

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

- Children received personalised care and support that was in response to their needs and the needs of their parents.
- Care plans were detailed, person centred and documented the support the child needed, and the support parents required to enable them to take a break from their caring role.
- Children's likes and dislikes and the things they liked to do had been recorded in their care plan. Home sitters knew the children they supported well and had got to know and understand their personalities and behaviours so that care and support could be delivered accordingly.
- Care plans were reviewed annually or sooner where significant change had been noted. Parents told us that they were involved in the review process. Records confirmed this.

Meeting people's communication needs

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

- Care plans detailed children's specific communication needs so that home sitters could communicate effectively with them.
- Senior managers showed us various examples of different forms of communication methods that were used. These included British sign language, Makaton, pictorial signs and symbols.
- With one child that the service supported, a communication method called PODD (Pragmatic Organisational Dynamic Display) had been introduced which supported and encouraged the formulation and expansion of sentences so that children could learn to form sentences to enhance their communication.
- Home sitters received appropriate training and development in the use of specialist communication methods and used these skills effectively with the children they supported.
- The service had implemented and followed the requirements under the AIS. We were told that documents were translated in various formats which included easy read and pictorial to support communication. Translators were also available where required.

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

- Children were supported to participate in social activities and access the community where this was required.

- Senior managers gave examples of how children had been supported by home sitters to participate in activities such as swimming, going to the cinema and going out for walks.
- Children that received care and support from the service were also able to access other opportunities available at the centre which includes after school and weekend clubs and holiday activities.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to record, investigate and respond to complaints. The complaints policy was available to all who accessed the service in accessible formats where required.
- The service had not received any complaints since the last inspection.
- One parent told us that they knew who to speak with if they had any concerns and were confident that their concerns would be dealt with appropriately.

End of life care and support

- At the time of the inspection the service was not supporting any child with end of life care.
- Policies and procedures were in place in relation to supporting children with life limiting conditions. Senior managers explained that where end of life care was required they would work in partnership with families and health care professionals to ensure the appropriate care and support was available.
- Care plans contained basic information and wishes and about what home sitters should do in the event of an emergency or if an untoward event was to occur. Home sitters had also received training on end of life care.

Is the service well-led?

Our findings

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

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

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

- The service focussed on ensuring children and their families received a person-centred, open, inclusive and empowering service which achieved the outcomes they desired.
- Parents told us that they knew the managers of the service and were confident in approaching them at any time to discuss their needs and concerns.
- One parent described the appreciation for the service they received which allowed them to take a break from their caring role. They told us, "In the current climate, I am really thankful for getting what I am."
- The service promoted continuous learning and reflection to improve the service that children and parents received.
- Throughout the inspection we gave feedback to the registered manager and seniors managers, which was received positively, and clarification was sought where necessary.

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

- The registered manager and senior managers understood their legal responsibilities in relation to being open and honest with parents and families when something went wrong. Processes in place for the management of safeguarding and complaints confirmed this.
- The registered manager understood their responsibilities to notify CQC of any incidents or concerns where required.
- Parents spoke positively on how the service communicated with them and supported them and their child when required.

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

- The registered manager, senior managers and home sitters were clear about their role and responsibilities. Each staff members role fed into how risk and regulatory requirements were managed.
- Management oversight processes in place enabled the registered manager and senior managers to monitor the quality of care children and parents received. Where issues were identified these were addressed and improved upon.
- Quality assurances processes included reviews of care plans and care related records and observations of home sitters care practices during care provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Parents were asked to complete annual satisfaction surveys so that they could give their feedback on the quality of care that they received with any ideas and suggestions for improvement.
- Home sitters were continually engaged with the service in giving their feedback about care delivery, sharing experiences and exchanging ideas and suggestions for further development and improvement.
- The service actively worked with parents and professionals in shaping future services for children and their families so that services could be developed based on need and demand.
- The service gave several examples of how they worked with the community, other providers and a wide range of health and social care professionals to promote a joined-up approach and enhance services for children. This included local community businesses, nurseries, schools and community groups for children and young adults.
- Senior managers also told us about events that they organised and participated in throughout the year to support and guide children and parents with a smooth transition from children's services to adult services once they turned 18.