

Derby City Council

Disabled Children Community Support Team

Inspection report

The Light House
St Marks Road
Derby
Derbyshire
DE21 6AL

Tel: 01332256972

Date of inspection visit:

20 March 2019

26 March 2019

27 March 2019

31 March 2019

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05 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- The Disabled Children's Community Support team is registered to provide personal care to children up to the age of 18 years with a learning disability, Autistic spectrum disorder, physical disability or complex health needs. The support is provided to children in Derby city, in their own homes. At the time of the inspection the service were supporting 14 children and young people between the age of 4–17 years old.

People's experience of using this service:

- Children and young people benefitted from an outstanding caring service. Children, young people and adults were protected from potential abuse and avoidable harm by staff who were exceptionally well trained in safeguarding. Relatives felt their family members were safe with the support they received from staff. Staff went above and beyond their roles to ensure children and young people were protected from risks, by ensuring they followed risk assessments and reported any issues with equipment immediately to the relevant agencies.
- There were enough numbers of staff to meet children and young people's needs, who received support from a consistent staff team. Relatives were highly complimentary about the staff.
- The providers recruitment procedures were robust. Recruitment checks were undertaken, to determine the suitability of new staff to protect children and young people that used the service.
- Staff had the skills, knowledge and an excellent understanding of children and young people's individual needs and how they wished to be supported. Staff training was delivered around children and young people's individual needs, which ensured they could be supported effectively by competent staff.
- Care plans and risk assessments were individualised, providing guidance for staff in supporting children and young people safely.
- Staff had received training in infection control and were provided with the necessary personal protective equipment to use when carrying out care and support tasks. Relatives confirmed staff used gloves and aprons whilst supporting their family member.
- Staff were aware of the importance of seeking consent and demonstrated an understanding of the Mental Capacity Act 2005.
- The service worked closely with other professionals and organisations. Health and social care professionals were extremely complimentary about the care and support staff provided; working in partnership to meet children and young people's needs.
- Children and young people were cared for by staff who were extremely kind and caring, maintaining their privacy and dignity. Staff encouraged children and young people to be as independent as possible, where they were safe to do so.
- The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint and felt their concerns would be listened to and addressed.
- The provider monitored the quality of the service provided to children and young people, to drive improvement. Relatives were asked for their views about the service.

Rating at last inspection:

- At our last inspection, the service was rated 'Good'. Our last report was published on 25 May 2016.

Why we inspected:

- This was a planned comprehensive inspection based on the rating from the previous inspection. The service has been rated as 'Good' overall following this inspection.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Disabled Children Community Support Team

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Disabled Children Community Support Team is a domiciliary care agency. It provides personal care to young people and children in their homes.

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 visit we needed to be sure that someone would be available at the office. The inspection site visit took place on 20 March 2019. We spoke with two relatives by telephone on 26 and 27 March 2019. We sought the views of one relative via email on 26 March 2019. Six staff were emailed on 31 March 2019 for their views.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to plan our inspection.

We spent time with the registered manager during the inspection site visit and two health and social care professionals. Following the inspection site visit we spoke with two children and young people's relatives by telephone to ask about their experience of the care provided and one relative was contacted via email. We sought the views of six home support workers by e-mail, we received response from five home support workers. We reviewed a range of records, which included the care records for three children and young people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at two staff recruitment files.

We requested additional evidence to be sent to us after our inspection, which included training information and staff induction. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- All relatives we spoke with felt their family members were safe with the support they received from staff. A relative told us, "I feel [person's name] is safe when receiving care. This is because we get introduced to the staff involved in their care. If a new person is involved with [person's name] care they are always partnered by someone who knows [person's name] needs already."
- Staff had developed positive and trusting relationships with relatives, children and young people which helped to keep them safe. A relative told us, "When staff are supporting [person's name] if anything is wrong they will communicate with me straight away. For example, there was an occasion when [person's name] was not confident in staff supporting them. Staff told me straight away and we provided reassurance to [person's name] and things were fine."
- Staff were proactive at dealing with unsafe practices. For example, there were concerns relating to transportation to school. Staff on behalf of the family contacted the relevant agency to resolve the issue. After several contacts with the relevant agency, the issue was sorted out. This meant the child was supported safely when using transport.
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure adults, children and young people were protected from harm or abuse. A staff member stated, "When there is cause for concern regarding a young person or parent's safety it is my duty of care to pass on information to the appropriate people. This could be the manager, social worker or the out of office hours service, care line."
- Information regarding safeguarding procedures was shared with relatives.
- Staff were exceptionally well trained in safeguarding and skilled at recognising if a child or young person was unsafe or at risk of harm. Safeguarding training was vast and related to current issues which could have an impact on children, young people and families that staff support. Safeguarding training included child sexual exploitation, forced marriages, female genital mutilation, prevent awareness, working with complex neglect, awareness of adult and child abuse, black minority ethnicity and new communities safeguarding children. There was a child sexual exploitation champion in the staff team. A staff member stated, "I go on at least one safeguarding specific training a year." Another staff member said, "I have completed a number of courses in relation to many areas of abuse including sexual and emotional abuse."
- The providers safeguarding board and training department shared best practice news with the service. This included recommendations from serious case reviews, as well as any updates or amendments to areas such as safeguarding and child protection.

Assessing risk, safety monitoring and management:

- Assessments were undertaken to identify risks to children and young people, to reduce the risk where possible. Risks assessments were individualised. These included areas such as, moving and handling as well as details of any equipment to be used and behaviour management. This ensured staff were informed of any

possible risks to children and young people or others. For example, one child became unsettled during personal care intervention and the risk assessment provided guidance for staff to use distraction techniques when supporting them.

- Environmental risk assessments were also completed. These assessments included access to and from children and young people's homes and any risks to staff including environmental risks, poor lighting and if any pets were present in the home.
- Risk assessments were reviewed and updated to ensure staff were aware of any changing needs.
- A relative said, "[Persons name] is definitely safe as staff always use appropriate equipment when supporting them. There are always two staff to support [person's name] and they [staff] never leave them on their own."
- Staff understood where children and young people required support to reduce the risk of avoidable harm. A staff member said, "I am able to promote children and young people's safety when providing personal care by having health and safety awareness of the person, I am caring for and what their personal needs are. I would be actively following their care plan, manual handling plans, and risk assessments. I ensure the equipment I have been provided with is in full working order including hoists and profiling beds." Another staff member stated, "I read the care plans before going to visiting the child, making sure we have the right equipment in place before hand. Also making sure the area in which we are working is safe."
- All staff we contacted confirmed they had undertaken training to support children and young people safely. A staff member said, "We have had manual handling training, first aid training, and wheelchair training. For example, when hoisting a child from bed to wheel chair, the manual handling training helps us do this in a safe way for the child and carer."
- Equipment used to support children or young people was serviced. For example, if the property was rented from 'Derby Homes' it was the landlords' responsibility to service equipment. Staff also carried out visual checks and reported any concerns to the appropriate person, such as the Occupational therapist if there was fault with the sling.
- The registered manager understood the importance of assistive technology to support children and young people. Currently some children and young people were supported with equipment such as hoists and electric wheelchairs. In the past iPad's and eye gaze device had been used. The registered manager told us they worked closely with schools and other professionals to ensure if any assistive technology was required this would be sought to ensure children and young people were able to live with few restrictions as possible.

Staffing and recruitment:

- Relatives liked the fact there were the same carers coming in to support their family members, ensuring continuity of care.
- The staff team was very stable with most of the staff having worked with the Disabled Children Community Support Team for a number of years.
- There were enough numbers of staff to meet the needs of the children and young people supported by the Disabled Children Community Support Team. The provider ensured children and young people had a consistent staff team, which was confirmed by relatives.
- Relatives felt there were enough staff ensuring their family member received care in a timely way. Comments from relatives regarding staffing included, "The staff are very reliable, they are bang on time," "Staff are reliable and if they are running late I receive a text telling me" and "The staff are on time and have never missed a visit."
- Staff stated there were enough staff to support children and young people. Comments included, "Yes we have enough staff to cover absences, if needed our line manager will cover" and "I do feel that we have enough staff to support the children and young people we work with as a team we effectively cover the work during staff absence. Our team manager has also supported the service during absence for the service to successfully be delivered."

- A booklet with staff pictures is given to parents so that they can recognise staff who will be supporting their family member and contained brief information about the staff members.
- Relatives confirmed their family members received support for the full number of agreed hours.
- Children and young people and their families were protected against the employment of unsuitable staff as the provider followed safe and thorough recruitment practices. All pre-employment checks had been carried out including DBS checks prior to staff commencing employment. The provider also had systems in place to renew DBS checks.
- As part of the team development plan the registered manager explained they planned to involve some young people in the recruitment process. A trial would be taking place supporting young people to put together some questions to be used during the interview and responses from perspective interviewees would be shared with the young people.

Using medicines safely:

- Parents retained responsibility for medication administration within in their home. This was verified by family members we spoke with.
- Children who had a Percutaneous Endoscopic Gastrostomy (PEG) tube, parents-maintained responsibility for this. A PEG is used when children and young people were unable to eat or take medicines orally and food/medicines were delivered via a tube into the stomach.
- Two care plans we looked at contained information relating to the administration of emergency medication for epilepsy. The registered manager confirmed this would be administered by parents in an event of an emergency.
- Staff had received training relating to epilepsy awareness.

Preventing and controlling infection:

- Staff had access to gloves, aprons and disposable shoe covers to use in children and young people's homes, to enable them to reduce the risks of cross infection. These were readily available to staff. A staff member said, "During personal care it is important to wear a clean pair of gloves for each separate procedure, for example after changing a soiled pad and dealing with catheter care."
- Staff had undertaken infection control training.
- Relatives told us staff wore personal protective equipment, such as disposable gloves and aprons whilst supporting their family members.

Learning lessons when things go wrong:

- We saw systems were in place to review incidents and accidents. This included documentation to record any incidents and accidents, which would be forwarded to the health and safety team at the providers head office to be reviewed.
- Our discussions with the registered manager showed staff understood their responsibilities to ensure accidents or incidents were reviewed and appropriate action taken as needed.
- The registered manager explained in an event an incident or accident occurred, they would set up a team debriefing. Establish if things could have been done differently, care records such as risk assessments would be updated and if training was required this would be arranged.
- Staff were encouraged to participate in learning to improve safety as much as possible. Staff confirmed shared learning took place because of an accident or incident. A staff member said, "Shared learning does take place within the team. As a team we regularly communicate when incidents occur through various forms of communication. Shared learning has been implemented through open discussion during monthly team meetings, supervisions and updating of documentation.
- When staff are supporting a child or young person, other siblings in the family have felt left out. Where possible staff involve siblings by asking them how they are. Also, files were set up for siblings where they

could write in the files, like staff did. This made they feel included and special like their sibling.

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.

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:

- Referrals to the service were all received and processed through the integrated disabled children's service, vulnerable children's meetings (IDCS VCM). Referrals came from education, social workers and other professionals working with the child or young person.
- Children and young people's needs were assessed to ensure the required support could be provided by the most appropriate service. Children, young people, relatives and professionals such as social workers and education were involved in the assessment process.
- The provider aimed to provide a service in line with their equality statement which was sensitive to each child's and young person's individual needs. This included race, gender, cultural, religious and sexual identity, so that staff could meet their needs.
- Management and staff for the service understood and respected children and young people's diverse needs.
- Feedback from relatives about their family members care and support was consistently positive.
- A relative said, "The registered manager visited to discuss the support required and my family member was involved."

Staff support: induction, training, skills and experience:

- Children and young people were supported by staff who were well trained and knowledgeable.
- Staff received induction, training and support to enable them to carry out their roles effectively. The provider had systems to monitor staff had refresher training to keep them up to date with best practice.
- Staff completed an induction programme at the start of their employment. This included staff working alongside experienced staff, as well as having an opportunity to meet all the children and young people the service supported.
- Staff felt the training they received was good and helped them carry out their duties efficiently. A staff member stated, "I do receive regular updates and training and are encouraged to participate in training which is applicable and would benefit my role." Another staff member stated, "The training is very good giving me a better understanding of my job." Training records confirmed staff had undertaken training in various areas.
- Relatives felt staff were competent to deliver the required care and support. A relative told us, "The staff seem to know what they are doing and how to do it. They support [person's name] how I would do it."
- A health and social care professional stated, "The staff have a wealth of knowledge, families I work with value the support they receive from the service."
- Staff received support through one to one, team meetings and observational checks. A staff member stated, "We receive support through supervision, team meetings and spot checks. I feel I am very much

supported by the team and manager we all communicate any problems we might come upon. Discussions in team meetings are very useful getting a better understanding of the children and their families. We are always doing observation on each other our manager will observe us as well."

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

- The registered manager told us on the whole relatives retained responsibility to support their family member to maintain their nutritional health needs.
- A couple of children/young people occasionally were assisted by staff with their breakfast which was prepared by their relative.
- The registered manager confirmed currently no child or young person required their food or fluid intake to be monitored.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager and staff knew children and young people well and understood their responsibility to seek professional advice where they felt their needs changed.
- Relatives told us their family members received care in a timely, unhurried manner and felt the service was reliable.
- The registered manager and staff worked in partnership with health and social care professionals ensuring children and young people received the support and care they required.
- A health and social care professional stated, "Communication with the staff in the Disabled Children Community Support Team is good. If they have issues around moving and handling or equipment they will contact us. As we work in the same building its really useful as you can find out how equipment which has been issued is working."

Supporting people to live healthier lives, access healthcare services and support:

- Children and young people's health care needs were documented within their care records.
- Staff and management worked with health professionals such as occupational therapists and physiotherapist so that children and young people could be assessed for equipment they may require. The registered manger explained they had liaised with school nurses with regards to splint fitting for a young person and arranged training with the school to deliver splint training to staff.
- The registered manager confirmed if relatives required staff would support them to attend health care appointments with the child or young person such as going to the dentist.
- Staff worked with a young person's siblings, as another family member had developed a health condition, on how to call an ambulance if a medical emergency occurred.

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. We checked whether the service was working within the principles of the MCA.

- Staff had undertaken MCA training, to increase their awareness in this area.
- At the time of the inspection visit there were two young people who were over the age of 16 years old and the MCA applied to them.
- Best interest decisions had been made in partnership with relatives and other professionals involved in the young people's care.
- Records showed that young people were able to make choices as to how they wished to be supported.
- Relatives confirmed that their family members where possible were encouraged by staff to be involved in decisions about their care.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Relatives were very complimentary about the staff. Staff were aware how children and young people liked to receive their support and demonstrated empathy towards the people they cared for. The registered manager had a hands-on approach, covering call's when required and led staff by example encouraging staff to be highly motivated to deliver excellent care. Comments included, "Staff are very kind and caring. They have built up an amazing relationship with [person's name]. They have picked up what [person's name] likes such as their interests and have made [person's name] feel comfortable" and "They [staff] are very caring and understanding. When they walk in they engage with [person's name], explaining what they are doing and ask them if they are ready."
- Relatives were extremely happy with the support their family members received which demonstrated staff were compassionate and provided a quality service. A relative said, "[Persons name] has grown in confidence since being supported by the staff."
- Health and social care professionals told us the staff were highly committed and caring. Comments included, "Staff from the service also support the parent to meet the child's needs, they work very closely with families" and "Communication with the team is very good, any concerns they will contact me straight away."
- The registered manager and staff were passionate about the work they carried out and had developed positive working relationships with children and young people and their relatives. A staff member said, "We always keep the child at the centre of the process, we speak to the child and family members. We listen, smile and communicate with the child during personal care, making sure they are comfortable with the care."
- Staff went the extra mile by supporting the child or young person's family members. A relative stated, "If I am unsure about something, I will ask the staff. They will either signpost me or explain what I need to be doing." We saw staff provided additional support to a family so that other children in the family could continue with their usual routines. Staff also visited a young person whilst in hospital enabling the parents to have a break. This showed staff supported families to alleviate pressures and ensured routines involving other family members continued.
- The registered manager told us some families were at risk of social isolation. As a result, we saw monthly coffee mornings were set up as an informal support network for relatives. This provided relatives the opportunity to socially interact with other people, enabling them to share experiences and providing a support network to each other. The registered manager was keen to increase take up of this group and encouraged relatives to attend and set out text reminders.
- Staff had completed diversity, equality and discrimination training. Staff understood the importance of treating everyone equally, whilst respecting people's diverse needs.

●A staff member said, "Some of the children we work with like to talk about their culture and ask about ours, so we talk openly about this making them feel confident." Another staff member stated, "I have recently advised a social worker to rebook meetings for a family on a different day due to their commitments on a Friday attending their place of worship." Another staff member told us, "Cultural and religious needs are always considered, and individual needs are identified at the beginning." This ensured children, young people and families were supported to meet their cultural and religious needs.

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

- Staff put children and young people at the centre of the care and support they provided. A staff member stated, "It's about getting to know each child and young person as an individual considering what makes them happy and comfortable." Another staff member said, "Whilst providing personal care I will always talk to the young person and give them time to respond, giving eye contact always helps. I will explain what I am doing at every step and give them choices. I will make them feel more at ease by talking to them or if they prefer to have quiet time I will respect their wishes."
- Staff communicated effectively with children and young people, as well as supporting relatives by using creative and innovate ways. This included the use of facial expressions, communication boards and the use of Makaton. Staff also supported relatives with correspondence relating to a child as their first language was not English. Staff completed forms and simplified what was in letters to help relatives understand. A relative explained staff had introduced a communication board, to help their family member communicate. The relative said, "Staff have introduced a communication board, which explains to [person's name] what staff are going to be doing and its working really well. For example, there are pictures showing tasks such as brushing teeth."
- Where a child, young person or relative whose first language was not English interpreters were used. Records we saw showed occasions when staff had used interpreters. A staff member who was bilingual recently joined the team, who was able to communicate with families who spoke in Punjabi. The registered manager explained it was massively important to use interpreters during visits, reviews and telephone conversation to ensure people clearly understood what was being discussed.
- Staff engaged with relatives in the decision-making process and where appropriate young people were involved. A staff member said, "Staff are able to meet the child or young person's needs by talking to them being aware of facial expressions and gestures. As well as following care plans and talking to people who know them well." A relative said, "[Person's name] likes things to be done in a certain way and the staff follow this." Another relative stated, "Staff support [person's name] to pick what they want to wear."
- A pictorial information booklet containing information about the service was produced jointly with a young person, so that family members had information regarding what the service did.
- Staff and management have worked closely with families to ensure children and young people received the support they required. For example, a family required some assistance with building maintenance. Staff contacted the 'handyman service' at the local authority who carried out the required work. This helped alleviate pressure on the family.
- We saw feedback from a health and social care professional to the registered manager, regarding a staff member. They stated, "It was noted [staff member's name] work with [person's name], has brought about significant improvements in [person's name] personal care skills. [Staff members name] has offered advice on other matters during their time with the family. This is an absolute brilliant piece of work by [staff members name] and I thank them from myself and all of the family."
- Care plans contained information that was personal to children and young people. This included details regarding their protected characteristics, for example their religion and gender. As well as any specific routines they had.
- 'What's important to me' document was completed with the involvement of children, young people and relatives. This document included information regarding the child or young person 'what's important to me,

what you need to know to support me and great things about me.' For example, one record stated, "To have staff work with me who know me well."

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the providers values and culture, which was embedded in staff values. Relatives told us staff were very respectful regarding their family members privacy and dignity. Comments included, "The staff are very respectful" and "Whilst supporting [person's name] they provide reassurance and listen."
- The aim of the service was to empower children and young people to be as independent as possible. Where safe staff supported children and young people to promote their independence. A staff member stated, "If the child or young person is able to carry out some tasks, I will encourage them to help with their independence. Some of the young people I work with like to be involved in their own care and like to help with washing and dressing themselves." Relatives also felt staff promoted independence. Comments from relatives included, "Staff will encourage [person's name] to do as much as possible for themselves" and "The staff get [person's name] to do as much as they can for themselves such as areas [person's name] can reach and brushing their teeth."
- Staff understood the importance of ensuring children's and young people's privacy and dignity was maintained. Comments included, "We always ask the young person if they are comfortable with the care they are receiving, the routine of care is always explained, each step is talked through with them. We always ask questions about the child or young person and families religious and cultural needs" and "I make sure personal care is delivered in a slow sensitive manner. Personal care would be delivered in one area at a time. This would allow the child or young person to feel at ease and not bombarded. We would not leave the child or young person uncovered at any point."
- The service worked closely with relatives and young people, when they transitioned from services for young people to adult services. There was a young person who was in the process of transferring to adult services. The family had approached staff to do some work post 18 with the young person. Staff from the disabled children's community support team supported families through this process as they were familiar with the young person and their families. The service had good links with the "Preparing for adult hood team" workers (PFA) and completed information for the PFA regarding the young person and their needs.
- Care files and information regarding children and young people who used the service had been stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation.
- Staff had undertaken training regarding General Data Protection Regulation (GDPR) & Cyber Security training. This ensured staff handled information appropriately and safely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The registered manager understood their responsibility to comply with the, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. Information about the service was accessible in different languages, pictorial format and large font.
- Children and young people's communication needs were detailed in care plans. Staff were aware of how to communicate with children and young people effectively.
- Children and young people's care plans were individualised, which contained details regarding their routines, interests and preferences.
- Care plans were reviewed with the involvement of family members, if applicable the child or young person and other professionals were involved in their review. Relatives confirmed they were involved in the assessment process and review of care. A relative said, "The registered manager visited a few times before starting the care, as there was a problem with a piece of equipment. They pushed things along and it was all sorted. The care package has been reviewed, the registered manager asked how things were going and I am happy with everything including the way they support me."
- Staff were aware of children and young people's individual needs and how to support them. Staff told us care plans and risk assessments provided them with guidance and instructions on how to support the child or young person.
- Children and young people were supported well by a responsive staff team who supported them appropriately in the event of a crisis. The registered manager gave an example where a child required emergency hospital treatment and the relative was unable to find their keys. The staff waited at the property for another family member to arrive and lock up the home to ensure it was secure.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place which relatives were aware of.
- Relatives told us they knew how to make a complaint and felt confident that the registered manager would address their concerns. A relative said, "I have been given the complaints information and I would feel confident in making a complaint."
- Complaints information was available in different formats which included pictorial format and different languages.
- The registered manager confirmed no complaints had been received over the past 12 months.

End of life care and support:

- The provider was not providing end of life care at the time of our inspection visit.
- The registered manager told us they would work with other professionals such as the kids in their environment team (KITE), which is a specialist team of nurses. To ensure children and young people

received dignified care and support towards the end of their life.

- The registered manager confirmed staff would be supported to access end of life training if needed.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us the service was well-led and that the registered manager was contactable. Comments included, "Yes the service is managed well and I have a mobile number I can call or text if there is a problem," "It is a great service, which is very well-managed" and "I would definitely recommend the service."
- A health and social care professional said, "It's an invaluable service, which is a voice for children and young people."
- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff could raise concerns or make suggestions.
- Staff felt able to raise concerns with the registered manager and were positive they would be listened to and supported.
- The registered manager and staff were highly committed to delivering high quality care to children, young people and their families.

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

- Recognition was given to staff members for their practice. The team celebrated good practice, where colleagues nominated a team member for a piece of work they carried out well.
- The provider had a health and wellbeing team which provided support to staff, which included work related issues and personal issues.
- The registered manager collated complimentary feedback from health and social care professionals and relatives. This feedback was shared with staff by the registered manager. For example, feedback from a health and social care professional included, "A relative has told us they were extremely happy with the service received. Staff created a positive bond with [person's name] and their family."
- Staff and management understood their roles and responsibilities and were clear about what was expected from them. The staff team had embedded the providers principles for the service, including promoting independence, improving wellbeing and committed to providing a high-quality service.
- Staff worked closely together to support one another and share information. Peer observations were carried out on each other and staff members provided feedback to each other.
- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

- We saw that the previous rating was displayed in the office and on the provider's website in line with the Care Quality Commission's (CQC) requirements.
- The registered manager demonstrated awareness of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. At the time of this inspection visit no notifications had been submitted as no notifiable incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider had a website, which included information about the service and the 'Information advice and support service.' This provided advice and support for parents, children and young people up to the age of 25 about Special Educational Needs and Disabilities. In addition to this there was a support network page on Facebook, called 'Derby City Local Offer,' providing relatives with information about meetings, training and other support groups.
- Relatives, children and young people had the opportunity to provide feedback regarding the care and support provided by the service. This could be done at review meetings, surveys, coffee mornings, telephone and via the registered manager's open-door policy at any time they felt. Analysis of recent feedback had been undertaken. We saw overall relatives were happy with the care and support provided to their family member. Comments included, "The staff have been very supportive and helpful," "My family members personal hygiene has dramatically improved" and "The team are helpful and are helping with my other children."
- Following feedback from relatives, the registered manager was in the process of putting in a business plan for the team to have a direct payments budget. This would include employing more staff to cover direct payments hours. The registered manager was very keen to get this approved and set up.
- The registered manager had oversight of the quality of the service as they also delivered care when required.
- The provider had quality monitoring systems in place to assess, monitor and improve the quality and safety of the service. This included quarterly performance reports for integrated services, which the Disabled Children Community Support Team are part of. This showed assessments had been completed in required timescales and where required they provided an increase in the service to support a family.
- An independent quality audit was carried out by management from internal departments within the provider group. They looked at specific areas such as interactions with families and ensuring reviews had taken place.
- Staff were kept up to date with any changes through meetings, emails, supervisions and the providers intranet.

Continuous learning and improving care:

- The provider had a developmental plan for the service over a 12-month period. The plan for 2018/2019 focused on the development of electronic files which contained details of key events relating to a child or young person and reducing the number of families escalating for higher threshold services. By identifying families at risk of break down and working intensively with them. The provider was in the process of finalising the developmental plan for the service for the next 12 months.

Working in partnership with others:

- The service had strong relationships with other statutory and voluntary agencies, promoting positive outcomes for children and young people. This included good networks with local schools, community short breaks team, specialist community nurses and Umbrella. Umbrella is a charity in Derby supporting disabled children, young people and their families.

