

Derbyshire County Council

Disabled Children Service South- The Getaway

Inspection report

8a Dallimore Road
Ilkeston
Derbyshire
DE7 4GZ

Tel: 01629531080

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Ratings

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

Summary of findings

Overall summary

We inspected this service on 19 January 2017 and the inspection was announced. We gave the provider one weeks' notice of the inspection so that we could arrange to speak with people who used the service and with staff. They were last inspected in October 2013 and were fully compliant against the standards we reviewed.

The family support service provides care and support to young people aged from 0 to 17 in their own homes. There is a service called The Getaway which provides short breaks for young people from the office base but this aspect of the service did not form part of this inspection because it is registered with another regulator. At the time of our inspection one person received support from the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care was planned and agreed with the people using the service and their relatives. The provider understood their responsibilities to ensure that consent to care was given. Reviews of care were planned and people and their relatives were confident that they could raise concerns or speak with staff and managers at any time.

Risks to people's wellbeing was assessed and plans were put in place to reduce this to support them safely. Staff had the training and support that they needed to do their jobs well and people's relatives felt that the care and support was safe. Staff developed caring relationships with people and ensured that they were respected.

There were enough staff to meet people's needs safely and people were supported by regular staff that they knew well. There were safe recruitment procedures in place to ensure that they were safe to work with people. .

There was an open culture where people's relatives and staff said that managers were approachable and helpful. The manager was developing systems to monitor quality and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to be able to assist people effectively. Staff sought people's consent when providing support.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and encouraged their independence.

Is the service responsive?

Good ●

The service was responsive.

Care was planned with people and their relatives to ensure that it met their needs. It was reviewed to meet changing support requirements. There was a complaints procedure and people were confident that if they raised concerns they would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People found the manager to be approachable and thorough. Staff were supported and there were systems were in place and being developed to ensure that the service was safe and provided good quality.

Disabled Children Service South- The Getaway

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 checked 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.

The inspection visit took place on 19 January 2017 and it was announced. We gave the provider one weeks' notice of the inspection because it is a domiciliary care service and we wanted to ensure that people and staff would be available to speak with us. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. On this occasion the provider had not completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave them the opportunity during the inspection visit to share this information with us.

We used a range of different methods to help us understand people's experiences. We spoke with one person's relative to gain their feedback on the support they received. We spoke with one member of staff and the service manager. We looked at the care records of one person to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were kept safe by staff who understood their responsibilities to protect them from harm. One member of staff told us, "I had training in safeguarding as soon as I started. I know to look out for signs such as bruising or markings on the person's skin and I would report any concerns straight away to one of the managers". There was a safeguarding policy in place and the manager described the close working relationship that the team had with their local safeguarding team.

One person's relative told us that they felt safe with the staff that supported them. They said, "I trust the staff completely and they do everything safely. They know how to use the equipment and I feel confident to leave them to it now". Staff were knowledgeable about the risks associated with people's care and how to manage them so that they supported people safely. For example, they understood the person's medical condition and could describe what was usual for them and what would be out of the ordinary and may require emergency intervention. When we looked at the person's records we saw that there were risk assessments in place.

Environmental risks were also assessed to ensure that people were protected from identified concerns. For example, we saw that a fire risk assessment had been completed. One member of staff we spoke with said, "The manager made sure that it was safe for me to do my job". The manager told us, "We have a lone working policy in place and the member of staff texts me when they have finished the support. They also have an emergency bag which contains a torch, a mobile phone charger and spare personal protection equipment they made need when they are out in the community". This showed us that the provider had assessed risk and had put systems in place to ensure that people and staff were protected from it.

There were enough staff to meet people's needs. One person's relative said, "The staff are reliable and because my circumstances have changed they have been sending extra staff so that two people can continue to provide the support". The manager told us, "We plan the staffing levels around the person's needs and will constantly review that to make sure we get it right".

The provider ensured that safe recruitment procedures were followed to check that staff were safe to work with people. One member of staff told us, "I had all my references and police checks done before I started work". The manager confirmed, "We have strict procedures which we follow in this organisation".

People and their relatives retained responsibility for managing their own medicines. One member of staff we spoke with said, "I will be doing my training in medication anyway so that I can support people if there is an emergency". The manager told us, "Although we won't be supporting people to take medicines on a regular basis we recognise that people's medical conditions may mean that they require medicines in emergency situations. We will ensure that staff have training to do this and because they also work in our respite service they will be able to use the skills there and I will be able to observe them to ensure that they are competent should the situation arise". Records that we reviewed showed that plans were in place which supported this arrangement.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to do so effectively. One relative told us, "The staff are good at their job and know what they were doing. They have the training and one of them also came and observed me giving care at home before they started so that they would understand my relatives routines". Staff we spoke with said that they received the training that they needed. They said, "I haven't long started here and I have already had some really good training. I did one which focusses on the child's abilities and encourages you to think of new ways to work with them so that they are engaged and meeting their potential. It was fantastic and really inspired me. I have had training on the specialist equipment that the family use in the home which was really helpful. I was also able to work in the short breaks centre so that I could get to know the person I would be supporting in that environment with staff who already knew them". When we spoke with the manager they said, "We have carefully considered the support for our new community based staff and this includes assigning them a mentor who is an experienced member of staff. I have also spent time with them at the person's home to ensure that they are confident and competent to work alone". This demonstrated that the provider ensured that staff had the support required to be able to do their job well.

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.

We checked to see if the provider was working within the MCA. The manager understood the legislation and was aware that it would need to be applied if they supported children over sixteen years of age. The relative of the person who was being supported had the legal right to consent on their behalf because they were aged under sixteen. They confirmed that they had been asked to consent to the care and support that was provided. They said, "Yes, I am asked about everything and I sign all of the plans. We know that my child is happy with the care if their routine is followed carefully and the staff understand that". Staff we spoke with confirmed, "We know how the person shows when they are unhappy and that would mean that they didn't consent. That is why it is so important to stay within their routine". We looked at the person's plans and saw that they had been signed by their relative. This demonstrated to us that the provider was working within the MCA because they ensured that consent was sought.

At the time of our inspection, staff did not support people to prepare food and drink but they did assist them to eat and drink. The person's relative said, "I prepare the food and my relative is quite happy to allow the staff to help them to eat it". One member of staff said, "The person has been assessed as being at risk of dehydration and so I keep a record in their daily notes of how much they have drank". This demonstrated to us that the provider ensured that people had enough to eat and drink.

People's families retained responsibility for their health but were supported to access other healthcare

services if needed. The manager said, "Through the short breaks service we have close working relationships with other health professionals and we communicate through the on line record keeping system so that we know who is supporting people. For example, I will be making a referral to a healthcare professional to review some of the equipment in the person's home because we think a larger size is required as the person we support has grown".

Is the service caring?

Our findings

People were treated with kindness by the staff that supported them. One relative said, "The staff are all lovely. They put us at ease and they always arrive in a friendly upbeat mood. When [name] sees them their face lights up and they get excited". A member of staff said, "Going in every day means that I have developed a close relationship with the person and the family and we trust each other".

There were communication plans in place to ensure that the person was supported to make choices. One member of staff told us, "They have a range of facial expressions and gestures which communicate whether they are happy and it is clear if they are distressed or unhappy with anything. For example, we try to encourage independence and some days they will sit up themselves when asked but other days they will communicate that they don't want to". Records that we reviewed detailed how the person communicated to ensure that any other staff providing support would understand them.

Privacy and dignity were respected by staff. One member of staff said, "We always support the person in the privacy of their room or the bathroom". We saw that records which had confidential information about people were kept securely in the office.

Is the service responsive?

Our findings

The care and support that people received was agreed with them and their relatives. One relative said, "The staff came to the house to get to know [name] before they started supporting them. This gave me the chance to explain our routines and they could see how we support them at home". The manager told us, "[Name] has been coming to the short break service for some time so we did know them and the family and there was a full care plan in place. However, it was also important to assess their needs in the different environment and we developed a new care plan with the family to support this".

Care was provided as agreed with the family and reviewed to respond to changing needs. One relative said, "The staff are always here when they should be which is really important so that [name] can get ready for school. We always have staff who know us well which is also important and some staff are here every day". The manager told us about the arrangements that they had in place to review care. They said, "We haven't had a formal review yet because we have only been providing support for a month. However, we have responded to changes in need by providing more staff support at times".

Staff knew people well and could describe their likes and dislikes. We saw that there was a plan in place which detailed these preferences. Records were kept of the care provided and shared with other staff who provided support to ensure that they were aware of any changes.

People and their relatives had received information about how to complain or raise concerns if they felt it was necessary. One relative said, "I have not had to raise any complaints. On a very odd occasion if something wasn't done correctly I spoke with the staff and they fixed it straight away". People were given information about complaints in their welcome pack. There was a complaints procedure in place which was monitored by the provider although no complaints had been received.

Is the service well-led?

Our findings

The staff member we spoke with said that they felt supported by the provider and that there was an open door policy for them to speak with the managers. They said, "I can go to my manager at any time and they will always help. If they are not going to be here they will have made arrangements with the other managers to ensure that I have someone to speak to". The manager told us, "Some of our staff have worked in the community in previous roles and so I spoke with them when I was planning this service. They described the kind of things that would help them and we have put those in place such as the emergency systems. We have also arranged for community staff to do some work at the short breaks service so that they feel part of the wider team as well as attending team meetings because we don't want them to feel isolated". The member of staff told us that they had the opportunity to meet with their manager on a weekly basis when they attended the office to complete online paperwork as well as more formal supervision meetings.

The relative we spoke with told us that the service was well managed. They said, "Everything runs smoothly and I trust the manager and would let them know if I needed to raise anything". The manager described the systems they had in place to gain feedback from people and their relatives. They said, "We will ask for feedback every three months and we will also try to get feedback from the people we support by adapting the questions to each person's communication; for example, using pictures and symbols". They had also developed quality systems to audit care plans, accidents and incidents and health and safety. They said, "We ask the staff to check some things daily such as fire safety. Their mentors will review the systems with them on a three monthly basis and I will oversee this and then work with them to put an action plan together if we find any issues". Nobody had used the service for three months and so we could not see if these systems were effective. However, we saw that the manager understood the reasons for putting the systems in place and was experienced in managing similar quality improvement measures and using the information to make changes.

The registered manager understood the responsibility of registration with us and had information available about when they were required to send notifications. No notifications had been required to date.